# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 11951496**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 123188608 | 01/08/2026 | 09/05/2026 - 11/03/2026 | 341 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **JACQUELINE GERHARDI**<br>208 FULTON ST APT 203<br>GRAYLING, MI 49738 | Female | 12/11/1951 | (989) 619-2711 |
| | Email | | Primary Language: English |

## 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: 1184225021 | | Fax Number: 866-410-7843 |

| Clinical Condition Requiring Homecare: | Physician Statement on Homebound Status: |
|---|---|
| Skilled Nursing to Assess and Eval education, medication review | patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home |

**ICD-10 CM Principal Diagnosis: J44.1. Chronic obstructive pulmonary disease w (acute) exacerbation**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| J96.01 | Acute respiratory failure with hypoxia | Albuterol Sulfate - Albuterol Sulfate 108 (90 BASE) MCG/ACT - 2 puffs inhalant as necessary four times a day as needed<br>Glimepiride - Glimepiride 4 mg 1 tablet by mouth twice a day ONGOING<br>Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg 1 tablet by mouth once a day ONGOING<br>Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 capsule by mouth once a day ONGOING<br>Levothroxine - Levothyroxine Sodium 200 mcg / 1 capsule by mouth once a day TOTAL 225 MCG DAILY ONGOING<br>Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 tablet by mouth twice a day ONGOING<br>Sertraline Hcl - Sertraline Hydrochloride 50 mg/ 1 tablet by mouth once a day ONGOING<br>Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day ONGOING |
| R60.0 | Localized edema | |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | |
| E11.9 | Type 2 diabetes mellitus without complications | |
| E03.9 | Hypothyroidism unspecified | |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | |
| I10. | Essential (primary) hypertension | |
| N18.30 | Chronic kidney disease stage 3 unspecified | |

| Prognosis | Mental and Psychosocial Status |
|---|---|
| good | 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**<br>Bowel/Bladder Incontinence, Endurance, Ambulation | **Activities Permitted**<br>Walker, Up As Tolerated |
| **DME & Supplies**<br>grab bars, , bath bench, rolling walker | **Safety Measures**<br>standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, , bathroom safety, |
| **Nutrition**<br>low sodium | **Allergies**<br>NKDA |

| 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: patient will be responsible for managing treatment |

**Orders for Discipline and Treatment:**
SN to eval and treat

## SN CAREPLAN

SN frequency WK3: 1 (09/13/26-09/19/26),WK5: 1 (09/27/26-10/03/26),WK7: 1 (10/11/26-10/17/26),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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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

09/02/2026 Problems : swelling in the arms/legs
balance deficit
limited range of motion
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

## SN NARRATIVE

RN knocked and entered apartment. Patient was exiting bathroom when RN entered. RN and patient went to living room for visit. Head to toe assessment completed and vitals obtained. Vitals stable. Patient reports chronic back pain. Swelling is reportedly less in BLE. Currently +1. Patient states she has not been able to check her blood glucose because she does not have a glucometer. She and LPN have both been trying to get one ordered from PCP without success. Patient agreeable with continued POC. Every other week visits with LPN. Patient denied further questions or concerns at conclusion of visit.

## SN GOALS

PATIENT-STATED GOAL: walk longer distances without fatigue

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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** **GREGG HANERT**<br>1250 E MICHIGAN AVE<br>GRAYLING, MI 49738<br>NPI 1366439044 | **Phone Number** (989) 348-0550<br><br>**Fax Number** 19893480473 |

**Physician's Signature and Date Signed**

**X**

**GREGG HANERT, DO**
: Date of physician last face-to-face