HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951471

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1006193623V375075	07/08/2026	09/06/2026 - 11/04/2026	0942	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Albert Morgan PO BOX 4055 GAYLORD, MI 49734	Male	06/20/1933	(907)6326493
	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:	Physician Statement on Homebound Status:
artif openings of digestive tract	Ostomy care is needed from home health due to patient not able to perform the ostomy care by himself, due to poor eye sight and lack of neck ROM

ICD-10 CM Principal Diagnosis: Z43.4. Encounter for attn to oth artif openings of digestive tract

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
Z90.49	Acquired absence of other specified parts of digestive tract	Furosemide - Furosemide 40 mg 1 tablet by mouth once a day Levothyroxine Sodium - Levothyroxine Sodium 0.088 mg 1 capsule by mouth once a day Losartan Potassium - Losartan Potassium 100 mg .5 tablet by mouth once a day 1/2 Tab(s) once daily Omeprazole - Omeprazole 20 mg 1 tablet by mouth once a day Aspirin 81Mg - Aspirin 81 mg / 1 capsule by mouth once a day Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg / 1 tablet by mouth once a day Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 tablet by mouth once a day

Prognosis	Mental and Psychosocial Status
fair	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, Hearing	**Activities Permitted** Independent at Home, Up As Tolerated, Walker
DME & Supplies grab bars, bath bench, 4 wheeled walker	**Safety Measures** fall precautions, walker precautions, ambulates with device, cardiac precautions, bathroom safety, anticoagulant precautions
Nutrition regular	**Allergies** no known allergies

Advance Directives	Caregiver Status
No Advance Directive	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Instructions / Teaching: Signs and Symptoms of Fluid Overload, Appropriate

Actions, and Importance of Daily Weight Monitoring

4 - Recertification

SN CAREPLAN

SN frequency WK1: 2 (09/06/26-09/12/26),WK2: 2 (09/13/26-09/19/26),WK3: 2 (09/20/26-09/26/26),WK4: 2 (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 (11/01/26-11/04/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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:No Advance Directive

09/02/2026 Problems : limited strength
abnormal thyroid <> 0.40 - 4.50 mIU/mL

PROCEDURES: apply collection/fistula pouch, ostomy care & irrigation: Ostomy changed 2x weekly- pt unable to independently change ostomy, education needed to teach pt methods to independently care for ostomy in between changes. Pt applies stoma powder, a stoma ring, an ostomy wafer, and ostomy pouch., coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

SN NARRATIVE

Upon arrival to home was greeted by pts daughter who is here visiting pt. Pt uses walker to ambulate, completes ADL's independently, lives alone, daughter visits occasionally. Pt denies pain today. RN changed ostomy, pt tolerated well. VS obtained, no further concerns. Assessment completed.

Recommended Frequency: 2 times in a 7 day period

SN GOALS

PATIENT-STATED GOAL: Learn to manage ostomy care without a caregiver, but states not ostomy changes, is unable to complete those independently.

GOALS
patient/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: ALEXIS ABRAHAM SN RN on 09/02/2026

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