HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951123

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
6VX8DH2ND68	05/27/2026	07/26/2026 - 09/23/2026	691	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
NORMAN PESONEN 4949 TARI LN LEWISTON, MI 49756	Male	05/02/1935	(989) 786-5610
	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:
Parkinsonism, unspecified	Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a wheelchair and assistance of another person in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: G20.C. Parkinsonism unspecified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R53.1	Weakness	Amlodipine Besylate - Amlodipine Besylate 2.5 mg / 1 tablet by mouth once a day Spironolactone - Spironolactone 25 mg / 1 tablet by mouth once a day Aspirin 81Mg - Aspirin 81 mg / 1 capsule by mouth once a day Breo Ellipta Inhalation Aerosol Powder Breath Activated 200-25 MCG/ACT 1 puff inhalant once a day Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT not available inhalant not available Please verify Azelastine HCl Nasal Solution 137 MCG/SPRAY 2 sprays each nostril Nasal as necessary 2 sprays each nostril once a day as needed (PRN) for allergy
R29.6	Repeated falls	
I10.	Essential (primary) hypertension	
J47.9	Bronchiectasis uncomplicated	
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	
E78.5	Hyperlipidemia unspecified	
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	
D69.6	Thrombocytopenia unspecified	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Endurance, Ambulation, Hearing	**Activities Permitted** Walker, Up As Tolerated, Exercises Prescribed
DME & Supplies walker	**Safety Measures** transfer with assist, fall precautions, Universal/infection precautions, Proper use of assistive devices
Nutrition cardiac diet, ,	**Allergies** Prinivil, Proscar

Advance Directives	Caregiver Status
No Advance Directive	2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Patient was referred for home care services after an Emergency Department visit for weakness and frequent falls. Home care referral order lists RN, Home Health Aide, Physical Therapy, and Occupational Therapy, with difficulty leaving home for required medical services and weakness as supporting symptoms. Source: Home Care Referral order, 05/26/2026.
- Recent medical history: Patient presented to the Emergency Department after a fall at home with dizziness and inability to get up from the floor. He reported worsening dizziness when moving from sitting/lying to standing. CT brain showed no acute intracranial hemorrhage or displaced calvarial fracture. CT cervical spine showed no acute abnormality. Labs were noted as generally unremarkable except for slightly elevated bilirubin and an elevated BUN. Orthostatic vitals were positive with significant heart rate elevation; patient received fluids and stayed overnight for PT/OT evaluation. Source: Emergency Department Report, 05/25/2026, and PT/OT notes, 05/26/2026.

PT Eval: eval and treat

4 - Recertification: sn recert

SN CAREPLAN

SN frequency WK1: 1 (07/26/26-08/01/26),WK2: 1 (08/02/26-08/08/26),WK3: 1 (08/09/26-08/15/26),WK5: 1 (08/23/26-08/29/26),WK7: 1 (09/06/26-09/12/26),WK9: 1 (09/20/26-09/23/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 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

07/23/2026 Problems : dependent edema
swelling in the arms/legs
coughing
limited strength
muscle weakness
limited endurance
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments

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 has access to rent/utility assistance considering inability to pay, patient is adequately supervised, caregiver administers and/or packages medications

SN NARRATIVE

Frequency: Continue with PT, discharged from SN.

Upon arrival pt was sitting in recliner in living room. Pt ambulated with walker to unlock door before wife came and unlocked door. Pt states has no concerns, VS are within normal limits. Pt requests to be discharged from SN and continue with PT as he only needs to continue working on mobility and strength and no longer has a need for SN since VS have been staying within normal range for patient. Recert completed, PT will continue seeing pt.

Frequency: Continue with PT, discharged from SN.

PCP: Jennifer Mcbride in Lewiston (pt saw doc last week, everything looked great, including blood work pts wife states).

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SN GOALS

PATIENT-STATED GOAL: Get stronger and prevent further falls

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 has access to rent/utility assistance considering inability to pay

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	

PT CAREPLAN

PT frequency WK2: 1 (08/02/26-08/08/26),WK3: 1 (08/09/26-08/15/26),WK4: 1 (08/16/26-08/22/26),WK5: 1 (08/23/26-08/29/26),WK6: 1 (08/30/26-09/05/26),WK7: 1 (09/06/26-09/12/26),WK8: 1 (09/13/26-09/19/26),WK9: 1 (09/20/26-09/23/26)

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., home exercise program: Adding new HEP procedure with details, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT NARRATIVE

Continue weekly with Patty/Daniel for PT.As of 30 day reassessment, the patient continues make progress toward functional goals, participates in care, and tolerated PT interventions well at today's visit. Progress shown includes increased repetitions of seated exercises from 1 set of 10 reps to 2 sets of 10. Patient's wife reports patient gets tired less easily (better endurance). Spouse verbalizes that goal moving forward is improved balance. The patient would continue to benefit from continued physical therapy services in order promote greater independence and decrease risk of falls and further hospitalizations. Plan for future visits is to progress therapeutic exercises, transfer and gait training and to update home exercise program. Patient and caregiver to be educated on progress made and realistic goals for PT. Progress has been slowed by medical comorbidities and safety concerns.

PT GOALS

PATIENT-STATED GOAL: Goal 1

GOALS

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Signature and Date of Verbal SOC Where Applicable:

Electronically signed by: SYDNEY STRICKLER SN RN on 07/23/2026

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 **JENNIFER MCBRIDE**
3040 BOURN ST
LEWISTON, MI 49756-8134
NPI 1043767395

Phone Number (989) 786-4877

Fax Number 19897316723

Physician's Signature and Date Signed

X

JENNIFER MCBRIDE, AGNP-C

: Date of physician last face-to-face