

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951238

Patient Details				
Patient's HI Claim No. X3LM68134192	Start of Care Date 08/13/2026	Certification Period 08/13/2026 - 10/11/2026	Medical Record No. 907	Provider No. 239350
Patient's Name and Address David Thompson 910 W SHELDON ST APT 310 GAYLORD, MI 49735		Gender Male	Date of Birth 03/27/1946	Phone Number (989) 644-3114
		Email		Primary Language
Clinical Profile				
Provider's Name Evergreen Home Health		Address 403 W Main Street Suite A1 Gaylord, MI 49735		Phone Number 989-214-1114
NPI 1184225021				Fax Number 866-410-7843
Clinical Condition Requiring Homecare: - Home Care Referral ordered 08/11/2026 after face-to-face encounter. Order identifies pyelonephritis and sepsis and documents difficulty leaving home for required medical services. - Recent hospitalization began 08/09/2026. Therapy documentation lists severe sepsis as the reason for hospitalization and also notes shortness of breath and confusion. During hospitalization, the patient was evaluated by PT/OT for fall risk, mobility, cognition, and self-care. PT documented functional mobility with a front-wheeled walker but recommended 24-hour supervision because of cognitive impairment. OT recommended home care OT and stated the patient would benefit from HHC OT/PT for safety training and home-safety evaluation. (orders in referral only showed SN)		Physician Statement on Homebound Status: Symptoms identified support difficulty to leave home for medical services required.		
ICD-10 CM Principal Diagnosis: N12.. Tubulo-interstitial nephritis not spcf as acute or chronic				
Other Pertinent Diagnoses				
ICD-10 CM	Description	Medications		
A41.9	Sepsis unspecified organism	Acetaminophen - Acetaminophen 1000mg 2 tabs by mouth as necessary Ciprofloxacin - Ciprofloxacin 500mg 1 tab by mouth every 12 hours Memantine Hydrochloride - Memantine Hydrochloride 21 mg 1 tab by mouth once a day Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 1 tab by mouth twice a day Vitamin D - Ergocalciferol 25mcg 1 tab by mouth once a day Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 500mg 1 tab by mouth once a day Docusate Sodium - Docusate Sodium 250mg 1 tab by mouth as necessary		
R41.0	Disorientation unspecified			
R32.	Unspecified urinary incontinence			
H91.93	Unspecified hearing loss bilateral			
Prognosis fair		Mental and Psychosocial Status COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: Yes		
Functional Limitations Ambulation, Hearing, Endurance		Activities Permitted Up As Tolerated, Walker		

DME & Supplies bath bench, grab bars, , walker	Safety Measures walker precautions, medication safety, fall precautions, ambulates with device, supervision at all times
Nutrition regular	Allergies Dust, pine trees, pseudoephedrine-terfenadine
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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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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: family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - SN 4 - Recertification	
SN CAREPLAN SN frequency WK1: 1 (08/13/26-08/15/26),WK2: 1 (08/16/26-08/22/26),WK3: 1 (08/23/26-08/29/26),WK4: 1 (08/30/26-09/05/26),WK5: 1 (09/06/26-09/12/26),WK6: 1 (09/13/26-09/18/26) 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: 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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 08/13/2026 Problems : M1720 - Anxiety D0700 - Social Isolation M1745 - Behavioral Issues M1600 - UTI M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management dependent edema balance deficit muscle weakness limited strength limited endurance D0160 - Depression PROCEDURES: Monitor ability to live in apartment, continuous supervision: Pts wife and son state pt needs supervision at all times. Pt is confused and gets disoriented regularly. Monitor ability to live in apartment vs nursing home and needs for assistance with monitoring pt. Currently pts wife watches him during the day and their son has been living with them for the past 8 weeks but lives/works in Kalkaska., cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms	SN NARRATIVE Frequency: Once weekly SN. Agreeable to OT/PT Evals. PCP: Dr. Gentry Kalkaska Pt hospitalized at Gaylord Munson 8/9-8/12 for pyelonephritis and sepsis. VS obtained within normal parameters for pt. Pt denies pain. Assessment completed, no further questions or concerns. - Home Care Referral ordered 08/11/2026 after face-to-face encounter. Order identifies pyelonephritis and sepsis and documents difficulty leaving home for required medical services. - Recent hospitalization began 08/09/2026. Therapy documentation lists severe sepsis as the reason for hospitalization and also notes shortness of breath and confusion. During hospitalization, the patient was evaluated by PT/OT for fall risk, mobility, cognition, and self-care. PT documented functional mobility with a front-wheeled walker but recommended 24-hour supervision because of cognitive impairment. OT recommended home care OT and stated the patient would benefit from HHC OT/PT for safety training and home-safety evaluation. (orders in referral only showed SN) ----- Frequency: Once weekly SN. Agreeable to OT/PT Evals. PCP: Dr. Gentry Kalkaska Pt hospitalized at Gaylord Munson 8/9-8/12 for pyelonephritis and sepsis. VS obtained within normal parameters for pt. Pt denies pain. Pt needs constant supervision- has memory issues and can't be left alone. Pts son has been living with pt and his wife for 8 weeks now but lives/works in Kalkaska. Discuss with pts wife/son possibility of nursing home and if interested resources to adequately find placement and the process of pursuing nursing homes. Wife is home with pt during the day, son is home after work during the evening. Assessment completed, no further questions or concerns. - Home Care Referral ordered 08/11/2026 after face-to-face encounter. Order identifies pyelonephritis and sepsis and documents difficulty leaving home for required medical services. - Recent hospitalization began 08/09/2026. Therapy documentation lists severe sepsis as the reason for hospitalization and also notes shortness of breath and confusion. During hospitalization, the patient was evaluated by PT/OT for fall risk, mobility, cognition, and self-care. PT documented functional mobility with a front-wheeled walker but recommended 24-hour supervision because of cognitive impairment. OT recommended home care OT and stated the patient would benefit from HHC OT/PT for safety training and home-safety evaluation. (orders in referral only showed SN) SN GOALS PATIENT-STATED GOAL: Regain strength and mobility 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 * 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 * depression-prevention strategies including avoidance of isolation

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * strategies to increase socialization, related medication(s) purpose, schedule	* healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule 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 * 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 patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule
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Signature and Date of Verbal SOC Where Applicable: Electronically signed by: SAMANTHA LUBELAN RN SN on 08/13/2026	
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 DOUGLAS GENTRY 419 SOUTH CORAL STREET KALKASKA, MI 49646 NPI 1245224435	Phone Number (231) 258-7777 Fax Number 12312587786
Physician's Signature and Date Signed X DOUGLAS GENTRY, MD : Date of physician last face-to-face	
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