HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195847

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
127539228	12/10/2025	08/14/2026 - 10/12/2026	286-1	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Charlene Mcdermott 504 Random Ln Apt Gaylord, MI 49735	Female	10/15/1958	(989) 448-8046
	Email		Primary Language: English

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: UTI	Physician Statement on Homebound Status: medical condition could get worse if patient leaves home, other	

ICD-10 CM Principal Diagnosis: N39.0. Urinary tract infection site not specified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
E83.42	Hypomagnesemia	ALBUTEROL 2 puff inhale orally every 4 hours as needed for SOB or wheezing ATORVASTATIN 40 MG by mouth Give in the evening for hypercholesterolemia BUPRENORPHINE HYDROCHLORIDE 20 MCG/HR transdermally Apply 1 film one time a day every Sun for pain and remove per schedule ESCITALOPRAM 20 MG by mouth at bedtime for Depression ESOMEPRAZOLE MAGNESIUM 40 MG by mouth two times a day for decrease stomach acid FLUTICASONE 50 MCG/ACT nostrils every 24 hours as needed 2 sprays in both nostrils for allergies in the morning INSULIN 100 UNT/ML subcutaneously two times a day Inject 42 unit for DM2 LEVOTHYROXINE 150 MCG by mouth in the morning Give 1 tablet every Fri, Sun. Give 2 tablets every Mon, Tue, Wed, Thu, Sat for low thyroid hormone METFORMIN 500 MG by mouth two times a day for DM PREGABALIN 100 MG by mouth three times a day for pain MAGNESIUM 400 MG by mouth one time a day for hypomagnesemia NYSTATIN 100000 UNIT/GM topically every 24 hours as needed Apply to rash for yeast infection OXYCODONE 15 MG by mouth every 4 hours as needed for severe pain max of 5 doses per 24 hour period of time RISPERIDONE 2 MG by mouth at bedtime for atypical antipsychotic Spironolactone-HCTZ Oral Tablet 25-25 MG by mouth one time a day for HTN SUCRALFATE 1 GM Oral three times a day for acid reflux ANASTROZOLE 1 MG by mouth in the morning for hormone receptor LACTULOSE 15 ml po once daily MONTELUKAST SODIUM 10 MG MG po once daily OXYGEN Nasal cannula 4 L continuous Tirzepatide Subcutaneous Solution Auto-injector 12.5 MG/0.5ML 12.5 MG/0.5ML subcutaneous every tuesday Hydrochlorothiazide - Hydrochlorothiazide 25 mg by mouth once a day
N18.9	Chronic kidney disease u	
R53.1	Weakness	

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Bowel/Bladder Incontinence, Ambulation, Endurance	**Activities Permitted** Walker, Up As Tolerated
DME & Supplies walker	**Safety Measures** O2 precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices

Nutrition	Allergies
diabetic	Penicillin, predniSONE, Keflex, Neurontin, Corticosteroids

Mcdermott, Charlene | Cert Period 08/14/26 - 10/12/26

Advance Directives	Caregiver Status
Do not resuscitate (DNR) orders	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

4 - Recertification

4 - Recertification SN

OT Eval: OT eval

PT Eval: Pt eval and treat

4 - Recertification PT

SN CAREPLAN

SN frequency WK2: 1 (08/16/26-08/22/26),WK4: 1 (08/30/26-09/05/26),WK6: 1 (09/13/26-09/19/26),WK8: 1 (09/27/26-10/03/26),WK9: 1 (10/04/26-10/10/26)

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:Do not resuscitate (DNR) orders

08/13/2026 Problems : dependent edema
foul-smelling urine
painful urination
abnormal BS < 70/140 > mg/dL

PROCEDURES: Indwelling catheter care: Change indwelling catheter every 4 week and irrigate weekly with 30cc of sterile water, Medication set up: Complete med set for patient for 2 weeks, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose,

SN NARRATIVE

Patient presents for recertification today
SN to decrease to twice in a 30 day period.

Patient was greeted upon arrival and was laying in bed on her left side in her bed when I arrived. Patient was informed of decreasing SN visits to every other week and patient was agreeable to change in care. HHCCN was given for frequency change. Vitals and assessment were completed and were within normal parameters for this patient. Patient was informed of next nursing visit and stated no further questions or needs upon completion of visit.

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SN GOALS

PATIENT-STATED GOAL: Regain strength and mobility

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/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

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

patient's living environment is clean/uncluttered

OT CAREPLAN

OT frequency WK2: 1 (08/16/26-08/22/26),WK4: 1 (08/30/26-09/05/26),WK6: 1 (09/13/26-09/19/26),WK8: 1 (09/27/26-10/03/26),WK9: 1 (10/04/26-10/10/26)

08/17/2026 Problems : GG0170B1 - Sit to Lying
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities
Pain Effect on Sleep
GG0130A1 - Eating
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170C1 - Lying to sitting/bed
GG0130B1 - Oral Hygiene
GG0170A1 - Roll left & Right
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program, equipment training, transfers training

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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent

OT NARRATIVE

Pt continues to be bed bound but has had her MRI and we are awaiting results and direction. Hoyer is in place and application for different flooring is in process. Pt continues to report high pain with movement but CG are able to get her in the sling of hoyer and lift her into a seated position in the sling for change of pressure point and tolerance for sitting. Pt would like to tolerate sitting in recliner or power chair and commode with use of hoyer at the very least. After direction from Dr on standing status after MRI is read we will work on sitting for longer period of time and trial commode. PT utilizing bed pan and catheter for toileting and staff is changing clothes and completing skin checks daily. OT followed up on order for different flooring today, contacted power wc company to adjust footplates to accommodate her easier. 4 additional visits for cert period

OT GOALS

PATIENT-STATED GOAL: PT will tolerate use of hoyer for transfers to bedside commode in 8 weeks from unable to access commode;PT will tolerate sitting on commode for 5 min in 4 weeks from unable

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/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

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

PT CAREPLAN
PT frequency WK2: 1 (08/16/26-08/22/26),WK3: 1 (08/23/26-08/29/26),WK4: 1 (08/30/26-09/05/26),WK5: 1 (09/06/26-09/12/26),WK6: 1 (09/13/26-09/19/26),WK7: 1 (09/20/26-09/26/26),WK8: 1 (09/27/26-10/03/26),WK9: 1 (10/04/26-10/10/26),WK10: 1 (10/11/26-10/12/26)

08/18/2026 Problems : GG0170F1 - Toilet Transfer
GG0170A1 - Roll left & Right
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, home exercise program: Instruct and progress HEP to include B LE strengthening, NMR, seated balance training exercises, AAROM activities with CG assist, transfers training

TEACH PATIENT/CAREGIVER: Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT NARRATIVE
Patient was in bed getting cleaned up by aide upon arrival.

PT GOALS
PATIENT-STATED GOAL: reduce pain and improve mobility

GOALS
Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: ALEXIS ABRAHAM SN RN on 08/12/2026

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: 06/16/2026

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 **DONALD COUSINEAU**
994 N CENTER STREET
GAYLORD, MI 49735
NPI 1841485133

Phone Number (989) 732-7843

Fax Number 19897314513

Physician's Signature and Date Signed

X

DONALD COUSINEAU, DO, PC
06/16/2026: Date of physician last face-to-face