HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951159

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
5A14UT7AE73	08/20/2026	08/20/2026 - 10/18/2026	930	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Herbert Ashley 17677 S Straits Hwy Vanderbilt, MI 49795	Male	01/14/1944	(231) 525-8665
	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:
Herbert is a 82 year old male who is homebound with a DX (N39.0) URINARY TRACT INFECTION, SITE NOT SPECIFIED and (I69.351) HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE.	Absences from the home require considerable and taxing effort and infrequent or short duration.

ICD-10 CM Principal Diagnosis: N39.0. Urinary tract infection site not specified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I69.351	Hemiplga following cerebral infrc aff right dominant side	CARVEDILOL 3.125 MG tablet mouth two times a day for blood pressure FUROSEMIDE 40 MG tablet mouth one time a day for fluid retention HYDROCORTISONE 1 % topically every 6 hours as needed Apply to Bilat ears, base of hair for rash LEVETIRACETAM 500 MG tablet mouth two times a day for seizures MIRALAX 1 scoop mouth every 24 hours as needed for constipation PIOGLITAZONE 45 MG tablet mouth one time a day for diabetes ATORVASTATIN 80 MG tablet mouth at bedtime for cholesterol METFORMIN 1000 MG tablet mouth two times a day for diabetes MULTIVITAMIN 1 tablet mouth one time a day for supplement POTASSIUM 1 tablet mouth one time a day for supplement SENNOSIDES 17.2 mg mouth at bedtime for constipation OXYBUTYNIN 5 MG tablet mouth every 8 hours as needed for bladder discomfort TRULICITY 0.75 MG milliliter subcutaneously one time a day every Wed for diabetes ELIQUIS 5 MG tablet mouth two times a day for blood thinner ASPIRIN 1 tablet mouth one time a day for blood thinner for 21 Days
E11.9	Type 2 diabetes mellitus without complications	
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	
I70.90	Unspecified atherosclerosis	
N18.2	Chronic kidney disease stage 2 (mild)	
I48.91	Unspecified atrial fibrillation	
I10.	Essential (primary) hypertension	

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Endurance, Ambulation, Hearing	**Activities Permitted** Walker, Up As Tolerated
DME & Supplies diabetic supplies, grab bars, bath bench, walker	**Safety Measures** bathroom safety, walker precautions, ambulates with device, diabetic precautions, fall precautions
Nutrition regular	**Allergies** Gemfibrozil, Niacin

Ashley, Herbert | Cert Period 08/20/26 - 10/18/26

Advance Directives
Living Will

Caregiver Status
1. Non-agency caregiver(s) currently provide assistance; 0. No assistance needed - patient is independent or does not have needs in this area

Rehabilitation Potential
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

DISCHARGE PLAN:
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - SN

PT Eval

OT Eval

3 - ROC - SN

4 - Recertification

SN CAREPLAN

SN frequency WK1: 1 (08/20/26-08/22/26),WK2: 2 (08/23/26-08/29/26),WK3: 2 (08/30/26-09/05/26),WK4: 2 (09/06/26-09/12/26),WK5: 2 (09/13/26-09/19/26),WK6: 2 (09/20/26-09/26/26),WK7: 2 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26),WK10: 1 (10/18/26-10/18/26)

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: 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

08/20/2026 Problems : M1600 - UTI
M1610 - Urinary Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
painful urination
blood in urine
frequent urination
abnormal BS < 70/140 > mg/dL

PROCEDURES: Bathing: Assist with bathing and dressing at every visit., Monitor urine output, change in color, or increased pain: Significant kidney stone surgically removed next week Thursday by Dr. Ayres, continue to monitor for UTI symptoms/change in urinary symptoms upon removal..

SN NARRATIVE

Arrived to pt for ROC, knocked on door, rang doorbell. No answer to locked door. Called pt 3x no response, never received a return call. Did not look like anyone was home.

Missed visit.

Patient presents for a ROC following a hospital stay for a TIA

Patient and wife were greeted upon arrival. Vitals and assessment were completed. Patient's BP was elevated at 178/78 and patient stated that was his normal and Dr is aware. upon ass

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SN GOALS

PATIENT-STATED GOAL: Remove kidney stone/infection, increased strength and mobility

GOALS
patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

glucose testing via monitor TEACH PATIENT/CAREGIVER: * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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	
	OT NARRATIVE Patient is an 82 year old male seen for home health occupational therapy evaluation following recent hospitalization with subsequent transfer to a skilled nursing facility prior to returning home. Patient reports a history of stroke like symptoms over approximately the past five years, resulting in chronic right-sided deficits. Over time, patient and caregiver have adapted the home environment and daily routines through use of durable medical equipment (DME), compensatory strategies, and environmental modifications to maximize safety and independence. Patient resides with his wife in a single-level home that is well adapted to his current functional needs. Home modifications include grab bars throughout appropriate areas of the home and two ramps for improved accessibility. Patient primarily utilizes a scooter for household mobility and a power wheelchair for community mobility. Patient spends the majority of the day in a power lift recliner and typically sleeps in the recliner. Patient reports transferring to bed for approximately one hour per day and states that a hospital bed is expected to be delivered soon. Patient demonstrates good awareness of his limitations and is able to appropriately advocate for assistance from his wife as needed to safely complete ADLs and functional tasks. Patient also receives assistance from a home health aide twice weekly for showering/bathing components to promote safety and completion of personal hygiene tasks. Patient demonstrates chronic right-sided involvement with decreased right upper-extremity range of motion; however, functional strength remains adequate for his current daily needs. Patient utilizes a handheld urinal and is able to achieve supported standing as needed with use of his power lift recliner and established transfer techniques. Skilled OT education was provided regarding bilateral upper-extremity strengthening and range-of-motion exercises as part of a home exercise program to maintain functional strength, mobility, and participation in daily tasks. Patient was also instructed in core strengthening and engagement, particularly during functional transfers including sit-to-stand and stand-to-sit. Patient demonstrated appropriate teach-back and understanding of instructed techniques. Patient was educated on compensatory lower-extremity dressing techniques to improve safety and independence, including use of a grabber/reacher to decrease excessive bending and reaching. Patient was encouraged to utilize adaptive equipment as appropriate and to advocate for assistance from his wife when tasks cannot be safely completed independently. Fall-prevention education was completed, including maintaining clear pathways, reducing household clutter, keeping frequently used items within safe reach, and consistently utilizing available DME and environmental supports. Additional education was provided regarding task modification and compensatory strategies to promote safety and conserve energy during daily activities. At this time, patient demonstrates adequate functional performance within his established home environment with appropriate DME, caregiver support, home health aide assistance, environmental modifications, and compensatory strategies in place. Patient demonstrates understanding of the home exercise program, adaptive dressing techniques, transfer strategies, and safety recommendations provided. Patient appears to be functioning at or near his established baseline with no further skilled home health occupational therapy needs identified at this time. OT evaluation completed with discharge from occupational therapy services on this date.

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PT CAREPLAN
PT frequency WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26)

08/26/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear

PROCEDURES: home exercise program: B LE strengthening, NMR, sit to stand transfers, static and dynamic balance training, therapeutic exercises: B LE and core, work simplification/energy conservation, neuromuscular re-education: seated and standing, transfers training

TEACH PATIENT/CAREGIVER: exercises & training are successfully recalled/demonstrated , Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Standing balance/tolerance

PT NARRATIVE
Patient reports he has been doing ok. Reporting he has the stent removed recently and now has several new dr. appointments and has been difficult managing the schedule. Patient reports no pain today. Reporting he has had constipation with a very small BM this morning but before that has not had a BM in 5 days.

PT GOALS
PATIENT-STATED GOAL: Improve strength and ability to transfer.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

exercises & training are successfully recalled/demonstrated

Standing balance/tolerance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/20/2026

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: 08/18/2026

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 **SHANNON ROSSIO**
6135 CRESSY ST
INDIAN RIVER, MI 49749-5151
NPI 1326507179

Phone Number (231) 238-8908

Fax Number 12312384419

Physician's Signature and Date Signed

X

SHANNON ROSSIO, MD
08/18/2026: Date of physician last face-to-face