Home Health Certification and Plan of Care

Order ID: 1195/731

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM60212955	06/08/2026	From: 08/07/2026 To: 10/05/2026	722	239350

6. Patient's Name and Address

DIXIE BARGOWSKI
6475 M 32,
ATLANTA, MI 49709-
(989) 785-3958

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 11/05/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E16.2	Hypoglycemia unspecified	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/08/26
R29.6	Repeated falls	06/08/26
R26.89	Other abnormalities of gait and mobility	06/08/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/08/26
J45.909	Unspecified asthma uncomplicated	06/08/26
I73.9	Peripheral vascular disease unspecified	06/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/08/26
R79.89	Other specified abnormal findings of blood chemistry	06/08/26

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

Montelukast Sodium - Montelukast Sodium 10 mg / 1 tablet by mouth once a day
Metformin Hcl - Metformin Hydrochloride 750 mg / 1 tablet by mouth once a day
Levothyroxine Sodium - Levothyroxine Sodium 88 mcg / 1 tablet by mouth once a day
Ezetimibe - Ezetimibe 10 mg / 1 tablet by mouth once a day
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg / 1 capsule by mouth once a day
Bupropion Hydrochloride - Bupropion Hydrochloride 150 mg 1 tablet by mouth once a day
Breo Ellipta Inhalation Aerosol Powder Breath Activated 200-25 MCG/ACT 1 puff inhalant once a day
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puffs inhalant every 4 hours

14. DME and Supplies:
walker, diabetic supplies

15. Safety Measures:
walker precautions, , fall precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
ASPIRIN

18.A. Functional Limitations
Hearing, Ambulation, Endurance

18.B. Activities Permitted
Walker, Independent at Home, 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: Hypoglycemia, unspecified

SN Careplans

SN WK3: 1 (08/16/26-08/22/26) ,WK5: 1 (08/30/26-09/05/26),1 visit on Week 7,9,10

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: 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 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:Living will

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): Increased strength and mobility

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
KRISTIN MASCHKE
3040 BOURN STREET
LEWISTON, MI 49756
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1992778807

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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PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, muscle weakness

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, glucose testing via monitor

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * 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 ABRAHAM, ALEXIS RN SN	08/04/2026