

Home Health Certification and Plan of Care				Order ID: 1195/199		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
800153077		05/21/2026	From: 07/20/2026 To: 09/17/2026		668	239350
6. Patient's Name and Address PAUL KOSLAKIEWICZ 26 BLAIR CT, MIO, MI 48647- (989) 619-6429				7. Provider's Name, Address and Telephone Number Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB 09/11/1960 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis		Date	Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 tablet by mouth at bedtime		
E11.621	Type 2 diabetes mellitus with foot ulcer		05/21/26	Bumetanide - Bumetanide 2 mg 1 tablet by mouth twice a day		
13. ICD	Other Pertinent Diagnoses		Date	Triamcinolone Acetonide External Cream 0.1 % 1 application transdermal twice a day		
L97.522	Non-prs chronic ulcer oth prt left foot w fat layer exposed		05/21/26	Amiodarone Hcl - Amiodarone Hydrochloride 200 MG / 1 tablet by mouth once a day		
L89.154	Pressure ulcer of sacral region stage 4		05/21/26	Aspirin - Aspirin 81 MG / 1 capsule by mouth once a day		
L89.153	Pressure ulcer of sacral region stage 3		05/21/26	ECK Docusate Sodium Oral Capsule 100 MG 100 MG / 1 capsule by mouth as necessary daily (for constipation)		
E11.622	Type 2 diabetes mellitus with other skin ulcer		05/21/26	Cephalexin - Cephalexin eq 500 mg base 1 tablet by mouth two times per week		
C34.11	Malignant neoplasm of upper lobe right bronchus or lung		05/21/26	Farxiga - Dapagliflozin Propanediol 10 MG / 1 tablet by mouth once a day		
I48.0	Paroxysmal atrial fibrillation		05/21/26	Glimepiride - Glimepiride 1 mg 1 tablet by mouth once a day frequency: daily		
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		05/21/26	Spironolactone - Spironolactone 25 mg 1 tablet by mouth once a day frequency: daily		
I50.22	Chronic systolic (congestive) heart failure		05/21/26	Trulicity Subcutaneous Solution Auto-injector 3 MG/0.5ML 3 mg subcutaneous once a week frequency: WEEKLY on Saturday		
14. DME and Supplies: wound care supplies,				15. Safety Measures: standard precautions, fall precautions, medication safety		
16. Nutrition: diabetic				17. Allergies: no known allergies		
18.A. Functional Limitations Endurance, ,				18.B. Activities Permitted Up As Tolerated		
19. Mental & COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL Psychosocial Status: ISSUES: , HISTORY OF DEPRESSION:						
20. Prognosis: fair						
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:				22.B.Discharge Plans patient will be responsible for managing treatment		
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home						
Clinical Condition SN Instructions/Teaching Importance of good nutrition and hydration to promote wound healing due to Type 2 diabetes mellitus with foot ulcer Requiring Homecare:						
SN Careplans SN WK1: 2 (07/20/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 2 (08/09/26-08/15/26) ,WK5: 2 (08/16/26-08/22/26) ,WK6: 2 (08/23/26-08/29/26) ,WK7: 2 (08/30/26-09/05/26) ,WK8: 2 (09/06/26-09/12/26) ,WK9: 2 (09/13/26-09/17/26) 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: 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				SN Goals PATIENT-STATED GOAL: Heal coccyx wound;improve and eventually heal diabetic wound on foot;Heal sacral wound;Decrease edema GOALS patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * preventing pressure ulcer recurrence * record wound measurements * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/15/2026					25. Date HHA Received Signed POT	
24. Physician's Name and Address DAVID HUNTER 1910 EAST MILLER ROAD FAIRVIEW, MI 48621 PHONE: (989) 848-5644 FAX: (989) 318-4606 NPI: 1447276167				26. 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. F2F date :		
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face				28. 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. PAGE 1 of 2		

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Home Health Certified 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 PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, limited endurance, open sores/lesions, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Right Buttock - Location: Coccyx Wound Bed Color: Pale Pink, #3 - Diabetic Ulcer - Posterior Left Ankle/Foot - Location: Left plantar foot Wound Bed Color: Pale Pink Surrounding Time: calloused PROCEDURES: physician-ordered wound care: #3 - Diabetic Ulcer - Posterior Left Ankle/Foot - Location: Left plantar foot Wound Bed Color: Pale Pink Surrounding Time: calloused, physician-ordered wound care: #2 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Left Buttock - Location: Sacrum Wound Bed Color: Pale Pink, physician-ordered wound care: #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Right Buttock - Location: Coccyx Wound Bed Color: Pale Pink, physician-ordered wound care: #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Right Buttock - Location: CoccyxWound Bed Color: Pale Pink: Wound to be cleansed with saline. Apply silver alginate to wound bed. Cover with folded gauze. Skin prep peri-wound area and secure with retention tape., physician-ordered wound care: #2 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Left Buttock - Location: SacrumWound Bed Color: Pale Pink: Wound to be cleansed with saline. Apply silver alginate to wound bed. Cover with folded gauze. Skin prep peri-wound area and secure with retention tape., physician-ordered wound care: #3 - Diabetic Ulcer - Posterior Left Ankle/Foot - Location: Left plantar footWound Bed Color: Pale PinkSurrounding Time: calloused: Wound to be cleansed with saline. Apply silver alginate to wound bed. Cover with folded gauze. Skin prep peri-wound area and secure with retention tape. TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule	
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/15/2026