HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951492

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
80042737300	09/05/2026	09/05/2026 - 11/03/2026	964	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Dawn Caverly 900 Hayes Drive, Apt B13 GAYLORD, MI 49735	Female	04/19/1955	2318385886
	Email nsorsensen_jo@hotmail.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:
Dx:G10 Huntington's disease R13.12 Dysphagia, oropharyngeal phase F06.31 Mood disorder due to known physiological condition with depressive features F06.71 Mild neurocognitive disorder due to known physiological condition with behavioral disturbance F41.1 Generalized anxiety disorder Z74.1 Need for assistance with personal care M62.81 Muscle weakness	Travel to a provider office would be a physical or mental burden and a barrier to receiving timely care and this patient benefits from visitation by this provider in their ALF/home setting.

ICD-10 CM Principal Diagnosis: G10.. Huntington's disease

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R13.12	Dysphagia oropharyngeal phase	CETIRIZINE HYDROCHLORIDE 10 MG tablet by mouth once a day LORAZEPAM 0.25 MG tablet by mouth twice a day OLANZAPINE 2.5 MG tablet by mouth at bedtime LEVOTHYROXINE 1 tablet by mouth every morning SEROQUEL 25 MG tablet by mouth twice a day NITRO QUICK 1 tablet sublingual daily VITAMIN 1 tablet by mouth once a day Boost (food supplement, lactose-reduced) 0.04 gram - 1 kcal/mL liquid 1 can by mouth twice a day Thick-It (starch (thickening)) powder 1 unit by mouth as directed Thicken all liquids to nectar thick
F06.31	Mood disorder due to known physiol cond w depressv features	
F06.71	Mild neurocog disord d/t known physiol cond with beh distrb	
F41.1	Generalized anxiety disorder	
Z74.1	Need for assistance with personal care	
M62.81	Muscle weakness (generalized)	
R26.89	Other abnormalities of gait and mobility	

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 Endurance	**Activities Permitted** Transfer bed/Chair, Wheelchair
DME & Supplies wheelchair,	**Safety Measures** fall precautions, transfer with assist, wheelchair precautions, activity supervision
Nutrition soft	**Allergies** no known allergies

Advance Directives	Caregiver Status
DNR	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.	PT: family/caregiver 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: 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:DNR

09/05/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
impaired speech
balance deficit
involuntary movement of extremity
weak hand grips
muscle weakness
limited strength
limited endurance
meal preparation

PROCEDURES: home exercise program: Instruct and progress HEP for balance and strengthening, therapeutic exercises: B LE strengthening, equipment training: using SW, gait training/stair training: ambulation with assist on level surfaces with walker

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 promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, Ambulation

PT NARRATIVE

Unsteady mobility, wheelchair use outside the room, generalized weakness, abnormal gait, and a patient request for a walker; PT evaluation was ordered for walker use and gait assessment.
Advanced Huntington's disease with choreatic/dyskinetic movements, verbal communication impairment, dysphagia/aspiration risk, mood and behavioral disturbance, cognitive impairment, generalized weakness, and impaired mobility.
PT attempted walking in hallway with support from wall rail and 1 hand hold support, patient is very unstable due to chorea/dyskinesia. PT will bring in a SW at further visit to assess safety with the walker and if safe will order a walker. Patient is in need of further physical therapy to address neuromuscular control, B LE strength and transitional movements for transfers.

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PT GOALS

PATIENT-STATED GOAL: walk with walker

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 promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

Ambulation

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: 08/31/2026

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
08/31/2026: Date of physician last face-to-face