HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951474

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
4HC4J20AX90	09/10/2026	09/10/2026 - 11/08/2026	978	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Patricia Burelle 14300 Pointe Rd ATLANTA, MI 49709	Female	11/08/1931	(248)547-5737
	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: I639 - Cerebral infarction, unspecified (Acute CVA)	Physician Statement on Homebound Status: medical condition could get worse if patient leaves home	

ICD-10 CM Principal Diagnosis: I63.9. Cerebral infarction unspecified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
		CLOPIDOGREL 5 by mouth once a day Plavix GABAPENTIN 100 mg inhalant three times a day

Prognosis	Mental and Psychosocial Status
fair	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 Ambulation	**Activities Permitted** Walker
DME & Supplies wound care supplies, 4 wheeled walker	**Safety Measures** fall precautions, walker precautions
Nutrition regular	**Allergies** no known allergies

Advance Directives
No Advance Directive

Caregiver Status
1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance

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:
SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment

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

SN CAREPLAN

SN frequency WK1: 1 (09/10/26-09/12/26),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 (11/01/26-11/07/26)

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: 10. None of the above

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

09/10/2026 Problems : M1720 - Anxiety
Pain Effect on Sleep
M1400 - Dyspnea
M2020 - Oral Med Management
weak hand grips
limited strength
muscle weakness
poor muscle tone
frequent urination
open sores/lesions
B1000 - Vision Deficit

PROCEDURES: Wound care to left hand: Complete wound care to left every other day or PRN by cleansing with wound cleanser, patting dry, covering with xeroform, and wrap with coban or kerlex., coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN NARRATIVE

Patient is being admitted for SN, PT, and OT from a primary care provider referral for decreased mobility and increased weakness .

SN GOALS

PATIENT-STATED GOAL: Heal wound on left hand, increase strength and walk with the walker better

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

Burelle, Patricia | Cert Period 09/10/26 - 11/08/26

PT CAREPLAN

PT frequency 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 (11/01/26-11/07/26)

09/17/2026 Problems : GG0170G1 - Car Transfer
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper 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
GG0170D1 - Sit to Stand
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion for the limbs of the right or left lower extremity to improve strength and range of motion for improved transfers in and out of vehicle., Physical Therapy Procedures: Physical therapist to provide interventions including the following: monitor vital signs, provide education regarding health condition, comorbidities, pressure injury prevention and management, nutrition, and pain management. May educate on medications in accordance with physician instructions. PT may provide home exercise program, therapeutic exercises and activities, neuromuscular re-education; transfer, stair, gait, bed mobility and/or balance training, manual therapy, fall prevention strategies and assistive/orthotic device application and training., Procedures and Protocols for PTA: Physical Therapist Assistant (PTA) may perform the procedures listed in this care plan with the exception of joint mobilization, and may progress interventions as reasonable and appropriate according to the procedures 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 - 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

PT NARRATIVE

The patient was referred for home physical therapy to address functional deficits related to decreased strength with contributing factors including: stroke, dementia, hypotension, shoulder pain. The patient lives with son in a home with several steps to enter using bilateral handrails. Angel at Heart provides private duty caregiver(s) when son is not available. 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 incomplete due to fatigue and Tinetti score of 4/28 are 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.

PT GOALS

PATIENT-STATED GOAL: Patient/Family Goal

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

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

Toilet 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

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAVANNAH GRANDCHAMP SN RN on 09/10/2026

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 **Atif George**
23760 Woodward Ave
Pleasant Ridge, MI 48069
NPI 1124018627

Phone Number (248) 543-2800

Fax Number (248) 543-2814

Physician's Signature and Date Signed

X

Atif George, MD

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

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