HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195960

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
6K59MX9DF57	07/29/2026	07/29/2026 - 09/26/2026	857	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
James White 521 Elizabeth St HILLMAN, MI 49746	Male	08/08/1942	989-255-6836
	Email		Primary Language

Clinical Profile

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

Clinical Condition Requiring Homecare:	Physician Statement on Homebound Status:
Diabetic foot infection (CMS/HCC)	Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

ICD-10 CM Principal Diagnosis: E11.628. Type 2 diabetes mellitus with other skin complications

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
L03.115	Cellulitis of right lower limb	ATENOLOL 12.5 mg oral Daily (0900) LISINOPRIL 40 mg oral Daily (0900) ROSUVASTATIN CALCIUM 20 mg oral Nightly SERTRALINE 100 mg oral Nightly Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;5 mg 5mg by mouth every 6 hours Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth twice a day Glucophage - Metformin Hydrochloride 1000mg 1 tab by mouth twice a day Jardiance - Empagliflozin 10mg 1 tab by mouth once a day B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500mcg 1 tab by mouth twice a day Januvia - Sitagliptin Phosphate eq 100 mg base 1 tab by mouth once a day ACETAMINOPHEN 650 mg by mouth PRN
L08.9	Local infection of the skin and subcutaneous tissue unsp	
E11.621	Type 2 diabetes mellitus with foot ulcer	
L97.419	Non-prs chr ulcer of right heel and midfoot w unsp severt	
I73.9	Peripheral vascular disease unspecified	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
I10.	Essential (primary) hypertension	

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Ambulation	**Activities Permitted** Walker, Independent at Home, Wheelchair, NON WEIGHT BEARING LEFT FOOT/LEG
DME & Supplies wheelchair, rolling walker, wound care supplies	**Safety Measures** diabetic precautions, fall precautions, ambulates with device, non-weight bearing RLE, standard precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** Penicillins - Swelling, Propoxyphene Napsylate

Advance Directives	Caregiver Status
No Advance Directive	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	patient will be responsible for managing treatment add discharge plan

Orders for Discipline and Treatment:

1 - SOC - SN

4 - Recertification

SN CAREPLAN

SN frequency WK1: 3 (07/29/26-08/01/26),WK2: 1 (08/02/26-08/08/26),WK3: 2 (08/09/26-08/15/26),WK4: 2 (08/16/26-08/22/26),WK5: 2 (08/23/26-08/29/26),WK6: 2 (08/30/26-09/05/26),WK7: 2 (09/06/26-09/12/26),WK8: 2 (09/13/26-09/19/26),WK9: 2 (09/20/26-09/26/26)

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, 8. Currently reports exhaustion

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

08/24/2026 Problems : #1 - Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to visualize wound. no current wound care orders. sees doc friday
#2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders.
D0700 - Social Isolation
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
limited endurance
limited strength
constipation
loss of appetite
open sores/lesions
D0160 - Depression

PROCEDURES: physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #1 - Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to visualize wound. no current wound care orders. sees doc friday, physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot: Right great toe diabetic foot ulcer. Cleanse wound with wound cleanser, apply Betadine, leave open to air., physician-ordered

SN NARRATIVE

MET PATIENT IN LIVING ROOM. SITTING IN RECLINER CHAIR. STATES NOT DOING WELL, LOST WIFE 4 WEEKS AGO. DIABETIC - DOES NOT CHECK BLOOD SUGAR DAILY

SN GOALS

PATIENT-STATED GOAL: Heal wound RLE

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

wound care: #2 - Diabetic Ulcer - Anterior Right Foot: right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot: right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #1 - Diabetic Ulcer - Posterior Right Heel: Wound vac removed. Cleanse wound with wound cleanser apply xeroform, cover with silicone foam. Change Q3 days., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum, glucose testing via monitor, coordinate/arrange long-term socialization activities 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule	

	PT GOALS PATIENT-STATED GOAL: add patient-stated goal GOALS

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: ALEXIS ABRAHAM SN RN on 07/29/2026

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. F2F date: 07/24/2026	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 **WAYNE MCEWEN** 11899 M 32 ATLANTA, MI 49709-9374 NPI 1437101680	**Phone Number** (989) 785-4855 **Fax Number** 19893184606

Physician's Signature and Date Signed

X

WAYNE MCEWEN, PA-C
07/24/2026: Date of physician last face-to-face