HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951264

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
H40544951	07/23/2026	07/23/2026 - 09/20/2026	852	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Donna Robinson 810 W SHELDON ST APT 201 GAYLORD, MI 49735	Female	04/14/1947	(950) 401-8476
	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:
A-fib, Sick sinus syndrome, C-diff (resolved), Acute renal failure, systolic heart failure	Absences from the home require considerable and taxing effort.

ICD-10 CM Principal Diagnosis: A04.72. Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I50.22	Chronic systolic (congestive) heart failure	BUMETANIDE 1 mg 1 MG by mouth one time a day for fluid retention ALLOPURINOL 100 MG by mouth one time a day for gout prevention Ativan - Lorazepam 0.5 mg 1 tab by mouth once a day SPIRONOLACTONE 25 MG by mouth one time a day for edema Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tab by mouth once a day IPRATROPIUM 0.03% each nostril three times a day for antihistamine 1 spray each nostril Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 UNIT 2 tabs by mouth once a day METOPROLOL 50 MG by mouth two times a day for hypertension XARELTO 15 MG by mouth in the evening for anti coagulant
I48.0	Paroxysmal atrial fibrillation	
I49.5	Sick sinus syndrome	
I10.	Essential (primary) hypertension	
Z95.0	Presence of cardiac pacemaker	
R63.4	Abnormal weight loss	
I42.1	Obstructive hypertrophic cardiomyopathy	
L89.321	Pressure ulcer of left buttock stage 1	
Z79.01	Long term (current) use of anticoagulants	
N17.9	Acute kidney failure unspecified	
Z91.010	Allergy to peanuts	
N18.9	Chronic kidney disease u	

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Ambulation, Endurance	**Activities Permitted** Up As Tolerated, Walker, , Independent at Home
DME & Supplies bath bench, , , 4 wheeled walker	**Safety Measures** ambulates with device, fall precautions, walker precautions, , bathroom safety, anticoagulant precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** Eliquis, Macrobld, Nitrofurantoin, Pradaxa, Contrast Media (iodine-based)

Advance Directives
DNI (Do Not Intubate)

Caregiver Status
0. No assistance needed - patient is independent or does not have needs in this area; 0. No assistance needed - patient is independent or does not have needs in this area

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:
SN: patient will be responsible for managing treatment
PT: add discharge plan

Orders for Discipline and Treatment:
1 - SOC - SN

PT Eval

OT Eval

SN CAREPLAN

SN frequency WK1: 1 (07/23/26-07/25/26),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: 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:DNI (Do Not Intubate)

07/23/2026 Problems : M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance

PROCEDURES: cough/deep breathing exercises, monitor intake & output: BM i/o, pt states no current diarrhea episodes

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

SN NARRATIVE

Pt hospitalized in Petoskey Mclaren 14-21, then rehab 21-23 rehab in Cheboygan. Pt states needs therapy to assist with gait and mobility.

- Home health referral for skilled nursing, physical therapy, and occupational therapy after SNF rehabilitation for significant weakness and deconditioning following hospitalization for acute diarrhea, C. difficile infection, and acute renal failure. The face-to-face certification lists atrial fibrillation, sick sinus syndrome, systolic heart failure, and resolved C. difficile infection as the primary medical conditions supporting home health care.
- The patient was hospitalized with acute diarrhea and was found to have acute renal failure and C. difficile infection. She was treated with oral vancomycin, while Bumex and spironolactone were held. She then transferred to the SNF for rehabilitation due to marked deconditioning. Diarrhea resolved, the antibiotic course was completed, and Bumex and spironolactone were restarted for heart failure/edema. At discharge she was medically stable with improved strength but residual mild-to-moderate deconditioning.

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SN GOALS

PATIENT-STATED GOAL: Regain strength and mobility, edurance

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

OT CAREPLAN	**OT NARRATIVE**
OT frequency WK4: 1 (08/09/26-08/15/26) 08/10/2026 Problems : M1400 - Dyspnea GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating GG0130F1 - Upper Body Dressing	Pt HOSPITALIZED AFTER CDIFF WITH WEAKNESS. Pt IS ABLE TO SHOWER WITH A GOOD SET UP SHOWER CHAIR, HAND HELD SHOWER HEAD AND BATH MAT, TOILET WITH RAISED TOILET SEAT WITH ARMS, GROOM AND DRESS SELF. sHE IS AMBULATING WITH 4WW. sHE IS ABLE TO MAKE SMALL MEALS, HAVE GROCERIES DELIVERED AND WASH CLOTHES. SHE HAS A CLEANING LADY EVERY WEEK. EDU PROVIDED ON ENERGY CONSERVATION, TASK MODIFICATION AND TIME MANAGEMEGENT TO COMPLETE TASKS SHE WOULD LIKE TO GET DONE. PT WILL RETURN TO HER PRIOR LEVEL OF FUNCTION WITH CURRENT HEP AND ENERGY CONSERVATION TECHNIQUES --- Ot EVAL COMPLETED WITH EVAL ONLY FOLLOW EDU ON ENERGY CONSERVATION

PT CAREPLAN
PT frequency WK2: 1 (07/26/26-08/01/26)

08/10/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
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
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program, 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
Patient was hospitalized d/t acute diarrhea, C. difficile infection, and acute renal failure for 1 week, and SNF for 3 days. She reports she was very weak following the hospital stay and wants be able to return to PLOF and independent with mobility and ADL's. Patient is doing well with mobility, demonstrates good strength and balance and PT instructed seated HEP and instructions for walking endurance to continue to work on improving strength following hospital stay. At this time the patient does not requires further skilled PT interventions.

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PT GOALS
PATIENT-STATED GOAL: add patient-stated goal

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: ALEXIS ABRAHAM 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.
F2F date: 07/23/2026

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 **KENNETH VERBOS**
1890 US-131 STE 4
PETOSKEY, MI 49770
NPI 1710371877

Phone Number 231-487-2000

Fax Number 231-487-2039

Physician's Signature and Date Signed

X

KENNETH VERBOS, MD
07/23/2026: Date of physician last face-to-face