Home Health Certification and Plan of Care

Order ID: 1195/406

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H62697421	10/06/2025	From: 08/02/2026 To: 09/30/2026	171	239350

6. Patient's Name and Address
HOLLY GUADARRAMA
7541 MILL ST,
VANDERBILT, MI 49795
(231) 340-0770

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 01/03/1975 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K61.1	Rectal abscess	10/06/25

13. ICD	Other Pertinent Diagnoses	Date
R78.81	Bacteremia	10/06/25
I73.9	Peripheral vascular disease unspecified	10/06/25

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

AMMONIUM CHLORIDE 0.9% IN NORMAL SALINE 10 ml IV Daily Administered by: Patient, Comments: Before and After IV antibiotics
ZOSYN 4.5 (4-0.5) GM / 1 EA intravenous every 8 hours
Rivaroxaban 2.5 MG / 1 Tablet by mouth once a day
BD Heparin PosiFlush 10 UNIT/ML / 5ml intravenous once a day
PSYLLIUM Oral Packet 83 % / Take 6G (1 Packet)) by mouth once a day Administered by: Patient
OXYCODONE 20 MG / 1Tablet by mouth twice a day
OMEPRAZOLE 20 MG/ 1 Tablet by mouth twice a day
MORPHINE 60 MG / Take 2 Tablet by mouth every 12 hours
GABAPENTIN 900 MG / Take 1.5 Tablet by mouth three times a day Administered by: Patient
FLORASTOR 250 MG / 1 Capsule by mouth twice a day Administered by: Patient
DULOXETINE HYDROCHLORIDE 60 MG / 1 Capsule by mouth at bedtime
CLOPIDOGREL 75 mg 75 MG / 1 Tablet by mouth once a day Administered by: Patient
CLONAZEPAM 1 MG / 1 Tablet by mouth once a day Administered by: Patient
CELECOXIB 200 MG / 1 Capsule by mouth twice a day Administered by: Patient
ASPIRIN 81 MG / 1 Capsule by mouth once a day Administered by: Patient
BACLOFEN 10 MG / 1 Packet by mouth every 8 hours 1-3 times per day
ONDANSETRON 4 MG / 1 Tablet by mouth as necessary every 6 hours as needed for Nausea and Vomiting

14. DME and Supplies:
wound care supplies, ostomy supplies, IV supplies, wheelchair

15. Safety Measures:
anticoagulant precautions, fall precautions, Universal/infection precautions, Keep side rails up

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
DAPTOMYCIN

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Paralysis

18.B. Activities Permitted
Wheelchair, Complete Bedrest

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Skilled Nursing to Assess and Eval Wound, Neph tubes bilat, central line care, lab draw due to Infectious gastroenteritis and colitis, unspecified

SN Careplans

SN WK1: 1 (08/02/26-08/08/26) ,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 (09/27/26-09/30/26)

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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 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

SN Goals

PATIENT-STATED GOAL: Get rid of infection

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
* 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
* ostomy management including how to clean stoma
* change ostomy pouch
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA SN RN on 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
RICHARD SHOSKEY
560 W. MITCHELL STREET, SUITE C70
PETOSKEY, MI 49770
PHONE: (231) 487-7200 FAX: 12314877188 NPI: 1376805903

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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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.; PICC line management Change PICC line dressing every 7 days and flush daily with Normal saline
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: limited endurance, limited strength, poor muscle tone, muscle weakness, pallor

PROCEDURES: PICC line management : Complete PICC line dressing change every 7 days and flush daily with NS, LABS: complete lab draw weekly, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care

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, * 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, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids * 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA SN RN	07/31/2026