

Home Health Certification and Plan of Care				Order ID: 1195/85	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6M89A05AN56		05/18/2026		From: 05/18/2026 To: 07/16/2026	
4. Medical Record No.		5. Provider No.		595239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
KRISTINE BARNES 1021 S STATE AVE, ALPENA, MI 49707- (989) 657-1153			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB05/27/1952			9. SexFemale		
11. ICD150.33			Principal Diagnosis		
Acute on chronic diastolic (congestive) heart failure			Date05/18/26		
13. ICDD50.0			Other Pertinent Diagnoses		
K92.2			Iron deficiency anemia secondary to blood loss (chronic)		
K31.819			Gastrointestinal hemorrhage unspecified		
K76.6			Angiodysplasia of stomach and duodenum without bleeding		
K74.60			Portal hypertension		
Unspecified cirrhosis of liver			Date05/18/26		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Folic Acid - Folic Acid 1 mg by mouth once a day True Folic Acid Oral Tablet 1 MG1 Tab (s) d		
			Vitamin D - Ergocalciferol 25 MCG (1000 UT) by mouth once a day Vitamin D (Cholecalciferol) Oral Tablet 25 MCG (1000 UT)1 Tab (s)		
			Sennosides - Senna 8.8 MG/5ML by mouth as necessary Sennosides Oral Syrup 8.8 MG/5ML		
			BID PRN CONST		
			POTASSIUM 20 MEQ by mouth twice a day Potassium Chloride ER Oral Tablet Extended Release 20 MEQ 1 Tab (s) bid		
			Mycophenolate Mofetil - Mycophenolate Mofetil 360 MG by mouth twice a day Mycophenolate Sodium Oral Tablet Delayed Release 360 MG 2 Tab (s) BID		
			Miconazole 3 - Miconazole Nitrate 2% topical twice a day Miconazole External Powder 2 %1 appl bid		
			Lidocaine Patch - Lidocaine 5% (140 MG) topical once a day Lidocaine External Patch 5% (140 MG)1 Patch(es) q 24 h		
			Levothyroxine Sodium - Levothyroxine Sodium 125 MCG by mouth once a day Levothyroxine Sodium Oral Tablet 125 MCG1 Tab (s) d		
			Acetaminophen - Acetaminophen 500 MG by mouth every 6 hours MM		
			Acetaminophen Ex Str Oral Tablet 500 MG1 Tab (s) q 6 h		
			Zinc Sulfate - Zinc Sulfate 50 mg /1 tab by mouth once a day Zinc Sulfate Oral Capsule 50 MG 1 Cap(s) d		
			Pantoprazole - Pantoprazole Sodium 40 MG/ 1 Tab by mouth in the morning Pantoprazole Sodium Oral Tablet Delayed Release 40 MG1 Tab (s) qam		
			Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day		
			Bumetanide - Bumetanide 1 MG by mouth twice a day		
			Carvedilol - Carvedilol 3.125 mg by mouth twice a day		
			Cocoa Butter Skin External Cream 1 application topical once a day		
			CYANOCOBALAMIN 500 MCG by mouth twice a day Cyanocobalamin Oral tablets 500 MCG. Take 2 tablets daily		
			Ferrous Sulfate - Ferrous Sulfate: Folic Acid 500 MCG by mouth once a day CALCIUM CARBONATE ORAL TABLET 1250 (500 CA) MG / 1 Tablet by mouth once a day		
			Melatonin - Melatonin 3 MG / 1 Tablet by mouth at bedtime PRN SLEEP		
			Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 8 hours PRN NAUS/VOM		
14. DME and Supplies:			15. Safety Measures:		
walker			walker precautions, anticoagulant precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			Atorvastatin, Cat and Dog Dander, House Dust, Mold		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Bowel/Bladder Incontinence, Hearing			No Restrictions		
19. Mental & Pyschosocial Status: 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					
20. Prognosis: Good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			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: Skilled Nursing to Assess and Eval resp. assessment, cardiac assessment, vitals due to Acute on chronic diastolic (congestive) heart failure					
SN Careplans			SN Goals		
SN 4 visits in cert period			PATIENT-STATED GOAL: Get stronger		
PT 4 visits in cert period					
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 05/18/2026					
24. Physician's Name and Address			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.		
RONG LAWSON			F2F date :		
ALPENA MEDICAL ARTS, PC 211 LONG RAPIDS ROAD					
ALPENA, MI 49707					
PHONE: (989) 358-4251 FAX: 119893548600 NPI: 1215116025					
27. Attending Physician's Signature and Date Signed 07/21/2026 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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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 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness (MS), B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange resources for vision-impaired 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule	patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls 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 GRANDCHAMP, SAVANNAH SN RN	05/18/2026