# Home Health Certification and Plan of Care

**Order ID: 1195/917**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| H63412944 | 08/08/2026 | From: 08/08/2026 To: 10/06/2026 | 887 | 239350 |

**6. Patient's Name and Address**
Janet Roznowski
9145 Kosciusko St,
POSEN, MI 49776-
989-766-8030

**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** 05/31/1959 **9.Sex** Female

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

TYLENOL 650 mg oral q4h PRN
ASPIRIN 81 mg oral Nightly
LIPITOR 80 mg oral Nightly
ZETIA 10 mg oral Daily (0900)
ZESTRIL 2.5 mg oral Daily (0900) [Held by provider]
CLARITIN 10 mg oral Daily (0900)
NITROSTAT 0.4 mg sublingual q5 min PRN
ZOLOFT 100 mg oral Nightly
OCEAN NASAL SPRAY 2 spray Each Nostril q4h PRN
ROXICODONE 5 mg oral q6h PRN

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| T81.49XA | Infection following a procedure other surgical site init | 08/08/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| T81.31XA | Disruption of external operation (surgical) wound NEC init | 08/08/26 |
| E11.9 | Type 2 diabetes mellitus without complications | 08/08/26 |
| N18.32 | Chronic kidney disease stage 3b | 08/08/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 08/08/26 |
| D64.9 | Anemia unspecified | 08/08/26 |
| D05.12 | Intraductal carcinoma in situ of left breast | 08/08/26 |
| I10. | Essential (primary) hypertension | 08/08/26 |

**14. DME and Supplies:**
Wound vac

**15. Safety Measures:**
None of the above

**16. Nutrition:**
regular

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
None of the above

**18.B. Activities Permitted**
None of the above

**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
add discharge plan

**Homebound status:** Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

**Clinical Condition Requiring Homecare:** surgical site infection

## SN Careplans

SN WK1: 1 (08/08/26-08/08/26) ,WK2: 2 (08/09/26-08/15/26) ,WK3: 2 (08/16/26-08/22/26) ,WK4: 2 (08/23/26-08/29/26) ,WK5: 2 (08/30/26-09/05/26) ,WK6: 2 (09/06/26-09/12/26) ,WK7: 2 (09/13/26-09/19/26) ,WK8: 2 (09/20/26-09/26/26) ,WK9: 2 (09/27/26-10/03/26) ,WK10: 2 (10/04/26-10/06/26)

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

08/08/2026 Problems : M1400 - Dyspnea

## SN Goals

PATIENT-STATED GOAL: Get rid of wound vac and keep infection clear;Get rid of wound vac and keep infection cleared

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 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 08/08/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
JILL BARSEN
PO BOX 427
HILLMAN, MI 49746-0427
PHONE: (989) 354-2197 FAX: 19893566524 NPI: 1295008217

**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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M2020 - Oral Med Management
abnormal BS < 70/140 > mg/dL

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN to complete wound vac change/ wound care twice a week by cleansing with wound cleanser, patting dry, Apply white sponge around wound edges and the black sponge to the rest of the wound bed , then apply the rest of the wound vac dressing., wound vacuum: SN to complete wound vac change/ wound care twice a week by cleansing with wound cleanser, patting dry, Apply white sponge around wound edges and the black sponge to the rest of the wound bed , then apply the rest of the wound vac dressing., glucose testing via monitor

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by GRANDCHAMP, SAVANNAH SN RN | 08/08/2026 |