Home Health Certification and Plan of Care

Order ID: 1195/894

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H74875468	04/23/2026	From: 08/21/2026 To: 10/19/2026	581	239350

6. Patient's Name and Address
PATRICK MCCUNE
3341 BUTTLES RD,
LEWISTON, MI 49756-
(989) 515-1188

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 09/10/1954 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	04/23/26

13. ICD	Other Pertinent Diagnoses	Date
I48.11	Longstanding persistent atrial fibrillation	04/23/26
I10.	Essential (primary) hypertension	04/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/23/26
I51.3	Intracardiac thrombosis not elsewhere classified	04/23/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/23/26
E78.5	Hyperlipidemia unspecified	04/23/26

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

Amiodarone Hydrochloride - Amiodarone Hydrochloride 200 mg 1 tablet by mouth in the morning TAKEN WITH FOOD
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 tablet by mouth once a day
Antifungal (Clotrimazole) External Cream 1 % 1 application transdermal twice a day
Aspirin 81Mg - Aspirin 1 capsule by mouth once a day
Bariatric Multivitamins Oral Tablet 1 tablet by mouth once a day
Colchicine - Colchicine 0.6 MG / 2 TABLETS by mouth once a day day 1 of gout flarE
Hydrochlorothiazide - Hydrochlorothiazide 25 mg 1 tablet by mouth once a day
QC Fluticasone Propionate Nasal Suspension 50 MCG/ACT 2 sprays EACH NOSTRIL nasal once a day
SB Docusate Sodium- Senna Oral Tablet 50-8.6 MG 2 tablets by mouth at bedtime
Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG / 1 TABLET by mouth once a day
True Folic Acid Oral Tablet 1 MG 1 tablet by mouth once a day
Warfarin Sodium Oral Tablet 1 MG 1 tablet by mouth once a day
Clobetasol Propionate External Shampoo 0.05 % 1 application transdermal once a day
Sildenafil Citrate - Sildenafil Citrate 100 mg 1 tablet by mouth as necessary once a day as needed for sexual Activity (1 HOUR PRIOR)
Lactulose Oral Solution 10 GM/15ML 15 ML by mouth as necessary once a day as needed for CONSTIPATION
Indomethacin - Indomethacin 50 mg 1 capsule by mouth as necessary TAKEN WITH FOOD. Three times a day as needed for gout flare
Azelastine HCl Nasal Solution 137 MCG/ SPRAY 2 sprays EACH NOSTRIL Nasal as necessary Twice a day as needed for rhinitis
Albuterol Inhalation Aerosol Solution 90 MCG/ACT 2 puffs inhalant as necessary Every 6 hours as needed for SHORTNESS OF BREATH
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 1 tablet by mouth at bedtime

14. DME and Supplies:
bath bench

15. Safety Measures:
bleeding precautions, medication safety, cardiac precautions, fall precautions, anticoagulant precautions, remove environmental barriers, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NKDA

18.A. Functional Limitations
Hearing, Endurance, Ambulation

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

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: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a cane, a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Unspecified atrial fibrillation

SN Careplans

SN WK3: 1 (08/30/26-09/05/26) ,WK5: 1 (09/13/26-09/19/26) ,WK7: 1 (09/27/26-10/03/26) ,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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 8. Currently reports

SN Goals

PATIENT-STATED GOAL: increased strength and mobility

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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
STEPHANIE RUTTERBUSH
3040 BOURN ST
LEWISTON, MI 49756
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1649652298

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: 1195/894

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H74875468	04/23/2026	From: 08/21/2026 To: 10/19/2026	581	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
PATRICK MCCUNE 3341 BUTTLES RD, LEWISTON, MI 49756- (989) 515-1188	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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.; 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

08/18/2026 Problems : dizziness/syncope
difficulty sleeping
constipation
limited endurance

PROCEDURES: 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule

* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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