HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195678

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
H69381629	05/23/2026	07/22/2026 - 09/19/2026	680	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
SHELDON CROUCH 108 N US HIGHWAY 131 ELMIRA, MI 49730	Male	06/24/1952	(989) 350-6587
	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:
Skilled Nursing to Assess and Eval Unna boots, wound care, education due to Lymphedema not elsewhere classified	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ICD-10 CM Principal Diagnosis: I89.0. Lymphedema not elsewhere classified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I87.2	Venous insufficiency (chronic) (peripheral)	Tums chewable 500 mg - 1 tablet by mouth as necessary twice a day as needed (PRN) for acid Spiriva Handihaler - Tiotropium Bromide Monohydrate 18 mcg / 1 capsule inhalant once a day Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 1 mg / 1 tablet by mouth twice a day LISINOPRIL 20 mg / 1 tablet by mouth once a day Metformin - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day Keflex - Cephalexin 500 mg / 1 capsule by mouth twice a day HIGH RISK - MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML - 0.5 ml subcutaneous once a week Furosemide - Furosemide 40 mg / 1 tablet by mouth once a day Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160 - 4.5 mcg / ACT - 2 puffs inhalant twice a day Atorvastatin - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime Alprazolam - Alprazolam 1 mg / 1 tablet by mouth as necessary Take 0.5 -1 tablet every 12 hours as needed for Anxiety Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) - 6 ml inhalant as necessary every 6 hours as needed for shortness of breath Albuterol Sulfate - Albuterol Sulfate (90 BASE) MCG/ACT - 2 puffs inhalant four times a day Buspar - Buspirone Hydrochloride 10 mg by mouth three times a day Predisone - Prednisone 5mg by mouth in the morning OXYGEN 2 L nasal cannula as necessary
S81.802A	Unspecified open wound left lower leg initial encounter	
E11.65	Type 2 diabetes mellitus with hyperglycemia	
J96.11	Chronic respiratory failure with hypoxia	
Z99.81	Dependence on supplemental oxygen	
I48.91	Unspecified atrial fibrillation	
I10.	Essential (primary) hypertension	
J44.9	Chronic obstructive pulmonary disease unspecified	

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, Dyspnea With Minimal Exertion, Endurance	**Activities Permitted** Up As Tolerated
DME & Supplies Unna boots	**Safety Measures** fall precautions, Oxygen usage precautions, Universal/Infection precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** DRUG ALLERGIES: NORCO

CROUCH, SHELDON | Cert Period 07/22/26 - 09/19/26

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

Orders for Discipline and Treatment:

1 - SOC - SN: Skilled Nursing to Assess and Eval Unna boots, wound care, education

4 - Recertification

4 - Recertification SN

SN CAREPLAN

SN frequency WK2: 1 (07/26/26-08/01/26),WK3: 1 (08/02/26-08/08/26),WK4: 1 (08/09/26-08/15/26),WK5: 1 (08/16/26-08/22/26),WK6: 1 (08/23/26-08/29/26),WK7: 1 (08/30/26-09/05/26),WK8: 1 (09/06/26-09/12/26),WK9: 1 (09/13/26-09/19/26)

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: 4. Multiple emergency department visits (2 or more) in the past 6 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:Patient does not have Advance Directives

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in legs/around eyes, abnormal BS < 70/140 > mg/dL, muscle weakness, #1 - Other - Posterior Left Calf - Venous Ulcer
Erupted Blister

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous Ulcer
Erupted Blister, physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous UlcerErupted Blister: wound healed - monitor area x 2 weeks, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Pt to wear compression stockings daily, can remove at night, glucose testing via monitor

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

SN NARRATIVE

Patient is being re evaluated for recertification for SN. Patient lives in a single family home with no electricity. APS was called a few months ago and they did not continue the case as he can make his own decisions. Patient was greeted upon arrival and we sat outside and completed Recert paperwork. Vitals and assessment were completed and BP was elevated but patient had not taken his medications yet so this RN had him take them and we re took the BP a little later and it did go down. Patient did have BLE edema but no open wounds noted. Patient was educated on the importance of taking medications on time, wearing compression stockings , and elevating BLE. Patient stated understanding of education via verbal feedback but also seemed dismissive of education. Patient was informed SN going down to once a week and was informed of next nursing visit. Patient stated no further questions or needs upon completion of visit.

Patient was not home when I arrived

SN GOALS

PATIENT-STATED GOAL: swelling to decrease

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's living environment is clean/uncluttered

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAVANNAH GRANDCHAMP SN RN on 07/21/2026

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: 05/23/2026	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 **TABITHA PARDO** 825 N CENTER AVE STE 140 GAYLORD, MI 49735-1592 NPI 1548852130	**Phone Number** (989) 731-7870 **Fax Number** 19897317837

Physician's Signature and Date Signed

X

TABITHA PARDO, FNP-C
05/23/2026: Date of physician last face-to-face