# Home Health Certification and Plan of Care

**Order ID: 1195/1046**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 6HR5UM6MM61 | 07/27/2026 | From: 07/27/2026 To: 09/24/2026 | 854 | 239350 |

**6. Patient's Name and Address**
Jeffrey Gaudette
10208 BUZZEL RD,
ONAWAY, MI 497658751-
(586) 217-0781

**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 05/27/1961 | 9.Sex Male

**10. Medications: Dose/Frequency/Route (N)ew (C)hanged**
Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;5 mg 1 tab by mouth every 6 hours PRN pain

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L02.215 | Cutaneous abscess of perineum | 07/27/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E11.9 | Type 2 diabetes mellitus without complications | 07/27/26 |
| I70.0 | Atherosclerosis of aorta | 07/27/26 |
| F17.210 | Nicotine dependence cigarettes uncomplicated | 07/27/26 |

**14. DME and Supplies:**
bath bench, diabetic supplies, grab bars

**15. Safety Measures:**
diabetic precautions, fall precautions

**16. Nutrition:**
diabetic

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Endurance

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

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**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**
patient will be responsible for managing treatment

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

**Clinical Condition Requiring Homecare:** Home care RN referral following a face-to-face encounter for a perirectal/perineal abscess. The order states that symptoms support difficulty leaving home for required medical services. - The patient presented with three days of worsening perianal pain, fluctuance, and purulent collection. CT showed a 3.6 x 3.2 cm perineal abscess with extensive surrounding inflammatory changes. He had leukocytosis, neutrophilia, tachycardia, borderline hypotension, and elevated blood glucose. He was admitted for IV antimicrobial therapy, glucose monitoring with sliding-scale insulin, and general surgery evaluation with planned incision and drainage of an ischiorectal abscess.

## SN Careplans

SN WK1: 2 (07/27/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/24/26)

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: 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

08/10/2026 Problems : #1 - Other - Posterior Left Buttock - Abscess
M1720 - Anxiety
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea

## SN Goals

PATIENT-STATED GOAL: Heal abscess

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

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by ABRAHAM, ALEXIS RN SN on 07/27/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
LACEY KANE
825 N. CENTER AVE
GAYLORD, MI 49735
PHONE: (989) 731-7870 FAX: 19897317721 NPI: 1144568080

**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 : 07/23/2026

**27. Attending Physician's Signature and Date Signed** **08/31/2026**: 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.

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M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Buttock - Abscess, cough/deep breathing exercises, physician-ordered wound care: Remove old packing/dressing, clean wound with wound cleanser spray, apply new packing. Orders to cover with abd pad, however pt states won't stay on, as long as packing is staying in place, no need for abd pad. Pt is wearing briefs due to drainage., physician-ordered wound care, 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, * 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by ABRAHAM, ALEXIS RN SN | 07/27/2026 |