HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951494

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1017442859V914797	09/05/2026	09/05/2026 - 11/03/2026	4061-1	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Robert Fleury 7179 DOUGLAS LAKE RD JOHANNESBURG, MI 49751	Male	04/07/1929	9896194414
	Email ROBFLE29@GMAIL.COM		**Primary Language**

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:
LE strengthening, transfer training, balance training, home safety	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: M48.061. Spinal stenosis lumbar region without neurogenic claud

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
M62.81	Muscle weakness (generalized)	Alendronate Sodium - Alendronate Sodium eq 70 mg base 1 tab by mouth once a week Lactulose - Lactulose 10gm/15ml 15-30ml by mouth once a day PRN for constipation Aspirin 81Mg - Aspirin 1 tab by mouth once a day Calcium With Vitamin D - Calcium Acetate 600mg-10 mcg by mouth twice a day Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 1 CAPFUL by mouth once a day Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 1 CAPFUL by mouth once a day Docusate Sodium - Docusate Sodium 100mg cap by mouth once a day

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Legally Blind, Endurance	**Activities Permitted** Exercises Prescribed, Wheelchair
DME & Supplies walker, bath bench, wheelchair	**Safety Measures** wheelchair precautions, fall precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives	Caregiver Status
Durable power of attorney for health care/Medical power of attorney	1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 9. Not Applicable	**DISCHARGE PLAN:** PT: patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - PT

4 - Recertification PT

PT CAREPLAN

PT frequency WK1: 1 (09/05/26-09/05/26),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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Durable power of attorney for health care/Medical power of attorney

09/18/2026 Problems : GG0170F1 - Toilet Transfer
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170D1 - Sit to Stand
M1610 - Urinary Catheter
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
limited range of motion
muscle weakness
limited strength
limited endurance
B1000 - Vision Deficit
constipation

PROCEDURES: home exercise program, therapeutic exercises: B LE strengthening, work simplification/energy conservation, standing tolerance exercises: with B UE support, transfers training

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT NARRATIVE

PT referral to address lower-extremity strengthening, transfer training, balance training, and home safety.
Patient is a 97 yo male living at home alone. Patient has caregivers 3 hours/day 7 day a week. Patient reports he is having a lot of difficulty getting his legs to work making transfers to and from his w/c. Reporting he has had 1 major fall over the past year while in the bathroom transferring to the toilet, reporting his legs just collapsed. His caregiver was present and was able to help him get up. Patient has a foley catheter and is able to empty the bag as needed independently. Patient is safely negotiating around the home in his w/c using B UE and B LE. He needs SBA-CGA during transfers using sit to stand at walker and taking steps to transition to the recliner or toilet and uses a pivot transfer to get in and out of bed. Patient is very regimented with all of his tasks and daily routine. He does well managing the foley catheter, locking the breaks on his w/c and positioning self. Patient has sig B knee OA with crepetis and poor control in the knees while standing, unable to achieve full knee extension.
Patient will benefit from further skilled PT interventions to instruct and progress HEP, work on transfer training, and home safety.

PT GOALS

PATIENT-STATED GOAL: WORK ON STRENGTHENING AND IMPROVE TRANSFERS AND MOBILITY

GOALS
Toilet Transfer - 06. Independent

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 09/05/2026

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. F2F date: 09/02/2026	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 **ROBYN YATES** 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 NPI 1518174101	**Phone Number** (989) 497-2500 **Fax Number** 19893214118
Physician's Signature and Date Signed **X** **ROBYN YATES, FNP** 09/02/2026: Date of physician last face-to-face	