HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951537

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
132623493	08/05/2026	08/05/2026 - 10/03/2026	874	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Kimberly Johnson 1441 MAPLE DR APT 4 FAIRVIEW MI 48621 FAIRVIEW, MI 48621	Female	03/20/1960	(989) 406-0062
	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:
- New home health referral for intermittent skilled nursing following left modified radical neck dissection for metastatic papillary thyroid carcinoma, with specialty services required for postoperative left neck wound and drain care. - The patient was admitted for elective surgery after a left level 4 neck node FNA on 05/06/2026 confirmed metastatic papillary thyroid carcinoma. She underwent left modified radical neck dissection on 07/28/2026. Postoperative documentation notes pain, nausea, bowel movement, and continued drain output. Home care orders direct daily/as-needed left neck dressing changes and drain emptying every 12 hours while inpatient and every 24 hours after discharge.

Physician Statement on Homebound Status:
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: Z48.3. Aftercare following surgery for neoplasm

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R59.0	Localized enlarged lymph nodes	Novalog - Insulin Aspart Protamine Recombinant: Insulin Aspart Recombinant scale subQ Nightly ALBUTEROL 2 puff inhl q8h PRN DIOVAN 80 mg oral Daily (0900) FLONASE 2 spray each Nostril Daily PRN HYDRODIURIL 25 mg oral Daily (0900) KEPPRA 500 mg oral BID Lantus - Insulin Glargine Recombinant 30units/ml subcutaneous once a day LIPITOR 40 mg oral q24h LOPRESSOR 50 mg oral BID MIRALAX 17 g oral Daily (0900) MOTRIN 600 mg oral q8h PRN PAXIL 40 mg oral Nightly PERCOCET 325 MG tablet oral q4h PRN SYNTHROID 175 mcg oral Daily (0600) TYLENOL 650 mg oral q6h PRN COLACE 100 mg oral BID MAGNESIUM 400 mg oral Daily (0900)
M25.312	Other instability left shoulder	
M17.12	Unilateral primary osteoarthritis left knee	
Q18.2	Other branchial cleft malformations	
S92.352A	Disp fx of fifth metatarsal bone left foot init	
C73.	Malignant neoplasm of thyroid gland	

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Endurance, Bowel/Bladder Incontinence, Ambulation	**Activities Permitted** Up As Tolerated, Walker
DME & Supplies grab bars, bath bench, diabetic supplies, wound care supplies, 4 wheeled walker	**Safety Measures** walker precautions, fall precautions, diabetic precautions, ambulates with device

Nutrition	Allergies
diabetic	Iodinated Contrast Media, Shellfish Containing Products, Insulin Detemir, Triprolidine-Pseudoephedrine, Adhesive Tape-Silicones, Fexofenadine, Sudafed [Pseudoephedrine Hcl], and Sulfa (Sulfonamide Antibiotics)

Advance Directives	Caregiver Status
Living Will	0. No assistance needed - patient is independent or does not have needs in this area; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
SN to eval and treat

SN CAREPLAN

SN frequency WK1: 1 (08/05/26-08/08/26),WK2: 1 (08/09/26-08/15/26),WK3: 1 (08/16/26-08/22/26),WK4: 1 (08/23/26-08/29/26),WK5: 1 (08/30/26-09/05/26),WK6: 1 (09/06/26-09/12/26),WK7: 1 (09/13/26-09/19/26),WK8: 1 (09/20/26-09/26/26),WK9: 1 (09/27/26-10/03/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2

or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:Living Will

09/16/2026 Problems : #1 - Observable Surgical Wound - Posterior Left Neck - surgical incision, monitor redness/healing
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited range of motion
limited strength
limited endurance
abnormal thyroid <> 0.40 - 4.50 mIU/mL
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Left Neck - surgical incision, monitor redness/healing: Orders to apply abd for drainage as needed. Clean daily with wound cleanser and apply new abd pad if incision still draining., Monitor s/s of infection: Report any changes to physician- increased redness, swelling, warm to touch, fever., bladder training

TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating,

SN NARRATIVE

Upon arrival was greeted by pt and sister. Pt states no more drainage from L side of neck, pt removed and is no longer applying abd pad- has been keeping clean, minimal redness observed around incision, no drainage noted at SOC. Pt denies pain. 22 staples intact L side of neck. Yesterday had doc appt with pt, upon arrival appt was cancelled.

Helper comes in 3 days/week through commission on aging from 9-1 Mon/Wed/Fri. Pt gets meals from moms meals.

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SN GOALS

PATIENT-STATED GOAL: Pt states heal incision and increased strength/endurance.

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/05/2026

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: 07/28/2026	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 **KERI HODGINS** 2110 M-76, SUITE 6 WEST BRANCH, MI 48661 NPI 1851333736	**Phone Number** (989) 345-1184 **Fax Number** 19893457910

Physician's Signature and Date Signed

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KERI HODGINS, CFNP
07/28/2026: Date of physician last face-to-face