

Home Health Certification and Plan of Care				Order ID: 1195/830	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6GR9QY1KX49		08/12/2026		From: 08/12/2026 To: 10/10/2026	
4. Medical Record No.		5. Provider No.			
904		239350			
6. Patient's Name and Address Kenneth Gauthier 10068 OSSINEKE RD, OSSINEKE, MI 49766- (989) 590-0040			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 06/11/1939 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis	Date	ROBAXIN 500 MG tab(s) by mouth 3 times a day Duration: 4 Days Pickup at SAGINAW VAMC PHARMACY MIDODRINE HYDROCHLORIDE 5 MG tab(s) by mouth 2 times a day during day Pickup at SAGINAW VAMC PHARMACY ACETAMINOPHEN 325 MG tab(s) by mouth 2 times a day as needed for Mild Pain or Fever ALBUTEROL 2 inh inhaled 4 times a day as needed for Wheezing albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution) 2.5 MG Milliliter nebulized inhalation Every 6 hours ASPIRIN 81 MG tab(s) by mouth Every day ATORVASTATIN 20 MG tab(s) by mouth Every day budesonide/glycopyrrolate (Breztri Aerosphere 160 mcg-9 mcg/inh inhalation aerosol) 2 puff(s) inhaled 2 times a day rinse mouth and throat after use BUSPIRONE HCL 10 MG tab(s) by mouth 2 times a day CINACALCET HYDROCHLORIDE 30 MG tab(s) by mouth 2 times a day FLUTICASONE 1 spray(s) each affected nostril Every day shake well before using MULTIVITAMIN 1 tab(s) by mouth Every day OMEPRAZOLE 20 MG cap by mouth Every day TORSEMIDE 20 MG tab(s) by mouth Every day Duration: 90 Days WARFARIN 5 MG tab(s) by mouth Every Friday		
Z48.812	Encntr for surgical afctr following surgery on the circ sys	08/12/26			
13. ICD	Other Pertinent Diagnoses	Date			
I44.2	Atrioventricular block complete	08/12/26			
I50.32	Chronic diastolic (congestive) heart failure	08/12/26			
I48.0	Paroxysmal atrial fibrillation	08/12/26			
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/12/26			
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/26			
K80.50	Calculus of bile duct w/o cholangitis or cholecyst w/o obst	08/12/26			
N20.1	Calculus of ureter	08/12/26			
Z95.0	Presence of cardiac pacemaker	08/12/26			
14. DME and Supplies: grab bars, bath bench, oxygen supplies			15. Safety Measures: medication safety, fall precautions, ambulates with device, anticoagulant precautions, cardiac precautions		
16. Nutrition: low sodium			17. Allergies: oxyCODONE - Rash		
18.A. Functional Limitations Endurance, Hearing, Ambulation			18.B. Activities Permitted Up As Tolerated, Cane, 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: fair					
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 - Discharged home with home health care after hospitalization for complete heart block/junctional bradycardia, choledocholithiasis, obstructing left ureteral stone, Requiring Homecare: heart failure, COPD, atrial fibrillation, and associated deconditioning. Home care referral orders specify RN, Physical Therapy, and Occupational Therapy for post-op care and difficulty leaving home for required medical services. (Source: Discharge Documents, pp. 9-11; Home Care Referral Order, p. 47) - Hospital course included permanent pacemaker implantation on 08/03/2026 for third-degree AV block, ERCP with sphincterotomy and balloon sweep on 08/04/2026 for choledocholithiasis, and cholecystectomy on 08/05/2026. Warfarin was held for supratherapeutic INR and resumed after cholecystectomy. Obstructing left ureteral stone was managed without acute urologic surgery with outpatient ureteroscopy planned. Patient also had possible acute-on-chronic HfPef, COPD with intermittent oxygen requirement, and reduced mobility/endurance. (Source: Discharge Documents, pp. 10-11)					
SN Careplans			SN Goals		
SN WK1: 1 (08/12/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26)			PATIENT-STATED GOAL: Pt states increased strength from hospitalization and heal surgical incisions		
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			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		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			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		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			patient/caregiver recalls		
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					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/12/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address RODNEY SZYMANSKI 4000 WELLNESS DR MIDLAND, MI 48670 PHONE: (844) 832-1956 FAX: (989) 633-5241 NPI: 1780678961			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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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 08/13/2026 Problems : cluttered/soiled living area (CM) insects/rodents present (CM) #1 - Observable Surgical Wound - Anterior Left Upper Chest - Pacemaker placed surgical incision #2 - Observable Surgical Wound - Anterior Midline - Multiple minor surgical incisions on abdomen removal of gallbladder M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management dependent edema limited strength limited endurance bruising/discoloration PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Chest - Pacemaker placed surgical incision: Keep incision clean and dry. Spray with wound cleanser, leave to air dry., physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Midline - Multiple minor surgical incisions on abdomen removal of gallbladder: Keep incision clean and dry. Spray with wound cleanser, leave to air dry., cough/deep breathing exercises, monitor intake & output, coordinate/arrange for maintenance of clean/uncluttered living area 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 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, patient's living environment is clean/uncluttered, insects/rodents not present in the patient's living environment	* 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's living environment is clean/uncluttered insects/rodents not present in the patient's living environment
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PT Careplans PT WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) 08/17/2026 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: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., 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, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent	PT Goals PATIENT-STATED GOAL: Patient Goal GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/12/2026