

Home Health Certification and Plan of Care				Order ID: 1195/392					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
80043655300		01/23/2026		From: 07/22/2026 To: 09/19/2026		378		239350	
6. Patient's Name and Address RHONDA RAUSZER 1045 W SHARON RD SE, FIFE LAKE, MI 496339270- (712) 308-4757					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 11/03/1957 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD J44.9	Principal Diagnosis Chronic obstructive pulmonary disease unspecified			Date 01/23/26	Novolog Penfill - Insulin Aspart Recombinant 100 UNIT/ML subcutaneous four times a day PER SS - LIBRE CGM QID Albuterol Sulfate - Albuterol Sulfate 0.09 mg/inh 2 puffs by mouth as necessary ONGOING; every 4 hours as needed Semaglutide Pen - Injector 2 mg / 1.5 ml 1 mg subcutaneous once a week Loratadine - Loratadine 10 mg / 1 capsule by mouth once a day Benzonatate - Benzonatate 100 mg 1 capsule by mouth every 8 hours ONGOING Carbidopa And Levodopa - Carbidopa: Levodopa 25 mg;100 mg 2 tablets by mouth three times a day Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg / 1 Tablet by mouth three times a day ONGOING DULOXETINE HYDROCHLORIDE 30 mg 1 capsule by mouth at bedtime ONGOING EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-40 MG 10 - 40 mg / 1 tablet by mouth once a day ONGOING Famotidine - Famotidine 40 mg 1 tablet by mouth at bedtime ONGOING Ferrous Sulfate - Ferrous Sulfate: Folic Acid 324 mg / 1 tablet by mouth once a day ONGOING Magnesium Gluconate 250 mg / 1 Tablet by mouth once a day ONGOING MONTELUKAST SODIUM 10 mg 1 tablet by mouth at bedtime ONGOING Acetaminophen - Acetaminophen 325 mg chewable tablet / tablet - 2 tablets by mouth as necessary every 4 hrs Aliskiren-amLODIPine 150-10 MG - 1 tablet by mouth once a day Aliskiren-Valsartan 300-320 mg / 1 tablet by mouth once a day CALCIUM CARB-CHOLECALCIFEROL 600-2.5 MG-MCG - 1 - CAP by mouth once a day CAREALL NAPROXEN 220 mg / 1 tablet by mouth every 4 hours PRN Carvedilol - Carvedilol 25 mg / 1 tablet by mouth twice a day Dextromethorphan Hydrobromide And Guaifenesin - Dextromethorphan Hydrobromide: Guaifenesin 28 - 600 mg / 1 tablet by mouth three times a day Ibuprofen - Ibuprofen 200 mg/ capsule - 2 capsules by mouth twice a day ONGOING Pantoprazole Sodium - Pantoprazole Sodium 40 mg / 1 tablet by mouth twice a day ONGOING Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 0.25 mg / 1 tablet by mouth at bedtime ONGOING Symbicort - Budesonide: Formoterol Fumarate Dihydrate 160-4.5 MCG/ACT - 2 puffs inhalant twice a day ONGOING INSULIN GLARGINE SOLOSTAR PEN-INJECTOR 100 UNIT/ML - 80 - UNITS subcutaneous at bedtime				
13. ICD I13.0	Other Pertinent Diagnoses Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			Date 01/23/26					
I50.32	Chronic diastolic (congestive) heart failure			Date 01/23/26					
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease			Date 01/23/26					
N18.31	Chronic kidney disease stage 3a			Date 01/23/26					
D63.1	Anemia in chronic kidney disease			Date 01/23/26					
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			Date 01/23/26					
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema			Date 01/23/26					
M79.7	Fibromyalgia			Date 01/23/26					
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder			Date 01/23/26					
F33.1	Major depressive disorder recurrent moderate			Date 01/23/26					
G89.4	Chronic pain syndrome			Date 01/23/26					
G93.32	Myalgic encephalomyelitis/chronic fatigue syndrome			Date 01/23/26					
M54.16	Radiculopathy lumbar region			Date 01/23/26					
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region			Date 01/23/26					
G47.33	Obstructive sleep apnea (adult) (pediatric)			Date 01/23/26					
M19.90	Unspecified osteoarthritis unspecified site			Date 01/23/26					
G25.81	Restless legs syndrome			Date 01/23/26					
I35.8	Other nonrheumatic aortic valve disorders			Date 01/23/26					
K58.9	Irritable bowel syndrome without diarrhea			Date 01/23/26					
N25.81	Secondary hyperparathyroidism of renal origin			Date 01/23/26					
E78.2	Mixed hyperlipidemia			Date 01/23/26					
E55.9	Vitamin D deficiency unspecified			Date 01/23/26					
E66.9	Obesity unspecified			Date 01/23/26					
Z68.37	Body mass index [BMI] 37.0-37.9 adult			Date 01/23/26					
R32.	Unspecified urinary incontinence			Date 01/23/26					
K21.9	Gastro-esophageal reflux disease without esophagitis			Date 01/23/26					
Z79.51	Long term (current) use of inhaled steroids			Date 01/23/26					
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)			Date 01/23/26					
Z87.01	Personal history of pneumonia (recurrent)			Date 01/23/26					
14. DME and Supplies: walker, bath bench, diabetic supplies					15. Safety Measures: walker precautions, standard precautions, remove environmental barriers, fall precautions, ambulates with device				
16. Nutrition: regular as tolerated					17. Allergies: DRUG ALLERGIES: CODEINE				
18.A. Functional Limitations Ambulation, Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion					18.B. Activities Permitted Walker, 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: Skilled Nursing to Assess and Eval education, assessment due to Chronic obstructive pulmonary disease unspecified									
SN Careplans					SN Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/17/2026					25. Date HHA Received Signed POT				
24. Physician's Name and Address DOUGLAS GENTRY 419 SOUTH CORAL STREET KALKASKA, MI 49646 PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1245224435					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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SN WK2: 1 (07/26/26-08/01/26) ,WK4: 1 (08/09/26-08/15/26) ,WK6: 1 (08/23/26-08/29/26) ,WK8: 1 (09/06/26-09/12/26) 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 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: Home Safety, M1033 - Exhaustion, heartburn/indigestion, limited strength, limited range of motion, muscle spasms, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, weak hand grips PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule 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, * strategies to increase caloric intake, 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, patient's living environment is clean/uncluttered		PATIENT-STATED GOAL: To not be sick and feel better 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 * 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's living environment is clean/uncluttered 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/17/2026