HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195848

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
135356921	04/17/2026	08/15/2026 - 10/13/2026	572	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
DEANNE GRUNDY 14513 E 638 HWY PRESQUE ISLE, MI 49777	Female	12/21/1965	(989) 529-1236
	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:
Referral placed for home health due to subacute osteomyelitis and stage 4 pressure injury of the coccygeal region, with need for specialty services, skilled nursing, and wound/IV management. Referral documents state the patient is confined to the home, uses a wheelchair, is on bed rest, has a wound vac, and has IV orders per Infectious Disease.

Physician Statement on Homebound Status:
patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: L89.154. Pressure ulcer of sacral region stage 4

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
M86.20	Subacute osteomyelitis unspecified site	ALBUTEROL 108 (90 Base) MCG/ACT inhalant as necessary Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT2 puffs q 6 h PRN sob Eliquis - Apixaban 5 MG- 1 Tab by mouth twice a day Apixaban Oral Tablet 5 MG1 Tab (s) bid Butalbital, Acetaminophen And Caffeine - Acetaminophen: Butalbital: Caffeine 50-325-40 MG by mouth as necessary BAC (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 MG1 Tab (s) q 8 h PRN migrain CVS Acetaminophen Ex St Oral Tablet 500 MG 500 MG by mouth as necessary CVS Acetaminophen Ex St Oral Tablet 500 MG1 Tab (s) q 6 h PRN pain DIPHENHYDRAMINE 25 MG - 1 Tab by mouth as necessary diphenhydrAMINE HCl Oral Tablet Chewable 25 MG1 Tab (s) d PRN itching/allergy/sleep MELATONIN 12 MG - 1 Tab by mouth at bedtime Melatonin Oral Tablet 12 MG1 Tab (s) qhs MEROPENEM 500 MG - 2000 mg IV every 8 hours Meropenem Intravenous Solution Reconstituted 500 MG2000 mg q 8 h MICONAZOLE 3 2 % transdermal twice a day Miconazole Antifungal External Cream 2 %1 appl under folds bid ONDANSETRON 4 mg 4 MG - 1 Tab by mouth as necessary Ondansetron ODT Oral Tablet Disintegrating 4 MG1 Tab (s) q 8 h PRN naus/vo PANTOPRAZOLE 40 mg 40 MG - 1 Tab by mouth in the morning Pantoprazole Sodium Oral Tablet Delayed Release 40 MG1 Tab (s) qam prior to breakfast POLYETHYLENE GLYCOL 3350 Oral Packet by mouth twice a day Polyethylene Glycol 3350 Oral Packet1 Packet(s) bid SUCRALFATE 1 GM by mouth four times a day Sucralfate Oral Tablet 1 GM1 Tab (s) qi Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG - 1 Cap by mouth once a day QC Fluticasone Propionate Nasal Suspension 50 MCG/ACT 50 MCG/ACT Nasal once a day spray each nostril NYSTATIN 100000 UNIT/ML by mouth four times a day FUROSEMIDE 20 mg 20 MG - 1 Tab by mouth three times per week every mon/wed/fri DAPTOMYCIN 350 MG IV once a day
Q05.9	Spina bifida unspecified	
Z93.3	Colostomy status	
Z93.6	Other artificial openings of urinary tract status	
D50.9	Iron deficiency anemia unspecified	

E87.6	Hypokalemia	DAPTOMYCIN 350 MG IV once a day TRIAMCINOLONE 55 MCG/ACT Nasal once a day Triamcinolone Acetonide Nasal Inhaler 55 MCG/ACT2 sprays ea nostril d MONTELUKAST SODIUM 10 mg 10 MG - 1 Tab by mouth at bedtime Montelukast Sodium Oral Tablet 10 MG1 Tab (s) qh PERCOCET 325 mg;5 mg 5-325 MG - 1 Tab by mouth as necessary every 8 hours as needed for pain

Prognosis fair	**Mental and Psychosocial Status** COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Paralysis, Contracture, Contracture of BLE	**Activities Permitted** Bedrest BRP
DME & Supplies wound care supplies, hospital bed, reacher, ostomy supplies, grab bars, , , None of the above	**Safety Measures** fall precautions, Proper use of assistive devices, Keep pathways clear
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** Prochlorperazine- Hallucinations Prochlorperazine Edisylate- Seizures Compazine- Seizures Vanco- Seizures Cephalexin - unknown clindamycin- Hives Adhesive tape- itching Azithromycin- nausea and vomiting Cephalosporins- Rash

Advance Directives	Caregiver Status
No Advance Directive	1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

4 - Recertification

4 - Recertification SN

OT Eval

PT Eval

SN CAREPLAN

SN frequency WK2: 2 (08/16/26-08/22/26),WK3: 2 (08/23/26-08/29/26),WK5: 1 (09/06/26-09/12/26),WK7: 1 (09/20/26-09/26/26),WK9: 1 (10/04/26-10/10/26),WK10: 1 (10/11/26-10/13/26)

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: 1. Non-agency caregiver(s) currently provide assistance

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

08/23/2026 Problems : #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Right Buttock -
heavy bleeding between periods
cloudy urine
muscle weakness
limited range of motion
limited strength

PROCEDURES: physician-ordered wound care: #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Right Buttock -, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: n/a, physician-ordered wound care: n/a, wound vacuum, monitor intake & output, catheter change, care & irrigation: n/a, catheter change, care & irrigation: n/a, coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats,

SN NARRATIVE

RN arrived to pt home for recertification to be completed

SN GOALS

PATIENT-STATED GOAL: Patient's Stated Goals (In patient's Own Words): healing my wounds

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

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
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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

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, * 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

OT CAREPLAN

OT frequency WK2: 1 (08/16/26-08/22/26)

08/19/2026 Problems : GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0170F1 - Toilet Transfer
GG0130C1 - Toileting Hygiene
GG0170A1 - Roll left & Right
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0130A1 - Eating
M1400

OT NARRATIVE

OT eval found patient to live with her mother who is her primary CG. She reports being bedbound for the past year inorder to heal stage IV pressure injury on bottom which fully healed and she was cleared to resume PLOF to use her manual W/C. However, she reports that 2 days ago, she was sliding out of W/C and scratched the back of her R thigh on w/c. She declines writer to observe wound since her mom already completed wound care. She has an appointment 8/24 with wound clinic regarding her new wound. Patient BUE AROM and strength WFL, except for bilat shoulder ext 4+/5 MMT. Patient able to roll R and L independently and use trapeze to offload back/bottom however unable to bend knees and bridge. Writer educates on concern for sitting in manual w/c due to positioning concerns with report of recent sliding out of w/c and core weakness. OT recommends w/c with tall supportive back and tilt features due to possible BLE contractures. She expresses wanting a manual w/c that she can self propel to maintain UB strength and requests National Wheel Chair and Mobility to get a new manual w/c. Patient requires min a-sup for UB dressing, mod A for LB DRESSING, MOD A for UB bathing, MAX A for LB bathing, SUP for grooming and oral care. She can complete ostomy changes with SUP. Patient declines OT at this time, she requests PT only until she can tolerate sitting with new w/c and can begin addressing donning and doffing socks again.

interventions provided:

Recommended w/c company for obtaining appropriate w/c for tilt feature

EDU ON pressure sore prevention and offloading frequently via rolling and using trapeeze

Recommended having grabber within reach

Recommended not using manual w/c due to concerns with positioning and weakness

Recommended getting wound on R shin assessed and treated

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 (10/11/26-10/13/26)

08/22/2026 Problems : GG0170R1 - Wheel 50 ft w 2 Turns
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170S1 - Wheel 150 feet
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed

PROCEDURES: wheelchair training, 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., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 04. Supervision or touching assistance

PT NARRATIVE

As of 30 day reassessment, the patient continues make progress toward functional goals, participates in care, and tolerated PT interventions well at today's visit. Progressed exercises today to include pull up movement for UE strengthening. The patient performed seated in wheelchair home exercise program for 20 repetitions each of black tubing resisted seated upper extremity exercises including resisted elbow extensions, biceps flexion (curls), and straight arm latissimus dorsi pulldowns, and 30+ reps chin up motion. Ptnt educated on setup including use of wheelchair to rout tubing for elbow extensions, and use of overhead hook to rout tubing for lat pulldowns. Written exercises updated to reflect the above. The patient would continue to benefit from continued physical therapy services in order promote greater independence and decrease risk of falls and further hospitalizations. Plan for future visits is to progress therapeutic exercises, transfer and gait training and to update home exercise program. Patient and caregiver to be educated on progress made and realistic goals for PT. Progress has been slowed by medical comorbidities and safety concerns, spina bifida, weakness. Additional strength training needed for right lower extremity, which has some volitional movement and may respond well to additional training.

PT GOALS

PATIENT-STATED GOAL: Patient Goal

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 04. Supervision or touching assistance

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 **MEGAN LAYTON**
1501 W CHISHOLM ST
ALPENA, MI 49707-1401
NPI 1487295028

Phone Number (989) 356-4049

Fax Number 19893548600

Physician's Signature and Date Signed

X

MEGAN LAYTON, FNP-BC
: Date of physician last face-to-face