

Home Health Certification and Plan of Care				Order ID: 1195/836	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
80017650600		08/13/2026		From: 08/13/2026 To: 10/11/2026	
4. Medical Record No.		5. Provider No.		886	
239350					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Bruce Burr 3100 PARK RD, LUZERNE, MI 486368710- (989) 390-8249			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
01/17/1960			Male		
11. ICD		Principal Diagnosis		Date	
Z48.812		Encntr for surgical afctr following surgery on the circ sys		08/13/26	
13. ICD		Other Pertinent Diagnoses		Date	
I35.0		Nonrheumatic aortic (valve) stenosis		08/13/26	
I50.21		Acute systolic (congestive) heart failure		08/13/26	
I48.92		Unspecified atrial flutter		08/13/26	
I48.0		Paroxysmal atrial fibrillation		08/13/26	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		08/13/26	
E11.65		Type 2 diabetes mellitus with hyperglycemia		08/13/26	
14. DME and Supplies:			15. Safety Measures:		
diabetic supplies, walker, cane			walker precautions, medication safety, infectious material management, fall precautions, diabetic precautions, ambulates with device, cardiac precautions, bathroom safety, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
high protein, cardiac diet			Cipro, Latex, methylPREDNISolone, morphine, niacin, Pollen, predniSONE		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Hearing, Ambulation			Cane, Walker, Up As Tolerated		
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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: symptoms identified support difficulty to leave home for medical services required.					
Clinical Condition Requiring Homecare: post cardiothoracic surgery					
SN Careplans			SN Goals		
SN WK1: 1 (08/13/26-08/15/26) ,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 (10/04/26-10/09/26)			PATIENT-STATED GOAL: heal incision and regain strength		
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		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* lifestyle modifications to manage respiratory condition including		
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			* 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		
			* 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		
			patient/caregiver recalls		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/13/2026					
24. Physician's Name and Address			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.		
SHELLY SLIVINSKI			F2F date : 08/04/2026		
829 N CENTER AVE STE 298					
GAYLORD, MI 49735-1683					
PHONE: (989) 731-7708 FAX: 19897317929 NPI: 1770568248					
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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updating of advance directive documents as appropriate and within scope of practice. Advance Directive:No Advance Directive 08/17/2026 Problems : #1 - Observable Surgical Wound - Anterior Midline - Open heart surgery M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management dizziness/syncope dependent edema balance deficit muscle weakness limited strength limited endurance heartburn/indigestion rough/scaly/cracked skin bruising/discoloration abnormal BS < 70/140 > mg/dL B1000 - Vision Deficit PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline - Open heart surgery: clean with wound cleanser spray, leave open to air, monitor for s/s of infection, cough/deep breathing exercises, glucose testing via monitor, coordinate/arrange resources for vision-impaired 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, * 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, * 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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/13/2026