Home Health Certification and Plan of Care

Order ID: 1195/638

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1000973816V888556	08/11/2026	From: 08/11/2026 To: 10/09/2026	8357	239350

6. Patient's Name and Address

Rex Gierke
2626 PARKSIDE DR,
FREDERIC, MI 497339811-
(989) 370-1989

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 12/14/1956 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	08/11/26

13. ICD	Other Pertinent Diagnoses	Date
S81.802D	Unspecified open wound left lower leg subsequent encounter	08/11/26
B87.1	Wound myiasis	08/11/26
I87.2	Venous insufficiency (chronic) (peripheral)	08/11/26
I25.5	Ischemic cardiomyopathy	08/11/26
I50.23	Acute on chronic systolic (congestive) heart failure	08/11/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/11/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/11/26
I10.	Essential (primary) hypertension	08/11/26
E03.9	Hypothyroidism unspecified	08/11/26
F32.A	Depression unspecified	08/11/26

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

amoxicillin-clavulanate (Amox-Clav) 875 mg-125 mg oral tablet 875 MG tab(s) by mouth Every 12 hours Duration: 7 Days Pick up at WALGREENS DRUG STORE #11689
ALBUTEROL 2 puff(s) inhaled Every 4 hours as needed for wheezing
AMLODIPINE 10 MG tab(s) by mouth Every day
ELIQUIS 5 MG tab(s) by mouth 2 times a day Indication: Acute DVT or PE
ATORVASTATIN 80 MG tab(s) by mouth Every day at bedtime
DULOXETINE HYDROCHLORIDE 30 MG cap by mouth Every morning do not crush or chew
FUROSEMIDE 40 MG tab(s) by mouth 2 times a day as needed for swelling
NOVOLOG 4 unit subcutaneous 12:00 pm every day before lunch
INSULIN 36 unit subcutaneous Every day at bedtime
LEVOTHYROXINE 0.2 MG tab(s) by mouth Every morning
LISINOPRIL 10 MG tab(s) by mouth Every day Ischemic cardiomyopathy
METFORMIN 1000 MG tab(s) by mouth 2 times a day
METOPROLOL 25 MG tab(s) by mouth 2 times a day
OMEPRAZOLE 20 MG cap by mouth 2 times a day
POTASSIUM 1 tab(s) by mouth Every day
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG cap by mouth Every day

14. DME and Supplies:
cane, wound care supplies

15. Safety Measures:
diabetic precautions

16. Nutrition:
regular

17. Allergies:
Adhesive Tape, Bactrim, Jardiance, levoFLOXacin, rofecoxib, Sulfamethoxazole-

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, , , Cane,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Home care referral was ordered for RN and Home Health Aide services because symptoms support difficulty leaving home for required medical services and for bilateral lower-extremity wound care three days per week. Ordered wound care is cleansing with povidone-iodine solution, covering with Vaseline gauze, nonadherent pad and gauze roll, then applying an Ace wrap for compression from the toes to 2 inches below the knee. Source: Home Care Referral order dated 08/07/2026, modified 08/09/2026. - The patient was hospitalized after his primary care provider noted maggots in a wound on the left shin. He reported injuring the leg on a wooden picture frame about four days earlier. In the ED, maggots were removed from the left anterior leg wound and a smaller left foot wound. X-rays showed soft-tissue swelling without fracture or osteomyelitis; MRI was negative for osteomyelitis. He was treated with IV vancomycin and Zosyn, received daily wound dressings, and was discharged improved with oral amoxicillin-clavulanate and home wound-care arrangements. Source: H&P and Discharge Documents.

SN Careplans

SN WK1: 2 (08/11/26-08/15/26) ,WK2: 3 (08/16/26-08/22/26) ,WK3: 3 (08/23/26-08/29/26) ,WK4: 3 (08/30/26-09/05/26) ,WK5: 3 (09/06/26-09/12/26) ,WK6: 2 (09/13/26-09/19/26) ,WK7: 2 (09/20/26-09/26/26) ,WK8: 2 (09/27/26-10/03/26) ,WK9: 2 (10/04/26-10/09/26)

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

SN Goals

PATIENT-STATED GOAL: heal wound and clear infection

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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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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: D0160 - Depression, insects/rodents present (CM), M2020 - Oral Med Management, inadequate food storage (CM), unsafe floor coverings (CM), inadequate meal prep facilities (CM), lack of fire safety devices (CM), inadequate floor/roof/windows (CM), M1400 - Dyspnea, swelling in legs/around eyes, dependent edema, abnormal BS < 70/140 > mg/dL, frequent urination, muscle weakness, B1000 - Vision Deficit, Pain Effect on Sleep, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Complete wound care 3 times a week by scrubing foot with a warm wash cloth, cleans with betadine, apply petroleum dressing in between patient's toes, and petroleum ointment to patients BLE, and wrap with gauze and ace wrap., glucose testing via monitor, coordinate/arrange for adequate fire safety devices, coordinate/arrange resources for vision-impaired

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient has adequate floor/roof/windows, patient home enviroment has adequate fire safety devices, patient has adequate meal prep facilities, patient living environment has safe floor coverings, patient has access to adequate food storage, insects/rodents not present in the patient's living environment

* 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 has adequate floor/roof/windows

patient home enviroment has adequate fire safety devices

patient has adequate meal prep facilities

patient living environment has safe floor coverings

patient has access to adequate food storage

insects/rodents not present in the patient's living environment

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/11/2026