HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951482

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1018839588V467622	05/07/2026	09/04/2026 - 11/02/2026	1974-1	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
GLENN CRANE 279 PINECREST GAYLORD, MI 49735	Male	07/15/1948	(989) 858-1959
	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:
L03.116	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: L03.116. Cellulitis of left lower limb

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
L97.929	Non-prs chronic ulc unsp prt of l low leg w unsp severity	Finasteride - Finasteride 5 mg 1 tablet by mouth once a day Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 capsule by mouth at bedtime Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg / 1 tablet by mouth once a day Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime Glyxambi - Empagliflozin: Linagliptin 10 mg / 1 Tablet by mouth at bedtime
I87.2	Venous insufficiency (chronic) (peripheral)	
R60.0	Localized edema	
M17.12	Unilateral primary osteoarthritis left knee	
M17.11	Unilateral primary osteoarthritis right knee	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Ambulation	**Activities Permitted** No Restrictions,
DME & Supplies wound care supplies	**Safety Measures** None of the above
Nutrition regular,	**Allergies** penicillin (swelling)

Advance Directives	Caregiver Status
Yes	1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Default

4 - Recertification

SN CAREPLAN

SN frequency WK1: 1 (09/04/26-09/05/26),WK2: 2 (09/06/26-09/12/26),WK3: 2 (09/13/26-09/19/26),WK4: 2 (09/20/26-09/26/26),WK5: 2 (09/27/26-10/03/26),WK6: 2 (10/04/26-10/10/26),WK7: 2 (10/11/26-10/17/26),WK8: 2 (10/18/26-10/24/26),WK9: 2 (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: 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:Yes

09/16/2026 Problems : M1830 - Bathing
M1830 - Bathing
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
M1820 - Lower Body Dressing
M1820 - Lower Body Dressing
open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: Complete wound care twice a week by cleansing wound with wound cleanser, patting dry, apply calcium alginate, cover with an ABD pad , and wrap with kirlex, wound vacuum, assist with bathing, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN NARRATIVE

Patient and wife were greeted upon arrival. Wound care was completed of order and patient tolerated wound care well no s/sx of infection were noted. Vitals and assessment were obtained and were all within normal parameters for this patient. Patient and wife were informed of next nursing visit and stated no further questions or needs upon completion of visit.

SN GOALS

PATIENT-STATED GOAL: Heal wound

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: ALEXIS ABRAHAM SN RN on 09/01/2026

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.	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 **ROBYN YATES** 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 NPI 1518174101	**Phone Number** (989) 497-2500 **Fax Number** 19893214118

Physician's Signature and Date Signed

X

ROBYN YATES, FNP
: Date of physician last face-to-face