

Home Health Certification and Plan of Care							Order ID: 1195/901		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
80014143300		04/27/2026		From: 08/21/2026 To: 10/19/2026		7950		239350	
6. Patient's Name and Address CARL MANKOWSKI 2266 OLD 27 N, GAYLORD, MI 49735- (989) 350-6417					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 01/04/1944 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Benazepril Hydrochloride - Benazepril Hydrochloride 40 mg 40 tablets by mouth in the morning Acetaminophen - Acetaminophen 500 MG / 1 tablet - 2 tablets by mouth every 8 hours Dapsone - Dapsone 25 mg 1 tablet by mouth twice a day Diltiazem Hydrochloride - Diltiazem Hydrochloride 180 mg 1 capsule by mouth in the morning Docusate Sodium - Docusate Sodium 100 mg /1 capsule by mouth as necessary twice a day as needed for constipation Jardiance - Empagliflozin 10 mg / 1 Tablet by mouth in the morning probiotics 1 capsule by mouth in the morning Furosemide - Furosemide 40 mg 1 tablet by mouth in the morning Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 tablet by mouth once a day Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 tablet by mouth once a day Xarelto - Rivaroxaban 20 mg / 1 tablet by mouth in the evening Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 1 tablet by mouth once a day MACULAR HEALTH FORMULA 1 capsule by mouth in the morning Mesalamine - Mesalamine 0.375 gm / capsule - take 4 capsule by mouth in the morning				
I11.0	Hypertensive heart disease with heart failure			04/27/26					
13. ICD	Other Pertinent Diagnoses			Date					
I50.33	Acute on chronic diastolic (congestive) heart failure			04/27/26					
J96.01	Acute respiratory failure with hypoxia			04/27/26					
I48.21	Permanent atrial fibrillation			04/27/26					
E11.9	Type 2 diabetes mellitus without complications			04/27/26					
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx			04/27/26					
M15.0	Primary generalized (osteo)arthritis			04/27/26					
K52.839	Microscopic colitis unspecified			04/27/26					
M54.50	Low back pain unspecified			04/27/26					
M06.9	Rheumatoid arthritis unspecified			04/27/26					
H35.30	Unspecified macular degeneration			04/27/26					
N40.1	Benign prostatic hyperplasia with lower urinary tract symp			04/27/26					
R33.8	Other retention of urine			04/27/26					
N13.8	Other obstructive and reflux uropathy			04/27/26					
E66.9	Obesity unspecified			04/27/26					
Z79.2	Long term (current) use of antibiotics			04/27/26					
Z79.01	Long term (current) use of anticoagulants			04/27/26					
Z79.84	Long term (current) use of oral hypoglycemic drugs			04/27/26					
Z85.46	Personal history of malignant neoplasm of prostate			04/27/26					
Z87.891	Personal history of nicotine dependence			04/27/26					
14. DME and Supplies: large base quad cane, bath bench, reacher, 4 wheeled walker					15. Safety Measures: ambulates with device, O2 precautions, activity supervision				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: GLUTEN				
18.A. Functional Limitations Dyspnea With Minimal Exertion, Endurance					18.B. Activities Permitted Cane				
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -, HISTORY OF DEPRESSION:									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:					22.B.Discharge Plans family/caregiver 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: Acute respiratory failure with hypoxia									
SN Careplans					SN Goals				
PT Careplans					PT Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/21/2026							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 08/26/2026 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. PAGE 1 of 3				

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PT WK1: 1 (08/21/26-08/22/26) ,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 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/19/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 170, blood pressure diastolic < 60 > 100, O2 saturation < 87 > 100, pain < 0 > 7 CAREGIVER: - HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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.; 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 08/21/2026 Problems : GG0130C1 - Toileting Hygiene 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 GG0170G1 - Car Transfer GG0170E1 - Chair to Bed to Chair GG0170D1 - Sit to Stand GG0170F1 - Toilet Transfer GG0130E1 - Shower/Bathe Self GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130B1 - Oral Hygiene balance deficit muscle weakness limited strength limited endurance M1033 - Exhaustion PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange resources for vision-impaired, monitor dialysis schedule 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05.			PATIENT-STATED GOAL: Improve walking tolerance to walk to garage GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent	
Signature of Physician:			Date	
			PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN			08/21/2026	

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