Home Health Certification and Plan of Care

Order ID: 1195/668

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM69023514	07/18/2026	From: 07/18/2026 To: 09/15/2026	828	239350

6. Patient's Name and Address
Kenneth Laform
2578 FARRINGTON RD,
LEWISTON, MI 49756-
(989)786-4182

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 02/10/1934 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I50.31	Acute diastolic (congestive) heart failure	07/18/26

13. ICD	Other Pertinent Diagnoses	Date
I25.119	Athscl heart disease of native cor art w unsp ang pctrs	07/18/26
R60.1	Generalized edema	07/18/26
M10.9	Gout unspecified	07/18/26
R07.1	Chest pain on breathing	07/18/26
I50.810	Right heart failure unspecified	07/18/26
I10.	Essential (primary) hypertension	07/18/26

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

ALLOPURINOL 300 mg Oral Daily 1 tabs
CARVEDILOL 6.25 mg Oral BID 2 tabs
CYANOCOBALAMIN 1000 mcg Oral BID, PRN 1 cap
FARXIGA 10 mg Oral Daily 1 tabs
FUROSEMIDE 80 mg Oral Daily 1 tabs
LOSARTAN POTASSIUM 25 mg Oral Daily 1 tabs
PLAVIX 75 mg Oral Daily 1 tabs
POTASSIUM 20 mEq Oral Daily extended release, 1 tabs
SIMVASTATIN 40 mg Oral QPM 1 tabs
VITAMIN 1000 mcg Oral Daily 1 tabs

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, fall precautions

16. Nutrition:
fluid restriction, low sodium, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Hearing, Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Independent at Home, Walker

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: No

20. Prognosis: Good

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
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: I5031 - Acute diastolic (congestive) heart failure

SN Careplans

SN WK1: 1 (07/18/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26) ,WK10: 1 (09/13/26-09/15/26)

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: M1850 - Transferring, M1820 - Lower Body Dressing, M1870 - Self Feeding, M1860 - Ambulation/Locomotion, M1850 - Transferring, M1870 - Self Feeding, M1860 - Ambulation/Locomotion, M1820 - Lower Body Dressing, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1400 - Dyspnea, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL,

SN Goals

PATIENT-STATED GOAL: Decrease edema

GOALS
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

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
STEPHANIE RUTTERBUSH
3040 BOURN ST
LEWISTON, MI 49756
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1649652298

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 : 07/16/2026

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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muscle weakness, Pain Interference with ADLs, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, assist with transferring, assist with mobility, assist with feeding/eating, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/18/2026