# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 1195890**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 0017996010 | 08/20/2026 | 08/20/2026 - 10/18/2026 | 929 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Curtis Ravitz**<br>535 W Miller St<br>Alpena, MI 49707 | Male | 10/04/1974 | 989-884-1238 |
| | Email | | Primary Language |

## Clinical Profile

| Provider's Name | Address | Phone Number |
|---|---|---|
| **Evergreen Home Health** | 403 W Main Street Suite A1<br>Gaylord, MI 49735 | 989-214-1114 |
| NPI<br>1184225021 | | Fax Number<br>866-410-7843 |

| Clinical Condition Requiring Homecare: | Physician Statement on Homebound Status: |
|---|---|
| Acquired absence of left lower extremity above knee | Requires the use of an assistive device such as walker, cane, crutches, or wheel chair. Unsteady gait and requires assistive device. |

**ICD-10 CM Principal Diagnosis: Z47.81. Encounter for orthopedic aftercare following surgical amp**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| Z89.612 | Acquired absence of left leg above knee | ELIQUIS 5 MG mg PO TWICE DAILY<br>ASPIRIN 81 MG mg PO EVERY MORNING WITH BREAKFAST Admin Instructions: if GI distress, take with food or milk.<br>LIPITOR 40 MG mg PO AT BEDTIME<br>COREG 12.5 MG mg PO TWICE DAILY AFTER MEALS Admin Instructions: Give with/after meal or food.<br>FARXIGA 10 MG mg PO DAILY This medication is not recommended in patients with type 1 diabetes mellitus due to the increased risk of diabetic ketoacidosis. Consider temporary discontinuation at least three days prior to surgery. Not recommended for eGFR<25 In-house generated Indication is type 2 diabetes mellitus. Contraindicated for diagnosis of...<br>FEOSOL 325 MG mg PO EVERY 48 HOURS Admin Instructions: Administer 2 hours before or 4 hours after antacids. Administer with food to reduce GI upset.<br>LANTUS 16 units SubQ DAILY Admin Instructions: **CAUTION** HIGH ALERT MEDICATION - DOUBLE CHECK REQUIRED *** Administered at the same time each day. Do NOT mix with other insulin.<br>ROBAXIN 500 MG mg PO 3 TIMES DAILY Admin Instructions: (May discolor feces and/or urine.)<br>Gabapentin - Gabapentin 100 mg by mouth three times a day |
| N18.4 | Chronic kidney disease stage 4 (severe) | |
| I73.9 | Peripheral vascular disease unspecified | |
| E11.9 | Type 2 diabetes mellitus without complications | |
| I82.512 | Chronic embolism and thrombosis of left femoral vein | |
| D63.8 | Anemia in other chronic diseases classified elsewhere | |
| I10. | Essential (primary) hypertension | |
| E78.5 | Hyperlipidemia unspecified | |

| Prognosis | Mental and Psychosocial Status |
|---|---|
| good | COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No |
| **Functional Limitations**<br>Amputation | **Activities Permitted**<br>Wheelchair |
| **DME & Supplies**<br>wheelchair, wound care supplies | **Safety Measures**<br>wheelchair precautions |
| **Nutrition**<br>regular | **Allergies**<br>no known allergies |

**Advance Directives**
No Advance Directive

**Caregiver Status**
0. No assistance needed - patient is independent or does not have needs in this area; 0. No assistance needed - patient is independent or does not have needs in this area

**Rehabilitation Potential**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**DISCHARGE PLAN:**
patient will be responsible for managing treatment
patient will be responsible for managing treatment

**Orders for Discipline and Treatment:**
1 - SOC - SN

PT Eval

OT Eval

4 - Recertification

## SN CAREPLAN

SN frequency WK1: 1 (08/20/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26),WK10: 1 (10/18/26-10/18/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

08/20/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Keep incision clean and dry and cover with abd pads. Monitor for s/sx of infection, glucose testing via monitor, monitor intake & output

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

## SN NARRATIVE

Patient is being admitted today following a hospitalization for a left above the knee amputation.
SN Frequency: once a week and can be LPN or RN

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## SN GOALS

PATIENT-STATED GOAL: heal incision without infection

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

| | |
|---|---|
| | **OT NARRATIVE**<br>OT EVAL FOUND PATIENT TO LIVE IN WITH HIS FIANCE AND HER CHILDREN IN HOME WITH MULTIPLE STEPS TO ENTER, BUILDER IS WORKING ON INSTALLING RAMP THIS DATE. PATIENT HAS A VERY SMALL BATHROOM AND TUB SHOWER, NO GB'S. HE HAS A TTB. HE REPORTS BACKING W/C IN NEXT TO TOILET TO TRANSFER BY SLIDING FROM W/C DIRECTLY NEXT TO TOILET. HE HAS A BSC NEXT TO BED AND REPORTS THAT HE IS WORKING ON GETTING THE CORRECT DROP ARM BSC BECAUSE THE ONE SENT IS NOT A DROP ARM, WRITER ALSO EXPLAINS THAT BARIATRIC STYLE WOULD PROVIDE MORE ROOM ON SEAT FOR SLIDING BOARD PLACEMENT. PATIENT'S BUE AROM AND STRENGTH WFL, SITTING BALANCE WFL. PATIENT SCORED 13/20 ON BARTHEL ASSESSMENT INDICATING MODERATE DEPENDENCY ON ADLS. PATIENT IS INDEPENDENT IN W/C FOR MOBILITY. PATIENT REPORTS INDEPENDENCE IN ADLS AND DOES NOT IDENTIFY OT GOALS, THEREFORE OT EVAL ONLY AT THIS TIME. PATIENT IS MOTIVATED FOR PT AND TO PROGRESS TO PROSTHETIC LEG WHEN HIS STUMP HEALS.<br><br>INTERVENTIONS PROVIDED:<br><br>DME RECOMMENDATIONS; DROP ARM BARIATRIC BSC, GRAB BARS, ANTISLIP ADHESSIVE, SEAT CUSHION, PADDED TTB<br><br>RECOMMENDED W/C BAG TO KEEP SLIDING BOARD IN RATHER THAN POSITIONING AGAINST BACK OF W/C AND BODY.<br><br>EDU ON FALL PREVENTION- REMOVING RUGS<br><br>INSTRUCTED TO KEEP PHONE ON HIM AT ALL TIMES<br><br>EDU ON MOD TECHNIQUE FOR GETTING UP OFF GROUND WITH LOCKING W/C BREAKS AND CLIMBING UP FROM TRIPOD<br><br>INSTRUCTED ON LOCKING W/C WITH ALL REACHING ACTIVITIES<br><br>EDU ON SKIN PROTECTION AND AVOIDING SHEARING ON BOTTOM WITH SLIDE BOARD TRANSFERS AND TTB, DISCUSSED OPTIONS FOR PADDED TTB<br><br>ENCOURAGED TO FU WITH MENTAL HEALTH PROVIDERS DUE TO LIFE CHANGE OF LOSING HIS LEG |

## PT CAREPLAN

PT frequency WK1: 1 (08/20/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26),WK10: 1 (10/18/26-10/18/26)

08/22/2026 Problems : GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

## PT NARRATIVE

1w9 for Daniel/Patty - reassess week of 9/13

Therapeutic exercise not performed today due to hypertension of 205/110 with dizziness/nausea/vomiting. Ptnt reports focus of inpatient rehab was R LE strengthening exercises to improve transfers. Ptnt instructed today not to attempt exercises with these symptoms, with patient verbalizing understanding. Education provided to patient regarding advice to call ambulance due to hypertension, with concerns of potential adverse events (e.g. stroke, heart attack) if patient does not comply. Ptnt declined to either go to ED or have ambulance called.

The patient was referred for home physical therapy to address functional deficits related to multiple left lower-extremity abscesses, septic arthritis of the left ankle, multifocal osteomyelitis involving the left hindfoot/ankle region, and MRSA-positive blood cultures. He was treated with IV antibiotics and underwent left above-knee amputation, then transferred to Mary Free Bed at Covenant for inpatient rehabilitation due to severe debility. Contributing factors include: Hypertension (205/110 at today's evaluation), type 2 diabetes mellitus requiring insulin, KD stage 4; acute kidney injury on CKD was noted during the rehab stay, Hyperlipidemia, Severe peripheral arterial disease with multiple prior left lower-extremity procedures in December 2025, Chronic left femoral DVT; treated with Eliquis, which was documented as held by provider in the most recent current medication list, Recent left lower-extremity septic arthritis, abscesses, and multifocal osteomyelitis with MRSA bacteremia, treated with IV antibiotics and left above-knee amputation; Anemia of chronic disease/acute-on-chronic normocytic anemia with iron deficiency; packed red blood cell transfusions were given during the recent hospital course, obesity, history of stroke. The patient lives with significant other in a home with several steps to enter using handrail. The patient demonstrates deficits including decreased strength, balance and safety with transfers and ambulation. Functional testing including Timed Up and Go (TUG) test with result of not tested due to severe hypertension seconds is consistent with an increased risk of falls. Skilled physical therapy interventions including therapeutic exercises, balance, gait and transfer training are reasonable and necessary to address the above deficits, promote greater independence, and improve function.

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## PT GOALS

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

| | |
|---|---|
| | Walk 10 Feet - 04. Supervision or touching assistance<br>Walk 50 ft with 2 Turns - 04. Supervision or touching assistance<br>Walk 150 Feet - 04. Supervision or touching assistance<br>1 - Step (curb) - 04. Supervision or touching assistance<br>4 Steps - 04. Supervision or touching assistance<br>12 Steps - 04. Supervision or touching assistance<br>Picking Up Object - 04. Supervision or touching assistance<br>Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance<br>Chair to Bed to Chair - 05. Setup or clean-up assistance<br>Car Transfer - 05. Setup or clean-up assistance |

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/20/2026

| | |
|---|---|
| I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services. | Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws. |
| **Certifying Physician or Allowed Practitioner Name and Address** **BRANDON WHITSCELL**<br>1185 U.S. 23 N<br>ALPENA, MI 49707-0857<br>NPI 1932304862 | **Phone Number** (989) 356-4049<br><br>**Fax Number** 19893583712 |

**Physician's Signature and Date Signed**

**X**

**BRANDON WHITSCELL, PA-C**
: Date of physician last face-to-face