Home Health Certification and Plan of Care

Order ID: 1195/665

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

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	01/23/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/23/26
I50.32	Chronic diastolic (congestive) heart failure	01/23/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/23/26
N18.31	Chronic kidney disease stage 3a	01/23/26
D63.1	Anemia in chronic kidney disease	01/23/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	01/23/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	01/23/26
M79.7	Fibromyalgia	01/23/26
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	01/23/26
F33.1	Major depressive disorder recurrent moderate	01/23/26
G89.4	Chronic pain syndrome	01/23/26
G93.32	Myalgic encephalomyelitis/chronic fatigue syndrome	01/23/26
M54.16	Radiculopathy lumbar region	01/23/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	01/23/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/23/26
M19.90	Unspecified osteoarthritis unspecified site	01/23/26
G25.81	Restless legs syndrome	01/23/26
I35.8	Other nonrheumatic aortic valve disorders	01/23/26
K58.9	Irritable bowel syndrome without diarrhea	01/23/26
N25.81	Secondary hyperparathyroidism of renal origin	01/23/26
E78.2	Mixed hyperlipidemia	01/23/26
E55.9	Vitamin D deficiency unspecified	01/23/26
E66.9	Obesity unspecified	01/23/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	01/23/26
R32.	Unspecified urinary incontinence	01/23/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/23/26
Z79.51	Long term (current) use of inhaled steroids	01/23/26
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)	01/23/26
Z87.01	Personal history of pneumonia (recurrent)	01/23/26

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

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

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 RN 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.

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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 RN	07/17/2026