HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951501

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
135652790	09/08/2026	09/08/2026 - 11/06/2026	972	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Ethel Weber 2798 Plywood Rd GAYLORD, MI 49735	Female	08/08/1954	(989) 731-4020
	Email		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:
Assistance was needed with multiple ADLs Cognitive impairment limited mobility Exhaustive effort to leave the house due to chronic conditions Patient lives in assisted living facility due to chronic conditions	Assistance was needed with multiple ADLs Cognitive impairment limited mobility Exhaustive effort to leave the house due to chronic conditions Patient lives in assisted living facility due to chronic conditions

ICD-10 CM Principal Diagnosis: M15.0. Primary generalized (osteo)arthritis

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I50.82	Biventricular heart failure	ACETAMINOPHEN 500 mg tablet by mouth twice a day as needed (PRN) ALENDRONATE SODIUM 70 mg tablet by mouth once a week BUMETANIDE 1 mg tablet by mouth as directed for fluid management ALLOPURINOL 300 mg tablet by mouth once a day BENZONATATE 200 mg capsule by mouth three times a day as needed (PRN) FLUOXETINE 20 mg tablet by mouth twice a day LOSARTAN POTASSIUM 25 mg tablet by mouth once a day METOLAZONE 5 mg tablet by mouth once a day NYSTATIN 100,000 unit/gram cream topical Apply 1 undefined topical twice a day as needed (PRN) OMEPRAZOLE 20 mg capsule,delayed release(DR/EC) by mouth once a day LEVOTHYROXINE 175 mcg tablet by mouth once a day VENTOLIN 1 admin inhalant Use rescue inhaler as needed for shortness of breath CALCIUM 500 mg-5 mcg (200 unit) tablet by mouth twice a day METOPROLOL 25 mg tablet by mouth twice a day POTASSIUM 20 mEq tablet extended release by mouth once a day COLACE mg tablet by mouth as needed for constipation ELIQUIS 5 mg tablet by mouth twice a day Trelegy Ellipta (fluticasone-umeclidin vilanter) mcg blister with device inhalant 1 once a day
J44.89	Other specified chronic obstructive pulmonary disease	
F33.1	Major depressive disorder recurrent moderate	
F02.A0	Dem in other dis classd elswhr mild w/o beh/psych/mood/anx	
G30.1	Alzheimer's disease with late onset	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Endurance, Ambulation	**Activities Permitted** Exercises Prescribed, Up As Tolerated, Walker
DME & Supplies bath bench, hospital bed, grab bars, walker	**Safety Measures** transfer with assist, fall precautions, ambulates with device
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** Heparin, Sulfa Antibiotics

Weber, Ethel | Cert Period 09/08/26 - 11/06/26

Advance Directives DPOA- Alicia	**Caregiver Status** 0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	**DISCHARGE PLAN:** PT: patient will be responsible for managing treatment
Orders for Discipline and Treatment: PT, OT to eval and treat	
	OT GOALS OT to eval and treat

PT CAREPLAN

PT frequency WK1: 1 (09/08/26-09/12/26),WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26),WK7: 1 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26),WK9: 1 (11/01/26-11/06/26)

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: 3. Multiple hospitalizations (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:DPOA- Alicia

09/08/2026 Problems : GG0170K1 - Walk 150 Feet
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
wheezing
coughing
swelling in legs/around eyes
lightheadedness
balance deficit
limited endurance
muscle weakness
limited strength

PROCEDURES: Therapeutic Exercise: BLE strengthening, cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program, equipment training, work simplification/energy conservation, gait training/stair training, transfers 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, patient self-administers medications as

PT NARRATIVE

The patient was recently hospitalized for CHF and COPD exacerbation; the hospital name and hospitalization dates are not documented. At the 09/03/2026 assisted living visit she had progressively worsening 4+ bilateral lower-extremity edema with tight, shiny, intact skin. Referred for PT and OT due to reduced mobility, muscle weakness, unsteady gait, severe generalized arthritis, multiple prior joint replacements, C6-C7 fusion, biventricular heart failure, and COPD. Patient presents with B LE edema due to CHF and limitations with mobility and balance, difficulty moving from sitting to supine and difficulty walking due to pain and balance deficits. Pt will benefit from skilled PT interventions to address balance, ambulation, LE strength and bed mobility,

PT GOALS

PATIENT-STATED GOAL: improve ambulation and strength

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

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

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

Car Transfer - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

prescribed, 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, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Shower/Bathe Self - 03. Partial/moderate assistance	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 09/08/2026

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: 09/03/2026	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 **ROSE MARY SPELLMAN** 801 ROSE HILL DRIVE JACKSON, MI 49202 NPI 1154808418	**Phone Number** (517) 212-2008 **Fax Number** 15172122007

Physician's Signature and Date Signed

X

ROSE MARY SPELLMAN, MD
09/03/2026: Date of physician last face-to-face