HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951572

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1017040088V566414	07/16/2026	09/14/2026 - 11/12/2026	7524	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
William Boyd 6275 County Road 491 LEWISTON, MI 49756	Male	12/03/1947	9897867915
	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:
Evaluate and treat w/ in home PT/OT from community for weakness, ambulation issues, ADL concerns, and DME needs assessment in home d/t Lewy Body dementia/Alzheimers	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ICD-10 CM Principal Diagnosis: G31.83. Neurocognitive disorder with Lewy bodies

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
G30.9	Alzheimer's disease unspecified	Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 1 tab by mouth once a day Memantine Hydrochloride - Memantine Hydrochloride 5 mg 1 tab by mouth once a day Pravastatin - Pravastatin Sodium 20 mg, 1 tab by mouth once a day Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50mcg by mouth once a day Docusate Sodium - Docusate Sodium 1 by mouth once a day Pt put on a stool softener 7-15-26 and no issues with BM's.
R53.1	Weakness	
R26.2	Difficulty in walking not elsewhere classified	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 4, HISTORY OF DEPRESSION:
Functional Limitations Ambulation	**Activities Permitted** Walker, Exercises Prescribed, Up As Tolerated
DME & Supplies urinary/catheter supplies, rolling walker	**Safety Measures** hand rails, ambulates with device, fall precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives	Caregiver Status
Living will	
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	PT: patient will be responsible for managing treatment
Orders for Discipline and Treatment:	
PT to eval and treat	

OT NARRATIVE

OT EVAL FOUND VETERAN TO LIVE IN MULTISTORY HOME WITH STEPS TO ENTER AND UNILATERAL HAND RAIL WITH DOGS AND SUPPORTIVE WIFE. VETERAN HAS TOILET WITH GB, BATHTUB ON MAIN LEVEL BUT CURRENTLY SPONGE BATHES WITH SUP. HE REQUIRES MIN A FOR LB DRESSING, SUP FOR UB DRESSING, SBA FOR TOILETING, AND SBA-SUP FOR BATHING. PATIENT'S BUE AROM WFL, HOWEVER BUE STRENGTH DEFICITS, L ELBOW EXT 4-/5 MMT. VETERAN'S SITTING BALANCE FAIR +. VETERAN SCORED 12/20 ON BARTHEL ASSESSMENT INDICATING MODERATE DEPENDENCY ON ADLS. PATIENT USES A ROLLATOR FOR MOBILITY, REQUIRES SUP-SBA FOR TRANSFERS AND MOBILITY. VETERAN HAS DEMENTIA AND REQUIRES SUP. HE EXPRESSES PRIMARY GOAL FOR IMPROVING STRENGTH AND WALKING. VETERAN'S REHAB POTENTIAL IS GOOD AND WOULD BENEFIT WITH OT INTERVENTION IN ORDER TO IMPROVE UB STRENGTH, INDEPENDENCE IN ADL AND SAFETY IN THE HOME. RECOMMENDED OT INTERVENTIONS FOR UB STRENGTHENING, BALANCE TRAINING, ADL TRAINING, HEP TEACHING AND EDUCATION FOR FALL PREVENTION AND DME RECOMMENDATIONS IN ORDER TO MAXIMIZE RAHAB POTENTIAL. NOTIFIED ROBYN YATES, NP FOR OT POC VO REQUEST.

UB STRENGTH: RIGHT | LEFT

SH FLEX: WFL | WFL

SH EXT: WFL | 4

ELBOW FLEX: WFL | 4+

ELBOW EXT: 4+ | 4-

Grip 40# | 52#

STATIC SITTING BALANCE: FAIR +

DYNAMIC SITTING BALANCE: FAIR +

STATIC STANDING BALANCE: -

DYNAMIC STANDING BALANCE: -

ADLS:

UB DRESSING: SUP

LB DRESSING: MIN A

GROOMING: SUP

ORAL CARE: SUP

UB BATHING: SUP

LB BATHING: SBA

TOILETING: SBA

TRANSFERS:

SIT TO STAND: SUP

TOILET: SBA

SHOWER: NA

BED MOBILITY: MOD I

R L

Sh flex WFL

Sh ext WFL 4

	Elbow flex Elbow ext 4+ 4- Grip 52# 40# Sitting balance 3+ OT EVAL FOUND PATIENT TO LIVE IN *. PATIENT HAS A TUB SHOWER WITH *. PATIENT'S BUE AROM WFL, HOWEVER BUE STRENGTH DEFICITS. PATIENT'S SITTING BALANCE *. PATIENT SCORED /20 ON BARTHEL ASSESSMENT INDICATING * DEPENDENCY ON ADLS. PATIENT USES A * FOR MOBILITY, REQUIRES * FOR TRANSFERS. PATIENT REPORTS DIFFICULTY *. PATIENT'S PRIMARY COMPLAINT IS *. PATIENTS CG ASSISTS WITH *. Reports bursitis in R shoulder, been years since last shot Expresses primary goal for improving walking Lana sup for spongebathing Sup for LB DRESSING Sup for UB dressing

Boyd, William | Cert Period 09/14/26 - 11/12/26

PT CAREPLAN
PT frequency WK1: 1 (09/14/26-09/19/26),WK2: 1 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 1 (10/04/26-10/10/26),WK5: 1 (10/11/26-10/17/26),WK6: 1 (10/18/26-10/24/26),WK7: 1 (10/25/26-10/31/26),WK8: 1 (11/01/26-11/07/26)

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: -

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

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

09/10/2026 Problems : limited range of motion

PROCEDURES: home exercise program: B LE strengthening, endurance training, NMR, gait training/stair training, neuromuscular re-education: NMR exercise activities for propriception and coordination, transfers training

TEACH PATIENT/CAREGIVER: * strategies to increase socialization, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT NARRATIVE
Patient reports he is feeling weak and continued mobility deficits. Patient sitting in a dining chair with a ROHO cushion in the livingroom. Reporting he isn't able to get up off the couch anymore.

PT GOALS
PATIENT-STATED GOAL: Improve mobility/ strength

GOALS
patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: KAITLIN HILL PT PT on 09/10/2026

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: 07/15/2026

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 **ROBYN YATES**
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
NPI 1518174101

Phone Number (989) 497-2500

Fax Number 19893214118

Physician's Signature and Date Signed

X

ROBYN YATES, FNP
07/15/2026: Date of physician last face-to-face

Boyd, William | Cert Period 09/14/26 - 11/12/26