Home Health Certification and Plan of Care

Order ID: 1195/353

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94810101700	07/29/2026	From: 07/29/2026 To: 09/26/2026	648-1	239350

6. Patient's Name and Address
Victor Kobylinski
1261 Village Pkwy,
Gaylord, MI 49735-
(989) 390-1788

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 05/07/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	07/29/26

13. ICD	Other Pertinent Diagnoses	Date
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	07/29/26
E78.5	Hyperlipidemia unspecified	07/29/26
N39.0	Urinary tract infection site not specified	07/29/26
M62.81	Muscle weakness (generalized)	07/29/26
R26.81	Unsteadiness on feet	07/29/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	07/29/26
F32.A	Depression unspecified	07/29/26
I10.	Essential (primary) hypertension	07/29/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/29/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	07/29/26
M19.90	Unspecified osteoarthritis unspecified site	07/29/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/29/26
M54.41	Lumbago with sciatica right side	07/29/26

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

ACETAMINOPHEN 325 MG tablet by mouth every 8 hours as needed for pain
ASCORBIC ACID 250 MG tablet by mouth one time a day for supplement
CEPHALEXIN 500 MG capsule by mouth two times a day for UTI for 5 Days
FLUOXETINE 10 MG capsule by mouth one time a day for antidepressant
FUROSEMIDE 20 MG tablet by mouth one time a day for CHF
LATANOPROST 1 drop in both eyes Ophthalmic one time a day for eye pressure
LISINOPRIL 40 MG tablet by mouth one time a day for blood pressure
MAGNESIUM 400 MG tablet by mouth two times a day for supplement
MIRTAZAPINE 7.5 MG tablet by mouth at bedtime for appetite stimulation
MULTIVITAMIN 1 tablet by mouth one time a day for supplement
PANTOPRAZOLE 40 MG tablet by mouth two times a day for GI protection give with meals
POTASSIUM 2 tablet by mouth one time a day for supplement
PRAVASTATIN 40 MG tablet by mouth one time a day for cholesterol
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth one time a day for BPH
TIMOLOL 1 drop in both eyes Ophthalmic two times a day for eye pressure

14. DME and Supplies:
hospital bed, wheelchair, grab bars, bath bench

15. Safety Measures:
ambulates with device, fall precautions, bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: poor

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
another facility/provider will be responsible for managing treatment

Homebound status: Absences from the home require considerable and taxing effort and infrequent or short duration. Absences from the home are for medical or religious reasons only.

Clinical Condition Requiring Homecare: Victor is an 84yr old male who is homebound with a DX- D62 ACUTE POSTHEMORRHAGIC Anemia M62.81 Weakness.

SN Careplans

SN WK1: 1 (07/29/26-08/04/26)

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: 1. Non-agency caregiver(s) currently provide assistance

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

SN Goals

PATIENT-STATED GOAL: less pain

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JESSICA MACHUE
1100 E MICHIGAN AVE
GRAYLING, MI 49738
PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550

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 : 07/22/2026

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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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:Full Code

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Incontinence, limited endurance, muscle weakness, limited strength, B1000 - Vision Deficit, B0200 - Hearing Deficit, lethargy, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: bladder training, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, * strategies to increase socialization, related medication(s) purpose, schedule

* avoiding known stressors
* controlling impulses
* recalls 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls 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	07/29/2026