# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 1195800**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 1FY2QH2MC19 | 06/10/2026 | 08/09/2026 - 10/07/2026 | 725 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Rita Cucheran**<br>4079 N RACOON TRL<br>LINCOLN, MI 48742 | Female | 09/05/1940 | 989-736-8509 |
| | 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: |
|---|---|
| Home health referral was requested for nursing for MED, PT, and HHA services with anticipated discharge home. Home care orders include RN med/S&O, skilled assessment of gastrointestinal status, mobility/home safety plan, musculoskeletal status, pain control, vital signs, education for diet/hydration, medication regimen, signs and symptoms of infection, signs and symptoms to report to physician, PT evaluation, and HHA evaluation. | patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home |

**ICD-10 CM Principal Diagnosis: K56.699. Other intestnl obst unsp as to partial versus complete obst**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| N83.8 | Oth noninflammatory disord of ovary fallop and broad ligmt | Spironolactone - Spironolactone 50 mg 1 tablet by mouth once a day<br>Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day<br>Labetalol Hydrocloride - Labetalol Hydrochloride 100 mg / 1 tablet by mouth once a day<br>Estrace - Estradiol 1 mg 1 tablet by mouth once a day<br>Dalfampridine - Dalfampridine 5 mg / 1 Tablet by mouth twice daily<br>Amilodipine - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day<br>Myrbetriq - Mirabegron 50 mg, one tablet by mouth in the evening for urination |
| I10. | Essential (primary) hypertension | |
| G35.D | Multiple sclerosis unspecified | |
| E78.5 | Hyperlipidemia unspecified | |
| K58.9 | Irritable bowel syndrome without diarrhea | |
| K86.89 | Other specified diseases of pancreas | |
| R33.9 | Retention of urine unspecified | |
| S81.812A | Laceration without foreign body left lower leg init encntr | |

| Prognosis | Mental and Psychosocial Status |
|---|---|
| good | COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -, HISTORY OF DEPRESSION: |
| **Functional Limitations**<br>Ambulation, Endurance | **Activities Permitted**<br>Exercises Prescribed, Walker, Up As Tolerated |
| **DME & Supplies**<br>cane, 4 wheeled walker, walker | **Safety Measures**<br>fall precautions, standard precautions, ambulates with device |
| **Nutrition**<br>Z. NO PHYSICIAN-ORDERED DIET | **Allergies**<br>no known allergies |

| Advance Directives | Caregiver Status |
|---|---|
| No Advance Directive | |
| **Rehabilitation Potential** | **DISCHARGE PLAN:** |
| SELF-CARE: , MOBILITY: | patient will be responsible for managing treatment |

**Orders for Discipline and Treatment:**

1 - SOC - SN: test

PT Eval: eval

4 - Recertification PT

**SN NARRATIVE**

Upon arrival was greeted outside by pts husband, Rita was sitting in the living room. Rita has PPMS since 2017ish and has been declining- speech is becoming more difficult, using a fork is sometimes a challenge, and now ambulating is challenging and she is trying to determine if it is best to continue using her walker or switch to a wheelchair. Rita's husband is also requesting education on how to better help Rita when assisting her in the shower and requesting at our next visit we assist him in helping her to shower. Pt hospitalized 5/30-6/7- pt taken to ER on 5/30 in Alpena, transferred to U of M following day. Patient was admitted through the ED on 05/30/2026 for small bowel obstruction and pain. Hospital notes state she had abdominal pain with episodes of bilious emesis, no flatus/bowel movement, and CT abdomen/pelvis showing small bowel obstruction with fluid-filled loops and a transition point in the right lower quadrant/anterior abdomen. She was treated non-operatively with NPO status, nasogastric tube decompression to low continuous wall suction, IV fluids, monitoring for return of bowel function, pain control, and antiemetics. A new right adnexal/ovarian cystic lesion concerning for ovarian neoplasm was also noted.Past medical history documented in the consult note includes hypertension, irritable bowel syndrome, and pancreas cyst. Past surgical history includes back surgery, bowel surgery, colonoscopy, hernia repair, hysterectomy, knee surgery in 2017, and knee surgery in 2017. VS within normal parameters for pt, med rec completed. Pt does have a laceration healing no s/s infection no redness LLE from getting on the exercise bike- pt states doc stated no dressing leave to air dry. Discussed upcoming PT visit and the office would be in touch with SN visits, pt and husband verbalized understanding.

## PT CAREPLAN

PT frequency WK1: 1 (08/09/26-08/15/26),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 (10/04/26-10/07/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 95, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: -

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 9. Other risk(s) not listed in 1- 8

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

08/06/2026 Problems : GG0130F1 - Upper Body Dressing
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
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0170F1 - Toilet Transfer
GG0130C1 - Toileting Hygiene
GG0170D1 - Sit to Stand
GG0170G1 - Car Transfer
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
limited strength
limited endurance

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., 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 on uneven surfaces, gait training/stair training, transfers training, assist with toilet transferring, assist with transferring, assist with mobility, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing

## PT NARRATIVE

The patient continues make progress toward functional goals, participates in care, and tolerated PT interventions well at today's visit. The patient would continue to benefit from continued physical therapy services in order promote greater independence and decrease risk of falls and further hospitalizations. Progress has been slowed by medical comorbidities and safety concerns.

## PT GOALS

PATIENT-STATED GOAL: Goal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

| | |
|---|---|
| TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent | |

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: SAVANNAH GRANDCHAMP SN RN on 08/05/2026

| | |
|---|---|
| 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** **RONG LAWSON**<br>ALPENA MEDICAL ARTS, PC 211 LONG RAPIDS ROAD<br>ALPENA, MI 49707<br>NPI 1215116025 | **Phone Number** (989) 358-4251<br><br>**Fax Number** 19893548600 |

**Physician's Signature and Date Signed**

**X**

**RONG LAWSON, MD**
: Date of physician last face-to-face