Home Health Certification and Plan of Care

Order ID: 1195/389

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
135812625	06/05/2026	From: 08/04/2026 To: 10/02/2026	710	239350

6. Patient's Name and Address
ROBERT MARR
2029 W ESTATE RD,
KALKASKA, MI 49646
(231) 384-2516

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 08/30/1953 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C34.11	Malignant neoplasm of upper lobe right bronchus or lung	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
G30.9	Alzheimer's disease unspecified	06/05/26
Z48.813	Encntr for surgical aftcr following surgery on the resp sys	06/05/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/05/26
J44.89	Other specified chronic obstructive pulmonary disease	06/05/26
I10.	Essential (primary) hypertension	06/05/26
E78.5	Hyperlipidemia unspecified	06/05/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/05/26
R32.	Unspecified urinary incontinence	06/05/26
I73.9	Peripheral vascular disease unspecified	06/05/26
W19.XXXD	Unspecified fall subsequent encounter	06/05/26
Z79.899	Other long term (current) drug therapy	06/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/05/26
Z79.891	Long term (current) use of opiate analgesic	06/05/26
F10.10	Alcohol abuse uncomplicated	06/05/26
Z91.81	History of falling	06/05/26

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

Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT 1 puff inhalant in the morning
THIAMINE 100 mg / 2 tablets by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 2 capsules by mouth in the morning
PEPCID 40 mg/5ml 20 mg/ 1 tablet by mouth in the morning
METOPROLOL 100 mg / 1 tablet by mouth once a day
LISINOPRIL 40 mg / 1 tablet by mouth once a day
LASIX 20 mg / tablet by mouth once a day
Colace - Docusate Sodium 100 mg / capsule by mouth as necessary Twice a day as needed for constipation
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 tablet by mouth once a day
Amiodarone Hydrochloride - Amiodarone Hydrochloride 200 mg / 1 tablet po twice a day
Gabapentin - Gabapentin 100 mg / 1-2 capsules by mouth as necessary Three times a day as needed for Breakthrough pain
Aspirin - Aspirin 81mg / 1 tablet by mouth in the morning
Albuterol Sulfate - Albuterol Sulfate 2 puffs by mouth as necessary Every 4 hours as needed for shortness of breath
Acetaminophen - Acetaminophen 500 mg / 1 capsule by mouth TID PRN breakthrough pain take 2 capsules three times a day for breakthrough pain

14. DME and Supplies:
bath bench, grab bars

15. Safety Measures:
fall precautions, medication safety, bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

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: good

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: Malignant neoplasm of upper lobe, right bronchus or lung

SN Careplans

SN WK1: 1 (08/04/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/02/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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

SN Goals

PATIENT-STATED GOAL: Increase endurance and strength to be able to walk longer distances

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
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN on 07/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ANDREW LONG
419 S CORAL ST
KALKASKA, MI 49646-2503
PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1558554808

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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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: lightheadedness, limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings

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, * 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/30/2026