# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 11951497**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 80019971200 | 09/05/2026 | 09/05/2026 - 11/03/2026 | 968 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Howard McConnell**<br>451 VICTORIA DR<br>ALPENA, MI 99923 | Male | 12/20/1935 | 989-356-9391 |
| | 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: |
|---|---|
| Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy. | needs assistance to leave the house |

**ICD-10 CM Principal Diagnosis: Z47.1. Aftercare following joint replacement surgery**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| Z96.642 | Presence of left artificial hip joint | DEMADEX 20 mg oral Daily (0900)<br>DIOVAN 80 mg oral Nightly<br>FLOMAX 0.4 mg oral Daily (0900)<br>Lactulose - Lactulose 10gm/15ml 30ml by mouth once a day PRN for constipation<br>MIRALAX 17 g oral Daily PRN<br>PACERONE 200 mg oral Daily (0900)<br>PROCARDIA 90 mg oral Daily (0900)<br>PROSCAR 5 mg oral Daily (0900)<br>ROXICODONE 10 mg oral q4h PRN<br>SYNTHROID 50 mcg oral Daily (0600)<br>TYLENOL 1,000 mg oral q8h<br>SENOKOT-S 50 MG tablet oral BID PRN<br>MELATONIN 6 mg oral Nightly PRN<br>ELIQUIS 2.5 mg oral BID |
| M16.12 | Unilateral primary osteoarthritis left hip | |
| N18.4 | Chronic kidney disease stage 4 (severe) | |
| N17.9 | Acute kidney failure unspecified | |
| I50.32 | Chronic diastolic (congestive) heart failure | |
| I48.0 | Paroxysmal atrial fibrillation | |
| I10. | Essential (primary) hypertension | |

| Prognosis | Mental and Psychosocial Status |
|---|---|
| good | COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No |
| **Functional Limitations**<br>Bowel/Bladder Incontinence, Endurance, , Ambulation | **Activities Permitted**<br>Walker, Up As Tolerated |
| **DME & Supplies**<br>L. H. sponge, reacher, sock aid, , , wound care supplies, walker, , , , grab bars, bath bench | **Safety Measures**<br>bleeding precautions, anticoagulant precautions, bathroom safety, standard precautions, , , ambulates with device, fall precautions, medication safety, restricted ROM, walker precautions |
| **Nutrition**<br>regular | **Allergies**<br>Arthrotec 50 [Diclofenac-Misoprostol], Cefepime, Sulfa (Sulfonamide Antibiotics), Hydrochlorothiazide, Spironolactone |

**Advance Directives**
No Advance Directive

**Caregiver Status**
2. Non-agency caregiver(s) need training/supportive services to provide assistance; 1. Non-agency caregiver(s) currently provide assistance

**Rehabilitation Potential**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**DISCHARGE PLAN:**
SN: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment

**Orders for Discipline and Treatment:**
SN, PT, OT to eval and treat

## SN CAREPLAN

SN frequency WK1: 1 (09/05/26-09/05/26),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),WK10: 1 (11/01/26-11/03/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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:No Advance Directive

09/08/2026 Problems : M1610 - Urinary Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
dependent edema
balance deficit
limited range of motion
limited endurance
constipation
M2102c - Med Admin
M2102d - Caregiver Performs Treatment

PROCEDURES: Labs to be drawn on or around 9/8: BMP to be drawn peripherally., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to optimize range of motion with

## SN NARRATIVE

SOC assessment completed; weekly SN visits with RN or LPN. PT/OT evals. Potential need for HHA based on OT recommendation. Will need labs drawn on 9/8.

RN was greeted at front door by patient's daughter. RN joined patient in dining room. He was finishing up breakfast. RN introduced self. Admission documents reviewed and signed. Head to toe assessment completed and vitals obtained. Vitals stable. Patient's incision is covered with surgical dressing that is to stay in place until follow up appointment unless soiled or lifting. He has extra supplies from the hospital. RN educated on monitoring dressing for shadowing/visible drainage and edges lifting. Patient and family verbalized understanding. Patient's daughters are there basically every day to check on patient and his wife. RN informed patient that his labs would likely be drawn on 9/8 and that he would need to fast for 10-12 hours for this. RN explained that the office would be in contact about upcoming visits. Patient denied further questions or concerns at conclusion of visit.

## SN GOALS

PATIENT-STATED GOAL: decrease pain;Increase mobility level

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

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

**OT CAREPLAN**

OT frequency WK3: 1 (09/13/26-09/19/26)

09/15/2026 Problems : Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating

**OT NARRATIVE**

OT EVAL FOUND PATIENT TO LIVE IN HOME WITH SUPPORTIVE WIFE, 3 STEPS TO ENTER. PATIENT HAS A TUB SHOWER WITH 2 INTERNAL SHOWER GB'S, SHOWER CHAIR AND HAND HELD SHOWER, WRITER RECOMMENDS REMOVING SHOWER DOORS AND ADDING SHOWER CURTAIN. PATIENT HAS BILAT SHOULDER AROM DEFICITS AND BUE STRENGTH DEFICITS, REPORTS STROKE A FEW YEARS AGO AFFECTING R SIDE FOLLOWING R SHOULDER REPLACEMENT. PATIENT HAS DIFFICULTY STEPPING INTO TUB SHOWER S/P L HIP SURGERY, WEAKNESS AND PAIN. HE HAS SITTING BALANCE AND CORE WEAKNESS, DIFFICULTY SCOOTING SITTING EOB THEREFORE, OT RECOMMENDED SLIDING TTB DME, WHICH PATIENT AND CG'S ARE RECEPTIVE TOO. PATIENT SCORED 14/20 ON BARTHEL ASSESSMENT INDICATING MODERATE DEPENDENCY ON ADLS, HE REQUIRES ASSISTANCE FOR DONNING COMPRESSION SOCKS, SPONGE BATHING AND SBA FOR LB DRESSING. PATIENT USES A 2WW FOR MOBILITY, REQUIRES SUP-SBA FOR TRANSFERS AND MOBILITY. PATIENT DECLINES UB EXERCISES AT THIS TIME AS HE WANTS TO FOCUS ON PRIMARY GOALS FOR IMPROVING WALKING. OT EVAL ONLY AT THIS TIME, OT SPOKE WITH DAUGHTER LORIE VIA PHONE FOLLOWING VISIT REGARDING OT EVAL ONLY AND RECOMMENDATIONS.

UB STRENGTH MMT: R | L

SHOULDER FLEX: 2- | 2-

SHOULDER EXT: 4- | 4-

ELBOW FLEX: 4+ | 4+

ELBOW EXT: 4 | 4

GRIP STRENGTH: # | #

BALANCE:

STATIC SITTING: GOOD -

DYNAMIC SITTING: FAIR +

STATIC STANDING:

DYNAMIC STANDING:

ADLS:

UB DRESSING: SUP

LB DRESSING: SBA

GROOMING: SUP

ORAL CARE: SUP

UB BATHING: SBA

LB BATHING: MIN A

TOILETING: MOD I

FEEDING: INDEPENDENT

TRANSFERS:

SIT TO STAND: SBA-SUP

TOILET:

SHOWER: SPONGE BATHING DUE TO LIMITED MOBILITY AND STRENGTH

BED MOBILITY: MOD I

DME RECOMMENDED: SLIDING TUB TRANSFER BENCH, DOFF N DONNER FOR COMPRESSION SOCKS, LONG HANDLED SPONGE

| | |
|---|---|
| | INTERVENTIONS PROVIDED:<br><br>EDU ON FALL SAFETY, REMOVING ENTRY RUGS, INCREASING LIGHTING AT NIGHT<br><br>RECOMMENDED ELIMINATING SHOWER DOORS, ADDING SHOWER CURTAIN AND SLIDING TTB<br><br>RECOMMENDED AE FOR DONNING COMPRESSION SOCKS DON N DOFFER<br><br>RECOMMENDED PATIENT CONTINUE TO USE R HAND FOR EVERYDAY ACTIVITIES TO CONTINUE NEURO REHAB<br><br>RECOMMENDED SPONGE BATHING, RECOMMENDED CG ASSIST WITH SLIDE TTB<br><br>RECOMMENDED RAISING HEIGHT OF WALKER TO MATCH PATIENTS HEIGHT, HOWEVER HE DECLINES. |

McConnell, Howard | Cert Period 09/05/26 - 11/03/26

**PT CAREPLAN**

PT frequency WK2: 1 (09/06/26-09/12/26),WK3: 2 (09/13/26-09/19/26),WK4: 2 (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),WK10: 1 (11/01/26-11/03/26)

09/15/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion for the limbs of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., Physical Therapy Procedures and Protocols for PTA: Physical Therapist Assistant (PTA) may perform the procedures listed in this care plan, including reasonable and appropriate progression of interventions listed. Prior to providing or continuing care, PTA must immediately notify and speak with supervising PT by phone call if the patient experiences a significant, unanticipated change in condition, functional status, or response to treatment., 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., equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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

**PT NARRATIVE**

The patient was referred for home physical therapy to address functional deficits related to left total hip arthroplasty on 08/24/2026 complicated by hyperkalemia, acute kidney injury superimposed on CKD stage 4, and postoperative anemia requiring 2 units of PRBCs, with contributing factors including: chronic conditions including CVA/ischemic left MCA stroke with remaining right-sided weakness, chronic diastolic heart failure/HFpEF, paroxysmal atrial fibrillation, hypertension, mixed hyperlipidemia, CKD, hypothyroidism, BPH, history of bladder cancer, iron deficiency anemia, vitamin D deficiency, venous insufficiency of both lower extremities, chronic low back pain/chronic pain, chronic constipation, protein malnutrition, obstructive sleep apnea, seizure disorder, unstable angina, and hypotension. The patient lives with spouse in a home with steps to enter using bilateral handrails. The patient demonstrates deficits including decreased strength, balance and safety with transfers and ambulation. Functional testing including Timed Up and Go (TUG) test with result of 35 seconds is consistent with an increased risk of falls. Skilled physical therapy interventions including therapeutic exercises, balance, gait and transfer training are reasonable and necessary to address the above deficits, promote greater independence, and improve function.

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**PT GOALS**

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

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

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Car Transfer - 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

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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 **Jessica Ludlow**<br>105 ARBOR LN<br>Alpena, MI 49707<br>NPI 1861109076 | **Phone Number** (989) 356-3485<br><br>**Fax Number** 19893566396 |
|---|---|

**Physician's Signature and Date Signed**

**X**

**Jessica Ludlow, FNP**

09/02/2026: Date of physician last face-to-face