Home Health Certification and Plan of Care

Order ID: 1195/846

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1NK4CD7PQ89	08/14/2026	From: 08/14/2026 To: 10/12/2026	914	239350

6. Patient's Name and Address

Donald Lauderbaugh
17535 Sunrise Lane,
HILLMAN, MI 49746-
(989) 742-4401

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 08/30/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.142D	Displ intertroch fx l femur subs for clos fx w routn heal	08/14/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/14/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	08/14/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/14/26
I48.20	Chronic atrial fibrillation unspecified	08/14/26
I50.20	Unspecified systolic (congestive) heart failure	08/14/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/14/26
J84.9	Interstitial pulmonary disease unspecified	08/14/26
N30.00	Acute cystitis without hematuria	08/14/26
K76.82	Hepatic encephalopathy	08/14/26

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

ACETAMINOPHEN 650 mg by mouth every 6 hours as needed for Pain/Fever
ACETIC ACID 30 ml via irrigation every shift Mon, Wed, Fri for catheter use related to OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED (N13.9)
ASCORBIC ACID 500 MG tablet by mouth one time a day for Supplement
ASPIRIN 1 tablet by mouth one time a day for Heart Health
ATORVASTATIN 10 MG tablet by mouth every day related to ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (I25.10)
BIOTIN 5 MG capsule by mouth one time a day for supplementation
CO Q 10 200 mg by mouth one time a day for supplementation
FARXIGA 5 MG mg by mouth one time a day for Type 2 Diabetes
DIGOXIN 1 tablet by mouth one time a day related to CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED (I48.20). Hold for apical pulse DULCOLAX 1 suppository rectally as needed for Constipation if no result from Milk of Magnesia, or Dulcolax suppository rectally at b
ELIQUIS 5 MG tablet by mouth two times a day related to CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED (I48.20). On hold from 08/04/2026 13:03
ENTRESTO 26 MG tablet by mouth two times a day related to UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE(I50.20).
ANEXSIA 7.5/650 1 tablet by mouth one time a day for supplementation
FINASTERIDE 5 MG tablet by mouth one time a day for BPH
FLOMAX 0.4 MG capsule by mouth at bedtime for benign prostatic hyperplasia (administer with a meal or snack at bedtime per pharmacy
FUROSEMIDE 20 MG tablet by mouth one time a day related to UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE(I50.20).
LACTULOSE 45 ml by mouth four times a day related to HEPATIC ENCEPHALOPATHY(K76.82)
INSULIN 20 unit subcutaneously at bedtime related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE (E11.22)
MAGNESIUM 400 MG tablet by mouth one time a day for supplementation
METOPROLOL 25 MG tablet by mouth three times a day for HTN
MECLIZINE 200 MG capsule by mouth three times a day for supplementation
MILK OF MAGNESIA 30 ml by mouth every 72 hours as needed for For constipation if no bowel movement for 3 days UNLESS RESIDENT IS ON
NALOXONE 0.4 MG ml intramuscularly as needed for Suspected Opiod Overdose. Administer 1ml of Narcan if opioid overdose is suspected. If
NYSTATIN 100000 UNIT Apply to groin, scrotum, penis topically every day and evening shift for excoriation d/c order once resolved
OMEGA-3 500 mg by mouth one time a day for supplementation
ONDANSETRON 4 MG tablet by mouth every 6 hours as needed for Nausea and Vomiting
PRESERVISION 1 capsule by mouth two times a day for supplementation
BACITRACIN ZINC AND POLYMYXIN B SULFATE 20 % Apply to groin folds/buttocks topically every shift for redness

14. DME and Supplies:

walker

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed

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: 8. Patient unable to respond, 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: medical condition could get worse if patient leaves home

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

DAVID DARGIS
109 S 13 HARRINGTON ST
ALPENA, MI 49707-1609
PHONE: (989) 356-2400 FAX: 19893542606 NPI: 1457490609

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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Clinical Condition Requiring Homecare: - Home health referral ordered at time of discharge for PT/OT services. Source: Home Health Referral Order dated 08/12/2026, PDF p. 13. - Recent course includes a left intertrochanteric femur fracture treated with left trochanteric nailing on 06/04/2026, followed by skilled rehabilitation. Therapy notes document continued work on lower-extremity/core strength, balance, gait, transfers, ADLs, and discharge planning. Source: NP/PA Progress Note dated 08/10/2026, PDF p. 16; PT notes dated 08/10/2026 and 08/11/2026, PDF pp. 57-58; OT note dated 08/11/2026, PDF p. 14. - Active issues during the SNF stay also included chronic Foley catheter management/UTI monitoring, chronic anemia with low hemoglobin and positive hemoccult testing, and a left-hand skin wound. Source: Medication Review/Orders, PDF pp. 4-9; Progress Notes, PDF pp. 16-56.

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/14/26-08/15/26) ,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)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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:Refer to Medical Record

08/25/2026 Problems : GG0170D1 - Sit to Stand
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
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170F1 - Toilet Transfer
M1610 - Urinary Catheter
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
limited endurance
limited strength
M2102c - Med Admin

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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 catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/14/2026

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PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, 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/coordinate/arrange medication packaging and/or administration

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 catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

OT Careplans	OT Goals
OT WK2: 1 (08/16/26-08/22/26) 08/22/2026 Problems : Pain Interference with ADLs M1400 GG0130A1 - Eating GG0130B1 - Oral Hygiene GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene	PATIENT-STATED GOAL: add patient-stated goal GOALS

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/14/2026