Home Health Certification and Plan of Care

Order ID: 1195/802

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
70012624	02/10/2026	From: 08/09/2026 To: 10/07/2026	413	239350

6. Patient's Name and Address
DANIEL GOWANS
1195 DARKE RD,
KALKASKA, MI 496467868-
(231) 384-2071

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 10/05/1962 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/10/26

13. ICD	Other Pertinent Diagnoses	Date
M54.16	Radiculopathy lumbar region	02/10/26
F41.1	Generalized anxiety disorder	02/10/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	02/10/26
M21.372	Foot drop left foot	02/10/26
R10.9	Unspecified abdominal pain	02/10/26
F10.10	Alcohol abuse uncomplicated	02/10/26

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

FT Senna Laxative 8.6 mg/tab by mouth twice a day PRN for constipation
GABAPENTIN 600 mg 1 tablet by mouth three times a day
GLIMEPIRIDE 1 mg 1 tablet by mouth once a day
LOSARTAN POTASSIUM 25 mg 1 tablet by mouth once a day
ROSUVASTATIN CALCIUM 20 mg 1 tablet by mouth once a day
NORCO 325 mg;5 mg 1 tablet by mouth as necessary daily for pain
Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth every 8 hours

14. DME and Supplies:
wound care supplies

15. Safety Measures:
medication safety, fall precautions, diabetic precautions

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Other

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: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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: due to difficulty leaving home for medical services and impaired circulation

SN Careplans

SN WK1: 1 (08/09/26-08/15/26) ,WK3: 1 (08/23/26-08/29/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/07/26)

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 updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

07/22/2026 Problems : muscle weakness (MS)
itchy skin (SK)
#1 - Observable Surgical Wound - Other - Left big toe -
limited strength
limited endurance

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left big toe -: Pt states leaving to air dry, bandage when wearing tennis shoes/socks. Clean daily.,

SN Goals

PATIENT-STATED GOAL: Increased strength, heal toe wound

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
* 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 increase socialization
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
KATHLEEN PAWLANTA
829 N CENTER AVE SUITE 210
GAYLORD, MI 49735-1595
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833

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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coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor: BS range 112-195, checks BS daily. Review BS log at Q visit.

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, * 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 increase socialization, related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/05/2026