HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951491

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
136284993	07/06/2026	09/04/2026 - 11/02/2026	789	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Lenford Wolford 4942 Old US 27 Frederic, MI 49733	Male	04/06/1954	(989) 448-9052
	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:
Chronic venous hypertension w ulcer of bilateral low extrm	There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and a wheelchair in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: I87.313. Chronic venous hypertension w ulcer of bilateral low extrm

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I70.248	Athscl native art of left leg with ulcer oth prt low leg	NORCO ORAL TABLET 5-325 MG 1 tablet by mouth every 4 hours PRN FOR PAIN ASPIRIN ORAL CAPSULE 81 MG 1 capsule by mouth once a day CARVEDILOL ORAL TABLET 12.5 MG 1 tablet by mouth twice a day DULCOLAX RECTAL SUPPOSITORY 10 MG 1 suppository rectal once a day DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG 1 capsule by mouth once a day GABAPENTIN ORAL CAPSULE 100 MG 1 capsule by mouth three times a day LISINOPRIL ORAL TABLET 5 MG 1 tablet by mouth once a day
I70.238	Athscl native art of right leg with ulcer oth prt low leg	
I73.9	Peripheral vascular disease unspecified	
I10.	Essential (primary) hypertension	
E88.09	Oth disorders of plasma-protein metabolism NEC	

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 Endurance, Ambulation, Hearing	**Activities Permitted** Wheelchair, Walker, Cane
DME & Supplies walker, , wheelchair, bath bench, grab bars, wound care supplies, cane	**Safety Measures** ambulates with assistance, medical alert/lifeline, medication safety, infectious material management, fall precautions, ambulates with device, walker precautions, wheelchair precautions
Nutrition regular	**Allergies** no known allergies

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:	SN: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
SN to eval and treat

SN CAREPLAN

SN frequency WK2: 1 (09/06/26-09/12/26),WK3: 1 (09/13/26-09/19/26),WK4: 1 (09/20/26-09/26/26),WK5: 1 (09/27/26-10/03/26),WK6: 1 (10/04/26-10/10/26),WK7: 1 (10/11/26-10/17/26),WK8: 1 (10/18/26-10/24/26),WK9: 1 (10/25/26-10/31/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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

09/02/2026 Problems : bruising/discoloration
muscle weakness
limited strength
limited endurance

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Other - left leg -: Clean BLE with wound cleanser. apply vaseline dressing, apply unna boots above ankle on BLE., cough/deep breathing exercises: If pt experiencing any SOB, apply compression bandage: Apply unna boots above ankle BLE

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule

SN NARRATIVE

Upon arrival greeted by Comforcare aide who is at pts residence Mon-Fri 6hrs and Sat/Sun 1 hr. Different aide comes out Saturday afternoon 12-5pm to assist pt. Pt ambulates with walker inside home and wheelchair when going outside. L3 and L4 fractures awhile ago and can't straighten back fully. Cleaned BLE, applied unna boots, pt tolerated well- no s/s of infection BLE, healing well. VS obtained, assessment completed.

SN GOALS

PATIENT-STATED GOAL: Heal BLE wounds

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: CHRISTOPHER CHURCHES on 09/02/2026

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 **KYLE AHNERT** 1200 W NORTH DOWN RIVER RD GRAYLING, MI 49738-8025 NPI 1689439382	**Phone Number** (989) 344-5910 **Fax Number** 12319353463

Physician's Signature and Date Signed

X

KYLE AHNERT, NP
: Date of physician last face-to-face