

Home Health Certification and Plan of Care				Order ID: 1195/261	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
0077169455		07/22/2026		From: 07/22/2026 To: 09/19/2026	
4. Medical Record No.		5. Provider No.			
821		239350			
6. Patient's Name and Address Gavin Vanluchene 1599 ESTELLE RD, GAYLORD, MI 49735-9298 (989) 350-7238			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 02/16/1991 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis		Date		CHRONULAC 20 g Oral q1h	
K70.40 Alcoholic hepatic failure without coma		07/22/26		Lasix - Furosemide 80mg by mouth once a day	
13. ICD Other Pertinent Diagnoses		Date		Midodrine Hydrochloride - Midodrine Hydrochloride 5mg- 3 tabs by mouth three times a day	
				Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day	
				Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 10 mg by mouth twice a day	
				Spironolactone - Spironolactone 100 mg 2 tabs by mouth once a day	
				Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dextranthenol: Folic Acid: Niacinamide: Pyridox 100mg 1 tab by mouth once a day	
				Naltrexone Hydrochloride - Naltrexone Hydrochloride 50 mg 1 tab by mouth once a day	
14. DME and Supplies: walker			15. Safety Measures: walker precautions, fall precautions, ambulates with device, ambulates with assistance		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Walker, Up As Tolerated, Independent at Home		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: Good					
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			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: inability to leave home without assistance					
SN Careplans SN 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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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, 8. Currently reports exhaustion 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:There are no Advance Care Planning documents on file. PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Unintentional			SN Goals PATIENT-STATED GOAL: increased strength, live independently, no alcohol GOALS 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 patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/22/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address JACOB WARDACH PO BOX 655 ALPENA, MI 49707-0655 PHONE: (231) 348-9900 FAX: 19893583780 NPI: 1265083018			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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Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance				
PROCEDURES: cough/deep breathing exercises				
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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	07/22/2026