Home Health Certification and Plan of Care

Order ID: 1195/821

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8XT9GW4DM42	08/12/2026	From: 08/12/2026 To: 10/10/2026	901	239350

6. Patient's Name and Address

Joseph Cappy
749 Greenway Dr.,
HARBOR SPRINGS, MI 49740-
(918)625-7936

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 05/13/1934 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I63.9	Cerebral infarction unspecified	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	08/12/26
I48.20	Chronic atrial fibrillation unspecified	08/12/26
I27.20	Pulmonary hypertension unspecified	08/12/26
I34.0	Nonrheumatic mitral (valve) insufficiency	08/12/26
I36.1	Nonrheumatic tricuspid (valve) insufficiency	08/12/26
E11.9	Type 2 diabetes mellitus without complications	08/12/26
E03.9	Hypothyroidism unspecified	08/12/26
I10.	Essential (primary) hypertension	08/12/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/12/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/12/26

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

AMLODIPINE 10 MG tabs Oral Daily
ASPIRIN 81 MG tabs Oral Daily
ATORVASTATIN 10 MG tabs Oral Daily
CARVEDILOL 6.25 MG tabs Oral BID
FARXIGA 10 MG tabs Oral Daily
FUROSEMIDE 40 MG mg 0.4 mL. SubCutaneous Daily
INSULIN 2 mg 20 mL IV Push Daily
LATANOPROST 1 drops Eye-Both QHS
LEVOTHYROXINE 1 tabs Oral Daily
LIDOCAINE 1 patch TransDermal Daily
PREDNISONE 5 MG tabs Oral Daily
SPIRONOLACTONE 25 MG tabs Oral Daily

14. DME and Supplies:

walker

15. Safety Measures:

fall precautions, ambulates with device, walker precautions

16. Nutrition:

low sodium

17. Allergies:

Entresto (Angioedema), sulfa drugs

18.A. Functional Limitations

Ambulation, Speech

18.B. Activities Permitted

Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Home Health Skilled Nursing was ordered on 08/10/2026 at 11:04 EDT, with LIP face-to-face documented on 08/10/2026 at 11:04 EDT. The order is marked routine. (Source: Post Acute Service Orders) - Recent hospitalization was for stroke symptoms after EMS reported left-sided facial droop and aphasia. The patient was diagnosed with an acute ischemic CVA with multiple punctate bilateral acute ischemic infarcts, appearing cardioembolic. During the hospitalization he had confusion/aphasia and was followed by neurology, cardiology, and the medical team. Chronic cardiac issues addressed included combined systolic/diastolic heart failure with EF 35-40%, chronic atrial fibrillation, severe pulmonary hypertension, valvular regurgitation, and cardiac amyloidosis. (Source: Cardiology Progress Note 08/08/2026; Consultation Notes)

SN Careplans

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) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 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.;

SN Goals

PATIENT-STATED GOAL: Build back strength, work on independence

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

JORDAN POVICH
416 CONNABLE AVENUE
PETOSKEY, MI 49770
PHONE: (231) 487-7969 FAX: 12314873063 NPI: 1306071857

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 : 08/10/2026

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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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

08/17/2026 Problems : M1610 - Urinary Incontinence
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
daytime fatigue
lethargy
muscle weakness
limited range of motion
limited strength
B0200 - Hearing Deficit
B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, 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

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

PT Careplans

PT WK1: 1 (08/12/26-08/15/26) ,WK2: 3 (08/16/26-08/22/26) ,WK3: 3 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26)

08/17/2026 Problems : Pain Effect on Sleep
Pain Interference with ADLs
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: Instruct and progress HEP as tolerated. To include NMR, static and dynamic balance training, BLE strengthening,, gait training/stair training, transfers training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: improve mobility and ambulation

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

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

Car Transfer - 06. Independent

Sit to Stand - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (08/12/26-08/15/26)

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/12/2026

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08/13/2026 Problems : M1400
Pain Effect on Sleep
GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130A1 - Eating

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/12/2026