HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195953

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
X3LM64960637	08/03/2026	08/03/2026 - 10/01/2026	871	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Stacey Vaughn 848 Knollwood Gaylord, MI 49735	Female	10/11/1972	(734) 845-1627
	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:
Patient has had recent laminectomy and has a lumbar herniated disc with associated numbness and weakness to lower extremities. Impaired Daily Activities: The patient has a severe mobility limitation that significantly hinders completing activities of daily living.	Fall Prevention: Documentation across the deficits is at a high risk of falling without an assistive walking device due to generalized weakness, poor balance, & Safe ambulation.

ICD-10 CM Principal Diagnosis: M54.16. Radiculopathy lumbar region

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
M48.061	Spinal stenosis lumbar region without neurogenic claud	ACETAMINOPHEN 500 MG tablets oral Three Times A Day PRN Give 2 tabs q10 prn for pain. ADDERALL 15 MG tab oral Twice A Day Jul 29, 2026 to Aug 27, 2026 ARIPIPRAZOLE 1 MG tablet oral Once A Day Jul 29, 2026 DULOXETINE HYDROCHLORIDE 20 MG capsule oral Once A Day Take with 20mg capsule for total of 80mg / undefined / Jul 29, 2026 to Aug 27, 2026 GABAPENTIN 100 MG capsule oral Every 12 Hours - PRN Migraine / undefined / Jul 29, 2026 to Aug 27, 2026 IBUPROFEN 400 MG tablet oral Every 4 Hours - PRN Jul 29, 2026 LAMOTRIGINE 150 MG tablet oral Twice a Day Jul 29, 2026 to Aug 27, 2026 OMEPRAZOLE 20 MG tablet oral Once A Day Jul 29, 2026 to Aug 27, 2026 amphetamine-dextroamphetamine 15 mg tablet tablet oral once a day Jul 29, 2026 to Aug 27, 2026 Armour Thyroid - Levothyroxine Sodium tablet 90mg oral once a day Jul 29, 2026 to Aug 27, 2026 Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;5 mg 1 tab Q4-6hrs by mouth every 6 hours
E03.9	Hypothyroidism unspecified	
F32.1	Major depressive disorder single episode moderate	
G40.909	Epilepsy unsp not intractable without status epilepticus	
K21.9	Gastro-esophageal reflux disease without esophagitis	
G47.33	Obstructive sleep apnea (adult) (pediatric)	
I49.01	Ventricular fibrillation	
G93.1	Anoxic brain damage not elsewhere classified	
Z95.810	Presence of automatic (implantable) cardiac defibrillator	

Prognosis	Mental and Psychosocial Status
good	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: No
Functional Limitations	**Activities Permitted**
Endurance, Ambulation	Up As Tolerated, Walker, Independent at Home
DME & Supplies	**Safety Measures**
bath bench, 4 wheeled walker	bathroom safety, walker precautions, medication safety, fall precautions, ambulates with device
Nutrition	**Allergies**
regular	Depakote, Phenergan (Headache)

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: 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.

DISCHARGE PLAN:
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - SN

OT Eval

PT Eval

SN CAREPLAN

SN frequency WK1: 1 (08/03/26-08/08/26)

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: 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:No Advance Directive

08/05/2026 Problems : M1720 - Anxiety
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance
constipation
abnormal thyroid <> 0.40 - 4.50 mIU/mL
B1000 - Vision Deficit

PROCEDURES: coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * 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, * 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 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

- Home health PT/OT/SN was ordered after discharge for continued strengthening, gait and balance training, safe transfers, ADL training, medication management, and monitoring for skin breakdown.
- The patient was admitted to rehabilitation after presenting with lumbar herniated disc with associated numbness and weakness of the lower extremities. She participated in PT/OT for strength, balance, and safer mobility. At discharge, she continued to have significant mobility limitation and high fall risk and required a four-wheeled walker.

Fell down steps pt states went into ER in Gaylord, transferred to Munson TC on 7/12, discharged from hospital. Pt states R leg was really giving out on her when trying to ambulate. Cortisone injection, neurosurgeon stated next step is surgery, pt has stenosis. Pt in significant pain.

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Fell down steps pt states went into ER in Gaylord, transferred to Munson TC on 7/13-7/18. Pt states R leg was really giving out on her when trying to ambulate. Cortisone injection, neurosurgeon stated next step is surgery, pt has stenosis. Pt in significant pain. 7/18-7/31 rehab grayling. Pt corticol blindness- can only see color.

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Frequency: d/c from SN- only wants PT/OT.

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SN GOALS
PATIENT-STATED GOAL: Increased strength and mobility, decreased pain.

GOALS
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
* 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 patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

OT CAREPLAN
OT frequency WK2: 1 (08/09/26-08/15/26)

08/11/2026 Problems : GG0130A1 - Eating
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400
GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene

OT NARRATIVE
PT has stenosis and also had a fall, and has herniated disks. PT has corticol blindness from a car accident and most likely a suspect of the fall on steps. PT reports herniated disks in lower back and creates pain. PT taking pain meds. PT lives on second floor of cousins home and fell on last 2 steps. PT now staying with mother in her home for undetermined amount of time. She reports she is a retired nurse and understands the scope of injuries and needs she requires assist with. Safety eval completed in mothers home with many safety factors noted. OT provided edu to increase safety and falls prevention. There are many scatter rugs and smaller walkways to maneuver. Dtr was visiting and mother, dtr and PT were edu in safety issues and how to improve areas in shower, steps and general manuverablity within home. With assist of another person, she is able to manage steps to exit the home and get into a vehicle. OT edu on use of a coccyx cut out cushion to assist in managing pain. PT cannot sit on donut cushion for longer than 5 min at a time and stood frequently during evaluation to relieve pain. PT was edu on a better suited chair coupled with a cushion with a cutout may bring some relief. PT reports she is able to dress UB and LB, toilet and shower independently with a lot of extra time and pain. PT reports that edema is substantial in LE and also causing increased pain. She had just went to Dr about it and she started this morning on a regimen of lasix to relive edema. PT reports she is legally bling but can see shapes and recognizes this puts her at an increased risk for falls in mothers home but she must stay with her currently as she cannot live alone. She feels Outpatient would be the appropriate placing for her as there are modalities and other therapies that could possibly help with herniated disk issues. She reports she is being treated conservatively but the PT in rehab seemed to cause additional pain in sciatic nerve. No further OT services in the home and referral to OP will be made. OT edu this date included falls prevention, home safety and how and where to place handrails, adaptive equ that will increase independence and safety.

PT CAREPLAN
PT frequency 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)

08/19/2026 Problems : GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: seated: hip add isometric, marches with YTB, hip abd with YTB, LAQ w/ YTB, hip IR, hip ER isometric,, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT NARRATIVE
missed

PT GOALS
PATIENT-STATED GOAL: improve LE strength to walk further and get up and down steps;Improve walking to ambulate without walker

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/03/2026

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 **ROBERTO M. VIGUILLA**
135 Lake Street ROSCOMMON, MI 48653
, 0
NPI 1013992536

Phone Number 9892758931

Fax Number 989-275-4074

Physician's Signature and Date Signed

X

ROBERTO M. VIGUILLA, MD
: Date of physician last face-to-face