Home Health Certification and Plan of Care

Order ID: 1195/212

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

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	05/21/26

13. ICD	Other Pertinent Diagnoses	Date
L97.522	Non-prs chronic ulcer oth prt left foot w fat layer exposed	05/21/26
L89.154	Pressure ulcer of sacral region stage 4	05/21/26
L89.153	Pressure ulcer of sacral region stage 3	05/21/26
E11.622	Type 2 diabetes mellitus with other skin ulcer	05/21/26
C34.11	Malignant neoplasm of upper lobe right bronchus or lung	05/21/26
I48.0	Paroxysmal atrial fibrillation	05/21/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/21/26
I50.22	Chronic systolic (congestive) heart failure	05/21/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 tablet by mouth at bedtime
Bumetanide - Bumetanide 2 mg 1 tablet by mouth twice a day
Triamcinolone Acetonide External Cream 0.1 % 1 application transdermal twice a day
Amiodarone Hcl - Amiodarone Hydrochloride 200 MG / 1 tablet by mouth once a day
Aspirin - Aspirin 81 MG / 1 capsule by mouth once a day
ECK Docusate Sodium Oral Capsule 100 MG 100 MG / 1 capsule by mouth as necessary daily (for constipation)
Cephalexin - Cephalexin eq 500 mg base 1 tablet by mouth two times per week
Farxiga - Dapagliflozin Propanediol 10 MG / 1 tablet by mouth once a day
Glimepiride - Glimepiride 1 mg 1 tablet by mouth once a day frequency: daily
Spironolactone - Spironolactone 25 mg 1 tablet by mouth once a day frequency: daily
Trulicity Subcutaneous Solution Auto-injector 3 MG/0.5ML 3 mg subcutaneous once a week frequency: WEEKLY on Saturday
Tylenol 8 Hour Oral Tablet Extended Release 650 MG 650 mg/tablet - 2 tablets by mouth every 8 hours

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 & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL 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 Requiring Homecare: SN Instructions/Teaching Importance of good nutrition and hydration to promote wound healing due to Type 2 diabetes mellitus with foot ulcer

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: 19893184606 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.

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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

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, #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, #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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/15/2026