FAX COVER SHEET

MUNSON HEALTHCARE

PLEASE DELIVER TO:	Evergreen HHC	**DATE:**	2/12/2026 10:36:00 AM
RECIPIENT'S PHONE:		**FAX:**	8664107843
SENDER:	OMH Internal Medicine	**DEPT:**	
SENDER'S PHONE:	9897317870	**FAX:**	9897317837
SUBJECT:			

The following document(s) are transmitted for delivery to the above named individual and consist of 7 page(s), including the cover sheet.

NOTES:

If you have any questions, please contact the above sender.

1105 Sixth Street
Traverse City, Michigan
49684-2386
(231) 935-5000

EVERGREEN HOME HEALTH
403 W MAIN ST STE A1
GAYLORD, MI 49735-1887
Phone:(989) 214-1114 Fax:(866) 410-7843
NPI:1184225021 PTAN: 239350

Home Health Plan of Care & Certification

Patient: KAUSKA, EDWARD **DOB:** 07/27/1951 **Sex:** Male	**PAN:** 379
Address: 10180 PUROLL RD, ELMIRA, MI 49730	**Admit Date:** 01/28/2026
Phone: (231) 546-2074	**Certification Period:** 01/28/2026 to 03/28/2026

Diagnosis (ICD-10)

Type	ICD10 Code	Date	ICD10 Description	Onset/Ex
Primary	I120	01/23/2026	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	O
Other 1	N185	01/23/2026	Chronic kidney disease, stage 5	E
Other 2	D631	01/23/2026	Anemia in chronic kidney disease	E
Other 3	G629	01/23/2026	Polyneuropathy, unspecified	E
Other 4	M51369	01/23/2026	Oth intvrt disc degen, lum rgn w/o lum bck or lw extrm pain	E
Other 5	M810	01/23/2026	Age-related osteoporosis w/o current pathological fracture	E

Functional Limitations

☐ 1. Amputation ☐ 2. Bowel/Bladder (Incontinence) ☐ 3. Contracture ☐ 4. Hearing ☐ 5. Paralysis ☐ 6. Endurance
☒ 7. Ambulation ☐ 8. Speech ☐ 9. Legally Blind ☐ A. Dyspnea with Minimal Exertion ☐ Other:

Activities Permitted

☐ 1. Complete Bedrest ☐ 2. Bedrest BRP (Incontinence) ☒ 3. Up As Tolerated ☐ 4. Transfer Bed/Chair ☐ 5. Exercises Prescribed
☐ 6. Partial Weight Bearing ☐ 7. Independent at Home ☐ 8. Crutches ☐ 9. Cane ☐ A. Wheelchair
☒ B. Walker ☐ C. No Restrictions ☐ Other:

Mental Status

☒ 1. Oriented ☐ 2. Comatose ☐ 3. Forgetful ☒ 4. Depressed ☐ 5. Disoriented
☐ 6. Lethargic ☐ 7. Agitated ☐ Other:

Prognosis

☐ 1.Poor ☐ 2. Guarded ☒ 3. Fair ☐ 4. Good ☐ 5. Excellent

Physician, Nurse, and Verbal SOC

Physician Information:
ASHLYN N MUNTIN, FNP **NPI:**1972317592
829 N CENTER AVE STE 140
GAYLORD, MI 49735-1598 P:(989) 731-7870 F:(989) 731-7837

Nurse/Therapist Name:
SAMANTHA LUBELAN RN CLINICAL MANAGER

Verbal Start of Care Date: (if applicable)

Physician Certification and Signature

Nurse/Therapist Signature: *Electronically Signed by:* SAMANTHA LUBELAN, RN CLINICAL MANAGER **Date:** 02/03/2026 05:20 PM

I certify 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. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan. The patient had a face-to-face encounter with a physician or an allowed non-physician practitioner on ________ and the encounter was related to the primary reason for home health care.

Physician Signature: [signature] ASHLYN N MUNTIN, FNP **Date:** 2.12.26

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.

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Procedure (ICD-10)

Type	ICD10 Code	Date	ICD10 Description
Surgical			

Medications:

ALBUTEROL SULFATE (SENSOR) INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT - 1 - PUFF - EVERY 4 HOURS PRN - INH -
ALISKIREN-AMLODIPINE ORAL TABLET 150-10 MG - 1 - TAB - DAILY - PO -
AZELASTINE HCL NASAL SOLUTION 0.1 % - 1 - SPRAYS - PER NOSTRIL TWICE DAILY PRN - NAS - ONGOING
CARVEDILOL ORAL TABLET 25 MG - 1 - TAB(S) - TWICE DAILY - PO - ONGOING
CHLORTHALIDONE ORAL TABLET 25 MG - 1 - TAB - DAILY - PO - ONGOING
CINACALCET HCL ORAL TABLET 30 MG - 3 - TAB - ONCE DAILY - PO - NEW
CLONIDINE HCL ORAL TABLET 0.1 MG - 1 - TAB(S) - PRN - PO - ONGOING
DOXAZOSIN MESYLATE ORAL TABLET 4 MG - 1 - TAB(S) - AT BEDTIME - PO - ONGOING
EQ ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 20 MG - 1 - CAP(S) - DAILY - PO - ONGOING
FUROSEMIDE ORAL TABLET 20 MG - 1 - TAB(S) - DAILY - PO - ONGOING
GABAPENTIN ORAL CAPSULE 300 MG - 1 - CAP(S) - 3 TIMES PER DAY - PO -
HYDROCORTISONE ULTRA-MOISTURE EXTERNAL CREAM 1 % - 1 - APPLICATION - TWICE DAILY - TRANSDERMAL - ONGOING
LISINOPRIL ORAL TABLET 40 MG - 1 - TAB(S) - DAILY - PO - ONGOING
MIRTAZAPINE ORAL TABLET 30 MG - 1 - TAB(S) - AT BEDTIME - PO - ONGOING
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.4 MG - 1 - TAB(S) - EVERY 5 MINUTES PRN - SL - ONGOING
PANCRELIPASE (LIP-PROT-AMYL) ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT - 1 - CAP(S) - 3 TIMES PER DAY - PO - ONGOING
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 40 MG - 1 - TAB(S) - 2 TIMES PER DAY - PO - ONGOING
QC FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT - 1 - SPRAY - IN EACH NOSTRIL DAILY - NAS - ONGOING
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG - 1 - TAB(S) - DAILY - PO - ONGOING
SODIUM BICARBONATE ORAL TABLET 650 MG - 1 - TAB(S) - TWICE DAILY - PO - ONGOING
TIZANIDINE HCL ORAL CAPSULE 2 MG - 1 - CAP(S) - 3 TIMES PER DAY - PO - ONGOING
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG - 1 - TAB(S) - EVERY 6 HRS PRN - PO - ONGOING
ZOFRAN ORAL TABLET 4 MG - 1 - TAB(S) - EVERY 4 HOURS PRN - PO - ONGOING

DME and Supplies: SUPPLIES EQUIPMENT :WALKER

Safety Measures: FALL PRECAUTIONS /TRANSFER SAFETY , KEEP PATHWAYS CLEAR, PROPER USE OF ASSISTIVE DEVICES

Nutritional Requirements: NORMAL DIET AND NORMAL LIQUIDS

Allergies: DRUG ALLERGIES: TORADOL
ROBAXIN
MOTRIN
PAXLOVID

Psychosocial and Cognitive Status: Living Arrangement: Patient lives with other person(s) in the home. Availability of Assistance: Around the clock. Family Supportive.wife supportive Caregiver name: COLLEEN KAUSKA. Relationship: WIFE. Caregiver able/willing to provide care. Caregiver able to receive/follow instructions. Caregiver able/willing to assist with ADLs and needed care. Patient does not live in Assisted Living Facility. Caregiver able to safely care for patient. Ability of patient to handle personal finances: Needs Assistance. Altered affect(depression, grief), No suicidal ideation, No suspected Physical Abuse, No suspected Financial Abuse, No suspected Neglect, Does not need constant supervision if left unattended, No inadequate method to cook or shop for groceries, No Insect/Rodent Present. Patient Learning Preferences: Literal, Visual, Verbal instructions Psychological status behavior: Anxiety, Depression, Difficulty coping with altered health status

Rehabilitation Potential: Rehab Potential: Fair.

Physician signature on first page applies to all pages

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Discharge Plan(s): , When patient is able to stay in residence with assistance from primary caregiver/community support agencies, When patient medical conditions stabilizes, When patient reaches maximum functional potential

ER/Hospitalization Re-Admission Risk Factors and Interventions: Hospitalization Risk Factors: Multiple emergency department visits (2 or more) in the past 6 months, Currently taking 5 or more medications, Currently reports exhaustion
Patient/Caregiver claims hospitalizations are due to: Kidney, not being able to urinate

Information related to any Advanced Directives: Patient does not have Advance Directives, Patient has Advanced Directives Material provided, Patient do not refuses Advance Directives

Caregiver Needs: Caregiver Learning Preferences: Visual, Demonstrative, Verbal instructions

Homebound Status: SOB on exertion, Residual weakness, Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Walker, the assistance of another person

Orders and Goals

Skilled Nursing Orders

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: PARAMETERS TO NOTIFY PHYSICIAN: TEMPERATURE > 100.3 < 96 RESPIRATIONS > 26 < 12 BLOOD PRESSURE SYSTOLIC > 150 < 100 BLOOD PRESSURE DIASTOLIC > 90 < 50 PULSE RATE > 100 < 50 PULSE OX < 90 PAIN LEVELS > 10
Goal:

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Skilled nursing Frequency and Duration once a week
Goal:

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Skilled Nursing to Assess and Eval VS, pain management, med sets, monitor urinary s/s
Goal:

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Observation and Assessment Patient's pain level each visit
Goal: Patient will have improved pain status as evidenced by decrease in pain level

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Observation and Assessment Patient's need/use of assistive devices
Goal: Patient will transfer/ambulate and use assistive devices safely within as evidenced by lack of falls and/or other problems and verbalization of increased stability with ambulation

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Observation and Assessment Musculoskeletal, mobility status, safety at home
Goal: Patient will be safe in their home setting with personal care assistance as evidenced by no injuries/fall during plan of care.

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions/Teaching Pain control measures
Goal: Patient/Caregiver will verbalize understanding of pain control measures

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions/Teaching Fall Precautions, Transfer safety
Goal: Patient/Caregiver will verbalize understanding and will demonstrate compliance with safety needs

Effective Date: 01/28/2026 **Goal Status:** Ongoing

Physician signature on first page applies to all pages

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Orders and Goals

Skilled Nursing Orders

Patient-Specific Orders for Discipline & Treatments: Instructions/Teaching Ambulation safety, fall precautions
Goal: Patient/Caregiver will verbalize understanding of Ambulation safety and fall precuations within

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions/Teaching inflamed prostate and urinary retention process and potential complications
Goal: Patient/caregiver will have increased knowledge of inflamed prostate and urinary retention and care as evidenced by demonstration and verbalization

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions /Teaching Signs and Symptoms of fluid overload and appropriate actions to take, importance to monitor weight
Goal: Patient will have decreased peripheral edema as an indication that fluids are in balance

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions /Teaching Signs and Symptoms of Cardiac Disease(s) Exacerbation and appropriate actions to take
Goal: Patient/caregiver will be knowledgeable of factors influencing blood pressure within , as evidenced by patient/caregiver verbalization and demonstration

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Instructions /Teaching Chest pain management, when to call 911
Goal: Patient/caregiver will be able to verbalize symptoms to report to the home care agency, physician, and when to contact 911

Orders and Goals

Physical Therapy Orders

Effective Date: 02/02/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: PT to assess/eval and treat eff.: 02/02/2026
Goal:

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Assessment and Evaluation Physical Therapy to Evaluate and Treat
Goal:

Effective Date: 01/28/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: Assessment and Evaluation Occupational Therapy to evaluate and treat
Goal:

Orders and Goals

Occupational Therapy Orders

Effective Date: 02/02/2026 **Goal Status:** Ongoing
Patient-Specific Orders for Discipline & Treatments: OT to assess/eval and treat eff.: 02/02/2026
Goal:

Patient Stated Goals / Strengths and Weaknesses / Care Preferences

Patient's Stated Goals (In patient's Own Words): Increased strength being able to make food in the kitchen
Patient-identified Strengths and Weaknesses in relation to meeting the stated goals: strength- determined, wife supportive weakness- weak

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Clinical Summary: UPON ARRIVAL TO EDWARDS HOME GREETED BY HIS WIFE COLLEEN, WHO EVERGREEN IS ALREADY CURRENTLY WORKING WITH. COLLEEN IS UNABLE TO HELP EDWARD AS MUCH AS SHE PREVIOUSLY WAS DUE TO BREAKING HER ARM AND BEING ON O2 W/TUBING- INCREASED RISK FOR FALLS. EDWARD STATES HE NEEDS HELP IN THE HOME AND IS STRUGGLING TRYING TO CLEAN, COOK, OR DO THE BASICS. EDWARD HAS SOB W/MOD EXERTION. EDWARD STATES HIS PROSTATE SWELLS SIGNIFICANTLY WHICH CAUSES HIM TO HAVE URINARY RETENTION AND IS VERY PAINFUL. EDWARD HAS HAD A HEART ATTACK AND HAS HAD 4 PACEMAKERS. HE FELL 48 FEET IN 1984 AND BROKE MANY BONES. EDWARD HAS HTN, CHRONIC KIDNEY DISEASE STAGE 4, NEUROPATHY IN HIS FEET, PANCREATITIS, GERD, PVD, IBS, LUMBAR DEGENERATIVE DISC DISEASE, OSTEOPOROSIS, CHRONIC VISION IMPAIRMENT DUE TO NEEDING CATARACT SURGERY IN BOTH EYES. LAST HOSPITALIZATION WAS AROUND THANKSGIVING FOR URINARY RETENTION, PROSTATE WAS INFLAMED, HAD TO INSERT CATHETER TO DRAIN BLADDER. EDWARD STRUGGLES W/DEPRESSION, ANXIETY, AND FEELING ISOLATED FROM THOSE AROUND HIM. EDWARD WOULD LIKE PT TO WORK WITH HIM ON INCREASING HIS STRENGTH AND OT TO EVALUATE HIM TO SEE IF THERES ANYTHING THEY CAN HELP WITH. EDWARD STATES HE WOULD LIKE TO INCREASE HIS STRENGTH AND BE ABLE TO COOK SOMETHING IN THE KITCHEN. VSS- BP SLIGHTLY ELEVATED 152/82. PT STATES PAIN 9/10- PT WAS PLUNGING THE TOILET AND FELT A POP IN HIS BACK AND HAS A LUMP IN HIS LOWER BACK THAT HE STATES HE WILL HAVE SOMEONE TAKE HIM TO HAVE IT LOOKED AT TODAY. EDWARD IS REQUESTING IF THERE IS A WAY WE CAN HELP THEM GET MORE CARE IN THE HOME WITH COOKING AND CLEANING, RN STATED EVERGREEN WOULD LOOK INTO WHAT KIND OF ASSISTANCE WE CAN PROVIDE. EDWARD HAD NO FURTHER QUESTIONS OR CONCERNS, DISCUSSED WOULD BE IN TOUCH W/APPT TIME AND DATE., PRIOR MEDICAL HISTORY:HEART ATTACK
4 PACEMAKERS
FELL 48 FEET BROKE MANY BONES 1984
HTN
CHRONIC KIDNEY DISEASE STAGE 4
33 SURGERIES
NEUROPATHY IN FEET
PANCREATITIS
GERD
PERIPHERAL VASCULAR DISEASE
IBS
LUMBAR DEGENERATIVE DISC DISEASE
OSTEOPOROSIS
CHRONIC VISION IMPAIRMENT R/T BILATERAL CATARACTS, CURRENT MEDICAL HISTORY:KIDNEYS GIVING PROBLEMS, HAD TO BE CATHETERIZED, THINK PROSTATE IS INFLAMED
BOWELS W/IBS

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Diagnosis (ICD-10) (Continued)

Type	ICD10 Code	Date	ICD10 Description	Onset/Ex
Other 6	M5000	01/23/2026	Cervical disc disorder with myelopathy, unsp cervical region	E
Other 7	R7303	01/23/2026	Prediabetes	E
Other 8	R4189	01/23/2026	Oth symptoms and signs w cognitive functions and awareness	E
Other 9	G8929	01/23/2026	Other chronic pain	E
Other 10	K861	01/23/2026	Other chronic pancreatitis	E
Other 11	I739	01/23/2026	Peripheral vascular disease, unspecified	E
Other 12	I495	01/23/2026	Sick sinus syndrome	E
Other 13	M4306	01/23/2026	Spondylolysis, lumbar region	E
Other 14	M65872	01/23/2026	Other synovitis and tenosynovitis, left ankle and foot	E
Other 15	N401	01/23/2026	Benign prostatic hyperplasia with lower urinary tract symp	E
Other 16	I723	01/23/2026	Aneurysm of iliac artery	E
Other 17	N62	01/23/2026	Hypertrophy of breast	E
Other 18	K5909	01/23/2026	Other constipation	E
Other 19	R634	01/23/2026	Abnormal weight loss	E
Other 20	K589	01/23/2026	Irritable bowel syndrome, unspecified	E
Other 21	K219	01/23/2026	Gastro-esophageal reflux disease without esophagitis	E
Other 22	Z79899	01/23/2026	Other long term (current) drug therapy	E
Other 23	Z950	01/23/2026	Presence of cardiac pacemaker	E

Signatures

Nurse/Therapist Signature: *Electronically Signed by:* SAMANTHA LUBELAN, RN CLINICAL **Date:** 02/03/2026 05:20 PM

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