Home Health Certification and Plan of Care

Order ID: 1195/1050

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94897289500	03/02/2026	From: 08/29/2026 To: 10/27/2026	453	239350

6. Patient's Name and Address

LARRY BARDUCA
21830 DOWSETT TRL,
ATLANTA, MI 49709
(313) 433-6846

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 10/20/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C15.5	Malignant neoplasm of lower third of esophagus	03/02/26

13. ICD	Other Pertinent Diagnoses	Date
R13.10	Dysphagia unspecified	03/02/26
Z51.11	Encounter for antineoplastic chemotherapy	03/02/26
I48.91	Unspecified atrial fibrillation	03/02/26
E87.6	Hypokalemia	03/02/26
E83.42	Hypomagnesemia	03/02/26
R19.7	Diarrhea unspecified	03/02/26
Z79.899	Other long term (current) drug therapy	03/02/26
E78.5	Hyperlipidemia unspecified	03/02/26

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

Acetaminophen - Acetaminophen 650 MG / 1 Tablet by mouth as necessary as needed for pain
Allopurinol - Allopurinol 100 MG / 1 Tablet by mouth once a day
Claritin - Loratadine 10 mg 10 MG / 1 Tablet by mouth once a day
Famotidine Preservative Free - Famotidine 20 MG/ML - 2 ML intravenous every 12 hours 2 ml d push over 2 min
frequency not available, used every 12 hours as default.
Finasteride - Finasteride 5 MG / 1 Tablet by mouth once a day
Fluorouracil - Fluorouracil 50 mg/ml 4700 MG intravenous every two weeks 4700 mg over 46 hours
frequency not available, used every 2 weeks as default.
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 200 MG / 1 Tablet by mouth once a day
Leucovorin Calcium - Leucovorin Calcium 200 MG intravenous every 6 hours 200 mg over 2 hours
frequency not available, used every 6 hours as default.
Lisinopril - Lisinopril 10 MG / 1 Tablet by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 25 MG / 1Tablet by mouth once a day
Ondansetron Hydrochloride - Ondansetron Hydrochloride 2 MG/ML - 16 MG intravenous every 8 hours 16 mg d over 15 minutes
frequency not available, used every 8 hours as default.
Eplerenone - Eplerenone 25 mg 25 MG / 1 Tablet by mouth once a day
Oxaliplatin - Oxaliplatin 5 mg/ml 170 mg intravenous every two weeks 170 mg d over 2 hours
frequency not available, used every two weeks as default.
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40 MG / 1 Tablet by mouth twice a day
Potassium Chloride 20Meq In Dextrose 5% And Sodium Chloride 0.45% In Plastic Container - Dextrose: Potassium Chloride: Sodium Chloride 20 MEQ / 250 ML intravenous once a day 20 mEq d over 2 hours
Ondansetron Hydrochloride - Ondansetron Hydrochloride 8 MG / 1 Tablet by mouth every 8 hours as directed
frequency not available, used every 8 hours as default.
Potassium Chloride - Potassium Chloride 20meq 1 tablet by mouth once a day
ROSUVASTATIN CALCIUM 40 MG / 1 Tablet by mouth once a day
ELIQUIS 5 MG / 1 Tablet by mouth once a day
True Vitamin D3 Oral Tablet 1.25 MG (50000 UT) 1.25 MG / 1 Tablet by mouth once a week
Fulphila Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML 6 MG/06ML / Take 6 MG subcutaneous once a day
Tamsulosin HCl 0.4 MG / 1 Capsule by mouth once a day
Diphenoxylate-Atropine Oral Tablet 0.025-2.5 MG 0.025-2.5MG / 1 Tablet by mouth every 6 hours
Trastuzumab-qyyp Intravenous Solution Reconstituted 150 MG 150 MG intravenous once a week 330 mg d over 30 minutes
frequency not available, used once a week as default.
Pembrolizumab Intravenous Solution 50 MG / Take 400 MG intravenous every two weeks 400 mg d over 30 minutes
frequency not available, used every two weeks as default.
Lidocaine-Prilocaine (Bulk) Cream 2.5-2.5 % topical as necessary as directed
frequency not available, used as necessary as default.

14. DME and Supplies:
grab bars, walker, cane, bath bench

15. Safety Measures:
anticoagulant precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET, normal liquid and food

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

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

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: fair

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

22.B.Discharge Plans
patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MELISSA NOA
701 N OTSEGO AVE
GAYLORD, MI 49735-1558
PHONE: (989) 731-7760 FAX: 19897317748 NPI: 1295598035

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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Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: PLACEHOLDERhio

SN Careplans

SN WK2: 1 (08/30/26-09/05/26) ,WK4: 1 (09/13/26-09/19/26) ,WK6: 1 (09/27/26-10/03/26) ,WK8: 1 (10/11/26-10/17/26) ,WK10: 1 (10/25/26-10/27/26)

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

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 : nausea/vomiting
limited strength

PROCEDURES: every other Monday lab draw : lab draw every other Monday prior to cancer treatment, cough/deep breathing exercises, incentive spirometer, swallowing exercises: as directed by provider

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 increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

SN Goals

PATIENT-STATED GOAL: increased strength

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

patient's living environment is clean/uncluttered

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/24/2026