Home Health Certification and Plan of Care

Order ID: 1195/834

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H60465103	08/12/2026	From: 08/12/2026 To: 10/10/2026	885	239350

6. Patient's Name and Address
Peter Sobleski
2747 ELY RD,
PELLSTON, MI 49769-9021
(231) 373-2504

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 02/18/1961 **9.Sex** Male

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

INVANZ 1,000 mg IV every 24 hours Infuse for 34 days.
MYCAMINE 100 mg IV every 24 hours Infuse for 34 days.
HEPARIN 5 mL IV daily Flush intravenous catheter lumen with 5 mL after last saline flush when infusing IV medication(s). Flush unused lumen(s) with 5 mL daily.
ACETAZOLAMIDE SODIUM 10 mL IV once a day Flush IV catheter with 10 mL after blood draws as directed.

11. ICD	Principal Diagnosis	Date
R13.10	Dysphagia unspecified	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
J38.6	Stenosis of larynx	08/12/26
J96.01	Acute respiratory failure with hypoxia	08/12/26
C32.0	Malignant neoplasm of glottis	08/12/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/12/26
I10.	Essential (primary) hypertension	08/12/26

14. DME and Supplies:
cane

15. Safety Measures:
ambulates with device, fall precautions

16. Nutrition:
NG feeding

17. Allergies:
Guaifenesin; Propoxyphene n-acetaminophen

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane

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:
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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Hi. pt to discharge Monday needing RN, PT, OT. Will have DHT w.TF and IV abx. Needs weekly lab draws. Spouse and daughter teachable caregivers. Please review if able to accept, thank you.

SN Careplans

SN WK1: 3 (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)

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.; 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:Patient DOES NOT have DPOA-HC

08/17/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea

SN Goals

PATIENT-STATED GOAL: Gain strength and independence. Get rid of feeding tube and PICC line

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
* 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

patient's living environment is clean/uncluttered

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
APRIL NORTH
601 BRIDGE ST
EAST JORDAN, MI 49727
PHONE: (231) 536-2206 FAX: 12315367150 NPI: 1467498808

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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M2020 - Oral Med Management
Home Safety
limited strength
B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, swallowing exercises, coordinate/arrange for maintenance of clean/uncluttered living area, 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 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's living environment is clean/uncluttered

PT Careplans

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

08/24/2026 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: Instruct and progress HEP to include B LE strengthening, balance training exercises, breathing exercises, and instruction of walking program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, Picking Up Object - 06. Independent, Shower/Bathe Self - 06. Independent, Diaphragmatic breathing

PT Goals

PATIENT-STATED GOAL: Return to PLOF with less fatigue.

GOALS
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

Picking Up Object - 06. Independent

Shower/Bathe Self - 06. Independent

Diaphragmatic breathing

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	08/12/2026