Home Health Certification and Plan of Care

Order ID: 1195/855

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2452076	12/19/2025	From: 08/16/2026 To: 10/14/2026	137-1	239350

6. Patient's Name and Address
COLLEEN KAUSKA
10180 PUROLL RD,
ELMIRA, MI 49730
(231) 321-0170

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 01/16/1964 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
Z99.81	Dependence on supplemental oxygen	12/19/25
I10.	Essential (primary) hypertension	12/19/25
G89.29	Other chronic pain	12/19/25
F43.12	Post-traumatic stress disorder chronic	12/19/25
F41.0	Panic disorder [episodic paroxysmal anxiety]	12/19/25
E46.	Unspecified protein-calorie malnutrition	12/19/25

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

Buprenorphine HCl Sublingual Tablet Sublingual 8 MG 1 tablet by mouth twice a day
Buspirone Hydrochloride - Buspirone Hydrochloride 10 mg 1 capsule by mouth three times a day
Clonidine Hydrochloride - Clonidine Hydrochloride 0.1 mg 1 tablet by mouth twice a day
Prazosin Hydrochloride - Prazosin Hydrochloride 5 MG / 1 capsule by mouth in the evening
SEROquel XR Oral Tablet Extended Release 24 Hour 150 MG 1 tablet by mouth at bedtime
Roflumilast - Roflumilast 250 MCG / 1 tablet by mouth once a day
Zofran ODT Oral Tablet Disintegrating 4 MG 1 tablet by mouth as necessary every 6 hours as needed for nausea
Zanaflex - Tizanidine Hydrochloride 4 MG / 1 capsule by mouth as necessary twice a day as needed for muscle relaxant
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 packet by mouth as necessary as needed for laxative

14. DME and Supplies:
wheelchair, walker, oxygen supplies, cane

15. Safety Measures:
remove environmental barriers, wheelchair precautions, walker precautions, fall precautions, Proper use of assistive devices, Oxygen usage precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Wheelchair, Cane, Walker

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: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: To support proper documentation to meet conditions of participation for patients receiving Medicare Services

Clinical Condition Requiring Homecare: Unsp fracture of right pubis, subs for fx w routn heal

SN Careplans

SN WK1: 1 (08/16/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/14/26)

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: 10. None of the above

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:No Advance Directive

08/12/2026 Problems : coughing
poor muscle tone

SN Goals

PATIENT-STATED GOAL: strength back and decreased pain

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

patient's living environment is clean/uncluttered

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
LAUREN ATKINSON
829 N CENTER AVE STE 210
GAYLORD, MI 49735-1599
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1063925246

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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muscle weakness
tooth pain/decay/sensitivity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/12/2026