Home Health Certification and Plan of Care

Order ID: 1195/882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0006267694	06/20/2026	From: 08/19/2026 To: 10/17/2026	752	239350

6. Patient's Name and Address

LOUIS KULHAWICK
802 ERIE ST APT I,
EAST JORDAN, MI 49727-
(231)872-9466

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 10/22/1966 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T84.53XD	Infect/inflm reaction due to internal r knee prosth subs	06/20/26

13. ICD	Other Pertinent Diagnoses	Date
Z47.89	Encounter for other orthopedic aftercare	06/20/26
Z96.651	Presence of right artificial knee joint	06/20/26
E11.9	Type 2 diabetes mellitus without complications	06/20/26
I48.91	Unspecified atrial fibrillation	06/20/26
I10.	Essential (primary) hypertension	06/20/26
E78.5	Hyperlipidemia unspecified	06/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/20/26
F41.9	Anxiety disorder unspecified	06/20/26

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

Xanax - Alprazolam 0.25 mg 1 tablet by mouth as necessary twice a day as needed for anxiety
Tylenol Ex St Arthritis Pain Oral Tablet 500 MG 500 mg / tablet - 2 tablets by mouth as necessary every four hours as needed for pain
Tramadol Hydrochloride - Tramadol Hydrochloride 50 mg 1 tablet by mouth as necessary every 6 hours as needed for moderate pain
Sotalol Hydrochloride - Sotalol Hydrochloride 120 mg 1 tablet by mouth twice a day
Rosuvastatin Calcium - Rosuvastatin Calcium 10 mg 1 tablet by mouth once a day
Propranolol Hydrochloride - Propranolol Hydrochloride 60 mg 1 tablet by mouth in the morning
Pantoprazole Sodium Oral Tablet Delayed Release 40 MG 400 mg / 1 tablet by mouth twice a day
Oxcarbazepine - Oxcarbazepine 150 mg 1 tablet by mouth at bedtime
Nystatin External Powder 100000 UNIT/GM 1 application transdermal three times a day
Lisinopril - Lisinopril 10 mg 1 tablet by mouth in the morning
Insulin Lispro Injection Solution 100 UNIT/ML 0-12 units subcutaneous four times a day TAKEN WITH FOOD
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 1 MG/ML - 1 ML intravenous as necessary every 4 hours as needed for severe pain
Gabapentin (Once-Daily) Oral Tablet 300 MG 300 mg / 1 tablet by mouth three times a day
Flexeril - Cyclobenzaprine Hydrochloride 5 mg 1 tablet by mouth as necessary every 8 hours as needed for spasm
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 mg 1 tablet by mouth every 12 hours
Buspirone Hydrochloride - Buspirone Hydrochloride 30 mg 1 tablet by mouth twice a day
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth at bedtime
Aspirin 81Mg - Aspirin 81 mg / 1 capsule by mouth twice a day TAKEN WITH MEALS
Abilify - Aripiprazole 10 mg 1 tablet by mouth in the morning
Polyethylene Glycol 3350 Oral Packet 1/3 packet by mouth as necessary Every other day as needed for constipation. Please confirm dose
Cefazolin Sodium - Cefazolin Sodium 2 gm - 1 dose intravenous every 8 hours
Norco Oral Tablet 10-325 MG 1 tablet by mouth as necessary every 4 hours as needed for severe pain

14. DME and Supplies:
IV supplies

15. Safety Measures:
standard precautions, None of the above, Universal/infection precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
oxycodone ("unable to function completely after taking medication for (2) weeks

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions, Up As Tolerated

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: good

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

22.B.Discharge Plans
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

Clinical Condition Requiring Homecare: Infect/inflm reaction due to internal r knee prosth, subs

SN Careplans

SN 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 (10/11/26-10/17/26)

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

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): clear the infection and get back to work

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JOHN WALLACE
601 BRIDGE ST
EAST JORDAN, MI 49727-9383
PHONE: (231) 536-2206 FAX: 12315367150 NPI: 1487909511

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.

Home Health Certification and Plan of Care

Order ID: 1195/882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0006267694	06/20/2026	From: 08/19/2026 To: 10/17/2026	752	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
LOUIS KULHAWICK 802 ERIE ST APT I, EAST JORDAN, MI 49727- (231)872-9466	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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

08/24/2026 Problems : muscle weakness (MS)
abnormal BS < 70/140 > mg/dL (EN)

PROCEDURES: PICC line management: Nurse to change PICC line q7 days, monitor for s/sx of infection, and flush daily with normal saline., Weekly Labs: Nurse to draw labs weekly off of PICC line., Right knee incision : Keep area clean and dry. Leave open to air, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, patient's transportation needs are met, patient is adequately supervised

* 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's transportation needs are met

patient is adequately supervised

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/18/2026