

Home Health Certification and Plan of Care				Order ID: 1195/1136	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
H62697421		10/06/2025		From: 08/02/2026 To: 09/30/2026	
4. Medical Record No.		5. Provider No.			
171		239350			
6. Patient's Name and Address HOLLY GUADARRAMA 7541 MILL ST, VANDERBILT, MI 49795 (231) 340-0770			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 01/03/1975 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD K61.1	Principal Diagnosis Rectal abscess	Date 10/06/25	AMMONIUM CHLORIDE 0.9% IN NORMAL SALINE 10 ml IV Daily Administered by: Patient, Comments: Before and After IV antibiotics BACLOFEN 10 MG / 1 Packet by mouth every 8 hours 1-3 times per day CLONAZEPAM 1 MG / 1 Tablet by mouth once a day Administered by: Patient CLOPIDOGREL 75 mg 75 MG / 1 Tablet by mouth once a day Administered by: Patient DULOXETINE HYDROCHLORIDE 60 MG / 1 Capsule by mouth at bedtime GABAPENTIN 900 MG / Take 1.5 Tablet by mouth three times a day Administered by: Patient OMEPRAZOLE 20 MG/ 1 Tablet by mouth twice a day ONDANSETRON 4 MG / 1 Tablet by mouth as necessary every 6 hours as needed for Nausea and Vomiting Oxycodone Hydrochloride - Oxycodone Hydrochloride 20 mg 20 MG / 1 tablet by mouth every 4 hours MORPHINE 60 MG / Take 2 Tablet by mouth every 12 hours OXYCODONE 20 MG / 1Tablet by mouth twice a day FLORASTOR 250 MG / 1 Capsule by mouth twice a day Administered by: Patient PSYLLIUM Oral Packet 83 % / Take 6G (1 Packet)) by mouth once a day Administered by: Patient CELECOXIB 200 MG / 1 Capsule by mouth twice a day Administered by: Patient ASPIRIN 81 MG / 1 Capsule by mouth once a day Administered by: Patient Rivaroxaban 2.5 MG / 1 Tablet by mouth once a day BD Heparin PosiFlush 10 UNIT/ML / 5ml intravenous once a day		
13. ICD R78.81 I73.9	Other Pertinent Diagnoses Bacteremia Peripheral vascular disease unspecified	Date 10/06/25 10/06/25			
14. DME and Supplies: wound care supplies, ostomy supplies, IV supplies, wheelchair			15. Safety Measures: anticoagulant precautions, fall precautions, Universal/infection precautions, Keep side rails up		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: DAPTOMYCIN		
18.A. Functional Limitations Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Paralysis			18.B. Activities Permitted Wheelchair, Complete Bedrest		
19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., 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		
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: Skilled Nursing to Assess and Eval Wound, Neph tubes bilat, central line care, lab draw due to Infectious gastroenteritis and colitis, unspecified					
SN Careplans			SN Goals		
SN WK1: 1 (08/02/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-09/30/26)			PATIENT-STATED GOAL: Get rid of infection		
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			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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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		
HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications			patient/caregiver recalls * ostomy management including how to clean stoma * change ostomy pouch * recalls related medication(s) purpose, schedule		
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			patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/31/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address RICHARD SHOSKEY 560 W. MITCHELL STREET, SUITE C70 PETOSKEY, MI 49770 PHONE: (231) 487-7200 FAX: 12314877188 NPI: 1376805903			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. PAGE 1 of 2		

Home Health Certification and Plan of Care				Order ID: 1195/1136
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H62697421	10/06/2025	From: 08/02/2026 To: 09/30/2026	171	239350
6. Patient's Name and Address HOLLY GUADARRAMA 7541 MILL ST, VANDERBILT, MI 49795 (231) 340-0770		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		
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.; PICC line management Change PICC line dressing every 7 days and flush daily with Normal saline Advance Directive:No Advance Directive 08/20/2026 Problems : open sores/lesions (SK) pallor limited endurance limited strength poor muscle tone muscle weakness PROCEDURES: PICC line management : Complete PICC line dressing change every 7 days and flush daily with NS, LABS: complete lab draw weekly, Nephrostomy x2: Monitor nephrostomy tubes for s/sx of bleeding and monitor for s/sx of infection, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care 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, * 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, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids		* skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/31/2026