HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951529

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
973395053	08/03/2026	08/03/2026 - 10/01/2026	864	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Gerald Omstead 863 4TH ST CHARLEVOIX, MI 49720	Male	07/10/1943	(269) 339-7243
	Email		Primary Language: English

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:
Evaluate and treat. S/P L THA	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

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	ACETAMINOPHEN 500 MG Tab Oral TID HYDROCHLOROTHIAZIDE 12.5 MG Cap Oral Daily TOPROL-XL 50 MG Tab Oral Daily TRAMADOL 50 MG Tab Oral q6hr, PRN Moderate Pain ELIQUIS 5 MG Tab Oral BID
I48.20	Chronic atrial fibrillation unspecified	
I10.	Essential (primary) hypertension	
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	
F32.A	Depression unspecified	
G47.33	Obstructive sleep apnea (adult) (pediatric)	
G47.00	Insomnia unspecified	
M25.512	Pain in left shoulder	

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 None of the above	**Activities Permitted** Up As Tolerated, Exercises Prescribed, Walker
DME & Supplies walker, bath bench	**Safety Measures** fall precautions, ambulates with device, hip precautions, walker precautions
Nutrition regular	**Allergies** no known allergies

Advance Directives	Caregiver Status
Yes	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:** PT: patient will be responsible for managing treatment
Orders for Discipline and Treatment: PT to eval and treat	

PT CAREPLAN

PT frequency WK1: 2 (08/03/26-08/08/26),WK2: 2 (08/09/26-08/15/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:Yes

08/06/2026 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
GG0170E1 - Chair to Bed to Chair
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
muscle weakness
limited strength
limited endurance

PROCEDURES: cough/deep breathing exercises, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Don/Doff Footwear - 06. Independent

PT NARRATIVE

S/P Left THA on 7/20/26 following a fall. Following discharge to home he had a fall while trying to get out of bed and went to ED for x-ray which were all negative, reporting residual L shoulder pain. Patient reports he is having difficulty getting up and down from chairs and pain is affecting prolonged mobility and standing to perform basic ADL's. PT instructed initial HEP and reviewed proper safety with use of walker or cane. He lives alone but his next door neighbors are present daily to assist as needed. At this time the patient will benefit from continue skilled PT interventions to address functional mobility, post surgical rehab and home safety/fall prevention.

PT GOALS

PATIENT-STATED GOAL: Complete in home post surgical rehab, improve ambulation

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

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Picking Up Object - 06. Independent

12 Steps - 06. Independent

Don/Doff Footwear - 06. Independent

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/03/2026

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: 07/27/2026	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 **DARCIE DOHNAL** 14734 PARK AVENUE BLDG A CHARLEVOIX PRIMARY CARE CHARLEVOIX, MI 49720-1927 NPI 1487800959	**Phone Number** (231) 547-6554 **Fax Number** 12313927332
Physician's Signature and Date Signed **X** **DARCIE DOHNAL, MD** 07/27/2026: Date of physician last face-to-face	