HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195863

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1260355004	02/18/2026	08/17/2026 - 10/15/2026	423	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
MAYA BUNTON 336 S 1ST ST ROGERS CITY, MI 49779	Female	12/04/2005	(616) 802-4042
	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:	Physician Statement on Homebound Status:
Conversion disorder with motor symptom or deficit	Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a wheelchair, use of special transportation, and assistance of another person in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: F44.4. Conversion disorder with motor symptom or deficit

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
K50.90	Crohn's disease unspecified without complications	Zenpep Oral Capsule Delayed Release Particles 5000-24000 UNIT 5000-24000 UNIT - 2 capsules PEG TUBE as necessary as needed Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 37.5 mg 1 tablet by mouth twice a day TAKEN WITH MEALS Tums Oral Tablet Chewable 500 MG 1 tablet by mouth as necessary twice a day as needed for GERD Sodium Bicarbonate Oral Tablet 650 MG 650 MG / 1 TABLET PEG TUBE as necessary twice a day as needed for GERD Simethicone - Simethicone 80 MG / 1 tablet by mouth as necessary four time as day as needed for bloating, pressure, and fullness Quetiapine Fumarate - Quetiapine Fumarate 300 mg 1 tablet by mouth at bedtime Narcan Injection Solution 0.4 MG/ML 1 ML intramuscular as necessary FREQUENCY EVERY 30 MINS AS NEEDED (PRN OVERDOSE) Lidocaine Topical Pain External Patch 4 % 1 patch transdermal as necessary EVERY 24 HRS AS NEEDED FOR PAIN Lorazepam - Lorazepam 0.5 mg 1 tablet by mouth as necessary as needed for ANXIETY Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 50 mg 1 tablet by mouth as necessary three times a day as needed for anxiety, tension, itching, allergies, and nausea, and to provide sedation GNP Melatonin Oral Tablet Chewable 5 MG 6 MG by mouth as necessary every night at bedtime as needed for sleep Famotidine - Famotidine 40 mg 1 tablet by mouth at bedtime Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 50 MG 1 tablet by mouth at bedtime Acetaminophen Oral Tablet Chewable 325 MG 325 mg / tgablet - 2 tablets by mouth as necessary every 4 hours as needed for pain
F50.82	Avoidant/restrictive food intake disorder	
F41.1	Generalized anxiety disorder	
F39.	Unspecified mood [affective] disorder	
F43.10	Post-traumatic stress disorder unspecified	
G90.9	Disorder of the autonomic nervous system unspecified	
R33.9	Retention of urine unspecified	

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Ambulation, Bowel/Bladder Incontinence	**Activities Permitted** Wheelchair, Transfer bed/Chair
DME & Supplies feeding tube supplies, wheelchair, bath bench, feeding pump, urinary/catheter supplies, suprapubic catheter, Enteral Feeding Pump	**Safety Measures** remove environmental barriers, wheelchair precautions, fall precautions, Fall precautions/Transfer Safety, Proper use of assistive devices, Keep pathways clear

Nutrition	Allergies
PEG feeding tube	BENADRYL DILAUDID

Advance Directives	Caregiver Status
No Advance Directive	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Patient admitted to acute inpatient rehabilitation on 01/31/2026 from University of Michigan - Mott Children's Hospital after an exacerbation of functional neurological symptom disorder (FND) with significant functional deficits (weakness affecting walking and hand use) and concurrent functional dysphagia with enteral tube feeding.

4 - Recertification SN

SN CAREPLAN

SN frequency WK2: 1 (08/23/26-08/29/26),WK4: 1 (09/06/26-09/12/26),WK6: 1 (09/20/26-09/26/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/15/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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

08/13/2026 Problems : M1830 - Bathing
M1830 - Bathing
M1850 - Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
limited range of motion
limited strength
sore throat or mouth sores

PROCEDURES: swallowing exercises, monitor intake & output, assist with bathing, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN NARRATIVE

upon arrival RN was greeted by pt to complete recertification

SN GOALS

PATIENT-STATED GOAL: staying stable and staying out of the hospital

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

BUNTON, MAYA | Cert Period 08/17/26 - 10/15/26

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN 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.	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 **WILLIAM HOLSCHER** 573 NORTH BRADLEY HIGHWAY ROGERS CITY, MI 49779 NPI 1730105453	**Phone Number** (989) 734-2171 **Fax Number** 19897342312

Physician's Signature and Date Signed

X

WILLIAM HOLSCHER, PA-C
: Date of physician last face-to-face