Home Health Certification and Plan of Care

Order ID: 1195/998

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
132110088	08/03/2026	From: 08/03/2026 To: 10/01/2026	865	239350

6. Patient's Name and Address

Robert Koerner
6436 CENTER ST,
FREDERIC, MI 49733-
231-394-0008

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 09/22/1971 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
G40.309	Gen idiopathic epilepsy not intractable w/o stat epi	08/03/26
R56.9	Unspecified convulsions	08/03/26
I10.	Essential (primary) hypertension	08/03/26
E78.2	Mixed hyperlipidemia	08/03/26
R62.50	Unsp lack of expected normal physiol dev in childhood	08/03/26
F32.9	Major depressive disorder single episode unspecified	08/03/26

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

CARBAMAZEPINE 200 MG tab(s) by mouth 2 times a day
Folic Acid - Folic Acid 1 mg 1 tab by mouth once a day
LISINOPRIL 30 MG tab(s) by mouth 8:00 am every day
Omeprazole - Omeprazole 20 mg 1 tab by mouth once a day
ATORVASTATIN 80 MG tab(s) by mouth 8:00 am every day
SERTRALINE 100 MG tab(s) by mouth 8:00 am every day
PHENOBARBITAL 97.2 MG tab(s) by mouth 2 times a day

14. DME and Supplies:

None of the above

15. Safety Measures:

seizure precautions, fall precautions

16. Nutrition:

regular

17. Allergies:

Citrus: seizures, hydroCHLOROthiazide: unknown

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

Up As Tolerated,

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: Hyponatremia, Seizure

SN Careplans

SN WK1: 1 (08/03/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 2 (08/23/26-08/29/26) ,WK6: 1 (09/06/26-09/12/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/01/26)

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: 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:No Advance Directive

08/03/2026 Problems : M1700 - Cognition
D0700 - Social Isolation
Pain Effect on Sleep
Pain Interference with ADLs

SN Goals

PATIENT-STATED GOAL: Not have anymore seizures.

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

EVAN GRAVEDONI
1320 E M 32
GAYLORD, MI 49735-8378
PHONE: (989) 731-5092 FAX: 19897058323 NPI: 1083326557

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 : 07/29/2026

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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M1400 - Dyspnea
M2020 - Oral Med Management
seizures
muscle weakness
limited strength
limited endurance
D0160 - Depression

PROCEDURES: Monitor s/s of low Na+ and seizure precautions.: Pt has epilepsy/seizures, low Na+ enhancing seizures., Monitor pts cognition and ability to live independently.: Pt lives with his brother who also has cognitive issues. In home help daily, alone in evening. Adult daycamp Mon-Fri 830-330., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/03/2026