

Home Health Certification and Plan of Care										Order ID: 1195/921										
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.								
X3LM60212955			06/08/2026			From: 08/07/2026 To: 10/05/2026			722			239350								
6. Patient's Name and Address DIXIE BARGOWSKI 6475 M 32, ATLANTA, MI 49709- (989) 785-3958							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. DOB11/05/1942							9.SexFemale							10. Medications: Dose/Frequency/Route (N)ew (C)hanged Montelukast Sodium - Montelukast Sodium 10 mg / 1 tablet by mouth once a day Metformin Hcl - Metformin Hydrochloride 750 mg / 1 tablet by mouth once a day Levothyroxine Sodium - Levothyroxine Sodium 88 mcg / 1 tablet by mouth once a day Ezetimibe - Ezetimibe 10 mg / 1 tablet by mouth once a day Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg / 1 capsule by mouth once a day Bupropion Hydrochloride - Bupropion Hydrochloride 150 mg 1 tablet by mouth once a day Breo Ellipta Inhalation Aerosol Powder Breath Activated 200-25 MCG/ACT 1 puff inhalant once a day Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puffs inhalant every 4 hours						
11. ICD E16.2			Principal Diagnosis Hypoglycemia unspecified						Date 06/08/26											
13. ICD E11.65 R29.6 R26.89 J44.9 J45.909 I73.9 I25.10 R79.89			Other Pertinent Diagnoses Type 2 diabetes mellitus with hyperglycemia Repeated falls Other abnormalities of gait and mobility Chronic obstructive pulmonary disease unspecified Unspecified asthma uncomplicated Peripheral vascular disease unspecified Athscl heart disease of native coronary artery w/o ang pctrs Other specified abnormal findings of blood chemistry						Date 06/08/26 06/08/26 06/08/26 06/08/26 06/08/26 06/08/26 06/08/26 06/08/26											
14. DME and Supplies: walker, diabetic supplies							15. Safety Measures: walker precautions, , fall precautions, Proper use of assistive devices, Keep pathways clear													
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET							17. Allergies: ASPIRIN													
18.A. Functional Limitations Hearing, Ambulation, Endurance							18.B. Activities Permitted Walker, Independent at Home, 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																				
Clinical Condition Requiring Homecare: Hypoglycemia, unspecified																				
SN Careplans SN WK3: 1 (08/16/26-08/22/26) ,WK5: 1 (08/30/26-09/05/26) 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:Living will												SN Goals PATIENT-STATED GOAL: (In patient's Own Words): Increased strength and mobility 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids								
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/04/2026										25. Date HHA Received Signed POT										
24. Physician's Name and Address KRISTIN MASCHKE 3040 BOURN STREET LEWISTON, MI 49756 PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1992778807							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. PAGE 1 of 2													

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08/04/2026 Problems : muscle weakness abnormal BS < 70/140 > mg/dL				
PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/04/2026