Home Health Certification and Plan of Care

Order ID: 1195/746

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1010971744V008083	08/06/2026	From: 08/06/2026 To: 10/04/2026	847	239350

6. Patient's Name and Address
Craig Garbart
120 GRANDVIEW BLVD APT E110,
GAYLORD, MI 497352028-
(989) 390-6255

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 02/24/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L05.91	Pilonidal cyst without abscess	08/06/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	08/06/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/06/26
E11.9	Type 2 diabetes mellitus without complications	08/06/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/06/26
I73.9	Peripheral vascular disease unspecified	08/06/26
F32.9	Major depressive disorder single episode unspecified	08/06/26
M10.9	Gout unspecified	08/06/26

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

ASPIRIN 81 MG mg= 1 Tab Oral qAM
ATORVASTATIN 80 MG mg= 1.5 Tab Oral qAM
buprenorphine-naloxone 2 mg-0.5 mg sublingual tablet 2 MG Tab SL qAM
DULOXETINE HYDROCHLORIDE 20 MG mg= 1 Cap Oral BID
DEXTROSE 38.5% IN PLASTIC CONTAINER 324 MG mg= 1 Tab Oral qAM
FUROSEMIDE 40 MG mg= 1 Tab Oral qAM
LISINOPRIL 5 MG mg= 1 Tab Oral qAM
METFORMIN 1000 MG mg= 1 Tab Oral BID
METOPROLOL 100 MG mg= 1 Cap Oral BID
MULTIVITAMIN 1 Tab Oral QAM
POTASSIUM 10 mEq= 1 Cap Oral qAM
TRAZODONE 100 MG mg= 2 Tab Oral QHS
Lantus - Insulin Glargine Recombinant 42units/ml subcutaneous once a day
GABAPENTIN 800 mg mg by mouth QHS

14. DME and Supplies:
diabetic supplies, wound care supplies

15. Safety Measures:
medication safety, infectious material management, fall precautions, diabetic precautions, anticoagulant precautions

16. Nutrition:
diabetic

17. Allergies:
Amoxicillin-clavulanate (Vomiting), ondansetron (Vomiting), pantoprazole (Vomi

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
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: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Home health skilled nursing was ordered for wound VAC care and dressing changes after planned pilonidal cystectomy with marsupialization and wound VAC placement on 08/04/2026. Skilled nursing is to begin 24-48 hours after wound VAC placement. - The patient has a recurrent draining postoperative pilonidal wound following prior pilonidal cystectomy with flap and primary repair approximately two years earlier. The wound dehisced after suture removal and has repeatedly broken down and reopened. About one to two weeks before the 07/16/2026 surgical visit, the site reopened with purulent drainage and flap enlargement. He was treated with antibiotics through urgent care, after which drainage decreased. He denied fever, and the surgical exam showed a small opening without expressible drainage or signs of infection.

SN Careplans

SN WK1: 2 (08/06/26-08/08/26) ,WK2: 3 (08/09/26-08/15/26) ,WK3: 3 (08/16/26-08/22/26) ,WK4: 3 (08/23/26-08/29/26) ,WK5: 3 (08/30/26-09/05/26) ,WK6: 3 (09/06/26-09/12/26) ,WK7: 3 (09/13/26-09/19/26) ,WK8: 3 (09/20/26-09/26/26) ,WK9: 3 (09/27/26-10/03/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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

SN Goals

PATIENT-STATED GOAL: Heal wound and have wound vac removed.

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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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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:DPOA is sister lives out of state did not have number for her.

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: wound vacuum: wound vac orders to change wound vac 3x weekly. Document measurements at every wound vac change and pictures once weekly to monitor wound progress., glucose testing via monitor: Pt monitors BS independently, pt keeps log, review log during visit to monitor BS with wound healing., coordinate/arrange long-term socialization activities: Pt used to live in VA homeless shelter, new to apartment complex and states no family/friends nearby, very lonely.

TEACH PATIENT/CAREGIVER: * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/06/2026