Home Health Certification and Plan of Care

Order ID: 1195/278

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H65283467	07/27/2026	From: 07/27/2026 To: 09/24/2026	855	239350

6. Patient's Name and Address

Robb Lawrence
309 E FIRST ST,
GAYLORD, MI 49735-
(517)304-2103

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 11/22/1957 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	07/27/26

13. ICD	Other Pertinent Diagnoses	Date
J47.1	Bronchiectasis with (acute) exacerbation	07/27/26
J15.8	Pneumonia due to other specified bacteria	07/27/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/27/26
N17.0	Acute kidney failure with tubular necrosis	07/27/26
N18.31	Chronic kidney disease stage 3a	07/27/26
R33.8	Other retention of urine	07/27/26

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

METOPROLOL 25 mg Oral BID Tab
PEG-3350, SODIUM CHLORIDE, SODIUM BICARBONATE, POTASSIUM CHLORIDE AND BISACODYL 5 mg Oral QHS DR Tab
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 mg Oral Daily Cap
budesonide-formoterol 80 mcg-4.5 mcg/inh Inhale BID (per puff) aerosol 2 puffs
ASPIRIN 81 mg Oral Daily Chew Tab
ACETAMINOPHEN 325 mg Oral Q4H Tab
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg 1 tab by mouth once a day

14. DME and Supplies:

grab bars, bath bench,

15. Safety Measures:

O2 precautions, , fall precautions, , , bathroom safety, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, ,¦Dyspnea With Minimal Exertion

18.B. Activities Permitted

Up As Tolerated

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:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistance device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistance device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Clinical Condition Requiring Homecare: - The packet documents discharge planning for post-acute rehabilitation following hospitalization for acute on chronic hypoxic respiratory failure, Achromobacter pneumonia, bronchiectasis with acute exacerbation, acute kidney injury with acute tubular necrosis, urinary retention related to BPH, severe deconditioning, and reduced ability to complete activities of daily living. A specific home health order is not present; the documented discharge recommendation is post-acute rehabilitation placement. - The patient was hospitalized after presentation with Achromobacter pneumonia in the setting of COPD, bronchiectasis, and chronic home oxygen use. He completed seven days of meropenem. His course was complicated by acute kidney injury/acute tubular necrosis, gross hematuria, urinary retention requiring an indwelling Foley catheter, volume overload, tachycardia/atrial tachycardia, and increased oxygen needs. Pulmonary, infectious disease, nephrology, urology, cardiology, PT, and OT were involved.

SN Careplans

SN WK1: 1 (07/27/26-08/01/26)

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, 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

SN Goals

PATIENT-STATED GOAL: Pt states have urinary cath removed and regain strength.

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
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KRISTI DIPZINSKI
1320 M-32 SUITE 300
GAYLORD, MI 49735
PHONE: (989) 731-5092 FAX: 19897058323 NPI: 1053728840

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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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, wheezing, lung sounds not clear, M1610 - Urinary Catheter, urine retention, muscle weakness, limited strength, limited endurance, Pain Interference with ADLs, lethargy

PROCEDURES: Education on O2 continuous use: Fall risk education with tubing, education on proper use of O2., cough/deep breathing exercises, incentive spirometer, monitor intake & output, catheter change, care & irrigation: Has f/u appt with urology in 2 weeks to see possibility of removing catheter- has catheter due to urinary retention.

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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	07/27/2026