Home Health Certification and Plan of Care

Order ID: 1195/709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3X90A99FV14	01/28/2026	From: 07/27/2026 To: 09/24/2026	379	239350

6. Patient's Name and Address

EDWARD KAUSKA
10180 PUROLL RD,
ELMIRA, MI 49730-
(231) 321-0170

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 07/27/1951 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	01/28/26

13. ICD	Other Pertinent Diagnoses	Date
N18.5	Chronic kidney disease stage 5	01/28/26
D63.1	Anemia in chronic kidney disease	01/28/26
G62.9	Polyneuropathy unspecified	01/28/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	01/28/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/28/26
M50.00	Cervical disc disorder with myelopathy unsp cervical region	01/28/26
R73.03	Prediabetes	01/28/26
R41.89	Oth symptoms and signs w cognitive functions and awareness	01/28/26
G89.29	Other chronic pain	01/28/26
K86.1	Other chronic pancreatitis	01/28/26
I73.9	Peripheral vascular disease unspecified	01/28/26
I49.5	Sick sinus syndrome	01/28/26
M43.06	Spondylolysis lumbar region	01/28/26
M65.872	Other synovitis and tenosynovitis left ankle and foot	01/28/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	01/28/26
I72.3	Aneurysm of iliac artery	01/28/26
N62.	Hypertrophy of breast	01/28/26
K59.09	Other constipation	01/28/26
R63.4	Abnormal weight loss	01/28/26
K58.9	Irritable bowel syndrome without diarrhea	01/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/28/26
Z79.899	Other long term (current) drug therapy	01/28/26
Z95.0	Presence of cardiac pacemaker	01/28/26

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

Hydrocortisone Ultra-Moisture External Cream 1 % 1 application transdermal twice a day
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) mcg/act/ 1 puff inhalant as necessary 1 puff every four hours as needed (PRN) for shortness of breath
Aliskiren-amLODIPine 150 -10 mg / 1 tablet by mouth once a day
Azelastine Hydrochloride - Azelastine Hydrochloride 0.1 % - 1 spray each nostril Nasal as necessary 1 spray each nostril twice a day as needed (PRN) for allergic rhinitis
Carvedilol - Carvedilol 25 mg / 1 tablet by mouth twice a day
Chlorthalidone - Chlorthalidone 25 mg / 1 tablet by mouth once a day
Cinacalcet Hydrochloride - Cinacalcet Hydrochloride 30 mg / 1 tablet by mouth once a day take 3 tablets once a day
Clonidine Hcl - Clonidine 0.1 mg / 1 tablet by mouth as necessary take 1 tablet as needed for Anxiety
Doxazosin Mesylate - Doxazosin Mesylate 4 mg / 1 tablet by mouth at bedtime
EQ Esomeprazole Magnesium Delayed Release 20 mg / 1 capsule by mouth once a day
Furosemide - Furosemide 20 mg /1 tablet by mouth once a day
Gabapentin - Gabapentin 300 mg / 1 capsule by mouth three times a day
Lisinopril - Lisinopril 40 mg / 1 tablet by mouth once a day
Mirtazapine - Mirtazapine 30 mg / 1 tablet by mouth at bedtime
Nitroglycerin - Nitroglycerin 0.4 mg / 1 tablet sublingual as necessary every 5 minutes as needed (PRN) for chest pain
Pancrelipase (Lip-Prot-Amyl) Delayed Release Particles 24000-76000 unit / 1 capsule by mouth three times a day
Pantoprazole Sodium - Pantoprazole Sodium 40 mg / 1 tablet by mouth twice a day
QC Fluticasone Propionate Nasal Suspension 50 mcg/act - 1 spray each nostril Nasal as necessary 1 spray each nostril once a day as needed for allergic rhinitis
Rosuvastatin Calcium - Rosuvastatin Calcium 10 mg / 1 tablet by mouth once a day
Sodium Bicarbonate - Sodium Bicarbonate 650 mg / 1 tablet by mouth twice a day
Tizanidine Hydrochloride - Tizanidine Hydrochloride 2 mg / 1 capsule by mouth three times a day
Tylenol Es - Acetaminophen 500 mg / 1 tablet by mouth as necessary take every 6 hours as needed for pain
Zofran - Ondansetron Hydrochloride 4 mg / 1 tablet by mouth as necessary take every 4 hours as needed (PRN) for Nausea
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg- 0.5 tab by mouth every 8 hours PRN mod-severe pain

14. DME and Supplies:

walker

15. Safety Measures:

walker precautions, ambulates with device, remove environmental barriers, fall precautions, Universal/infection precautions , Proper use of assistive devices

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Paxlovid (Convulsion) Motrin (Stomach ache) Robaxin (hives) Toradol (hives) me

18.A. Functional Limitations

Endurance, Ambulation, 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; SOB on exertion, Residual weakness, Leaving home requires a considerable and taxing effort

Clinical Condition Requiring Homecare: Chronic kidney disease, stage 4

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

ASHLYN MUNTIN
829 N CENTER AVE STE 140
GAYLORD, MI 49735-1598
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1972317592

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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EDWARD KAUSKA 10180 PUROLL RD, ELMIRA, MI 49730- (231) 321-0170	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

SN WK1: 1 (07/27/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/24/26)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, limited strength, limited endurance

PROCEDURES: cough/deep breathing exercises: not applicable, incentive spirometer: not applicable, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, bladder training, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange removal of insects/rodents present in the patient's living environment, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange long-term socialization activities, monitor dialysis schedule: pt not on dialysis

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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient has access to necessary medical care considering inability to pay, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Increased strength being able to make food in the kitchen

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
* 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient has access to necessary medical care considering inability to pay

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/23/2026