Home Health Certification and Plan of Care

Order ID: 1195/785

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3WN1X89NA19	08/17/2026	From: 08/17/2026 To: 10/15/2026	908	239350

6. Patient's Name and Address
Dean Struebing
725 MINI DR,
PETOSKEY, MI 49770-
586-855-3892

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 08/24/1956 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/17/26
E87.5	Hyperkalemia	08/17/26
Z95.1	Presence of aortocoronary bypass graft	08/17/26
N17.9	Acute kidney failure unspecified	08/17/26
I10.	Essential (primary) hypertension	08/17/26
I42.9	Cardiomyopathy unspecified	08/17/26
E78.5	Hyperlipidemia unspecified	08/17/26
M10.9	Gout unspecified	08/17/26
I25.2	Old myocardial infarction	08/17/26

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

ZYLOPRIM 150 mg Oral Daily [START ON 8/1/2026]
ASPIRIN 243 MG mg Oral Once [START ON 8/1/2026]
PLAVIX 75 MG mg Oral Daily [START ON 8/1/2026]
CARDIZEM 240 MG mg Oral QAM [START ON 8/1/2026]
ZETIA 10 MG mg Oral Daily [START ON 8/1/2026]
RANEXA 500 MG mg Oral BID [START ON 8/1/2026]
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 2.5mg 1 tab by mouth twice a day
Amiodarone - Amiodarone Hydrochloride 200 1mg 1 tab by mouth once a day

14. DME and Supplies:
walker, bath bench,

15. Safety Measures:
walker precautions, infectious material management, fall precautions, ambulates with device, cardiac precautions, anticoagulant precautions

16. Nutrition:
2gm sodium, cardiac diet

17. Allergies:
Sulfa Antibiotics - Caused kidney failure per pt

18.A. Functional Limitations
Endurance, Ambulation,

18.B. Activities Permitted
Walker, Up As Tolerated, Independent at Home

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: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Home health referral for Skilled Nursing (SN) and Physical Therapy (PT) following hospitalization and status post coronary artery bypass graft (CABG). Home care goal is discharge home with SN and PT services. A 2-wheeled rolling walker was ordered for S/P CABG. - The patient was admitted 07/31/2026 with coronary artery disease and angina. A planned cardiac catheterization was cancelled when acute renal failure with hyperkalemia was identified. The plan included nephrology consultation, holding diuretics, avoiding hypotension, continuing antiplatelet therapy, and reconsidering catheterization based on renal recovery. By discharge documentation, the patient was status post CABG, with discharge diagnoses including CAD in native artery, hyperkalemia, multivessel CAD, and S/P CABG.

SN Careplans

SN WK1: 1 (08/17/26-08/22/26)

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: 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

SN Goals

PATIENT-STATED GOAL: Heal incision on chest, increased strength and endurance.

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JULIA MUELLER
416 CONNABLE AVE
PETOSKEY, MI 49770
PHONE: (231) 487-2460 FAX: 12314876596 NPI: 1710272737

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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updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:Living Will

08/24/2026 Problems : #1 - Observable Surgical Wound - Anterior Midline - CABG
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
limited strength
limited endurance
loss of appetite

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline - CABG: Spray with wound cleanser, open to air., cough/deep breathing exercises

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (08/17/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26)

08/24/2026 Problems : GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Instruct and progress HEP to include B LE strengthening, balance training, and instruction of walking program., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: Improve tolerance to activity/endurance, return to PLOF

GOALS
Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026