Home Health Certification and Plan of Care

Order ID: 1195/879

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1014736031V886156	08/19/2026	From: 08/19/2026 To: 10/17/2026	6404	239350

6. Patient's Name and Address
John Koronka
1849 RAMONA TRL,
GAYLORD, MI 49735-
(989)732-9226

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 07/12/1957 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/19/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/19/26
I10.	Essential (primary) hypertension	08/19/26
E78.2	Mixed hyperlipidemia	08/19/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/19/26

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

TYLENOL 650 mg Oral Q4H, PRN mild pain (1-3 on pain scale)
ASPIRIN 81 mg Oral, Tab-Chew Daily Hold for platelet count < 100,000
ATORVASTATIN 80 mg Oral QHS
FLUTICASONE 50 mcg 1 sprays Nasal, Spray BID
LORATADINE 10 mg Oral Daily
LOPRESSOR 2.5 mg - 2.5 mL IV Push, Injection Q6H Hold for HR less than 55 or SBP less than 100.
MIRALAX 17 g Oral, Powder-Recon Daily For loose stools Dissolve contents of pkt in 120-240 mL beverage.
TRAMADOL 50 mg Oral Q4H, PRN moderate pain (4-6 on pain scale)
Amiodarone - Amiodarone Hydrochloride 200mg 2 tabs by mouth twice a day
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth twice a day
Celecoxib - Celecoxib 1 cap by mouth twice a day
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 tab by mouth in the morning
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg 1 tab by mouth in the morning

14. DME and Supplies:
bath bench

15. Safety Measures:
infectious material management, fall precautions, anticoagulant precautions

16. Nutrition:
2gm sodium, cardiac diet

17. Allergies:
Bactrim (Swelling, Hives), sulfa drugs (Swelling, Hives)

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Up As Tolerated, Independent at Home

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
add discharge plan

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

Clinical Condition Requiring Homecare: - Home Health Skilled Nursing was ordered on 08/14/2026 by Chris W. Akins, MD. The order documents a routine home health skilled nursing referral and face-to-face date of 08/14/2026. Source: Referral packet page 31. - Recent hospitalization was for multivessel coronary artery disease with CABG x3 performed 08/13/2026: left internal mammary artery to the LAD, saphenous vein graft to the first obtuse marginal, and left radial artery to the posterior descending artery. Postoperatively the patient was admitted to ICU sedated and mechanically ventilated, with vasopressor and nitroglycerin infusions; spontaneous awakening and breathing trials were planned as anesthesia wore off. Source: Referral packet pages 2-3.

SN Careplans

SN WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK6: 1 (09/20/26-09/26/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: Heal incisions and regain strength, decrease mucous and coughing/respiratory symptoms

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 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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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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

08/25/2026 Problems : #1 - Observable Surgical Wound - Anterior Midline - CABG
#2 - Observable Surgical Wound - Anterior Right Above Knee -
#3 - Observable Surgical Wound - Anterior Left Elbow/Forearm -
#4 - Observable Surgical Wound - Posterior Right Neck -
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
coughing
lung sounds not clear
abnormal sputum production
limited strength
limited endurance
constipation
bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline - CABG: clean with wound cleanser, open to air., physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Right Above Knee -: clean with wound cleanser, open to air., physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Left Elbow/Forearm -: clean with wound cleanser, open to air., physician-ordered wound care: #4 - Observable Surgical Wound - Posterior Right Neck -: clean with wound cleanser, open to air., Weigh daily: Monitor weight daily, review log when SN visits and report any significant weight changes., cough/deep breathing exercises, incentive spirometer

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT 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)

08/25/2026 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

PT Goals

PATIENT-STATED GOAL: add patient-stated goal

GOALS

Signature of Physician:

Date

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

Date
08/19/2026