Home Health Certification and Plan of Care

Order ID: 1195/875

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1015624083V875732	08/19/2026	From: 08/19/2026 To: 10/17/2026	6800	239350

6. Patient's Name and Address
Joseph Drake
2640 GAYNOR RD,
CHEBOYGAN, MI 49721-
(231)420-2774

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 12/27/1958 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.813	Encntr for surgical aftcr following surgery on the resp sys	08/19/26

13. ICD	Other Pertinent Diagnoses	Date
C34.31	Malignant neoplasm of lower lobe right bronchus or lung	08/19/26
I63.512	Cereb infrc d/t unsp occls or stenos of left mid cereb art	08/19/26
I65.21	Occlusion and stenosis of right carotid artery	08/19/26
I10.	Essential (primary) hypertension	08/19/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/19/26
M06.9	Rheumatoid arthritis unspecified	08/19/26

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

TRAMADOL 50 mg oral tablet Oral Q6H PRN pain, moderate (4-6 on pain scale), 0 Refill(s), Maintenance
TYLENOL 325 mg oral tablet Oral Q4H PRN pain, mild (1-3 on pain scale), 0 Refill(s), Maintenance
ASPIRIN 81 mg Oral QAM
ATORVASTATIN 40 mg Oral QHS
CLOPIDOGREL 75 mg Oral QAM
FLUTICASONE 50 mcg/inh nasal spray Nasal Daily 2 sprays
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25mg 1 tab by mouth once a day
Losartan Potassium - Losartan Potassium 50 mg 1 tab by mouth once a day
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 200 mg 2 tab by mouth once a day Not to take on Sundays
Enbrel - Etanercept 50 mg/ml once weekly subcutaneous once a week
Flexeril - Cyclobenzaprine Hydrochloride 5 mg 1 tab by mouth as necessary

14. DME and Supplies:
grab bars, bath bench

15. Safety Measures:
infectious material management, fall precautions, cardiac precautions, bathroom safety, anticoagulant precautions

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Endurance, Dyspnea With Minimal Exertion, Ambulation, Hearing

18.B. Activities Permitted
Cane, Up As Tolerated

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: 0. Never, 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: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Home Health Services were ordered on 08/18/2026 for skilled nursing with RN/PT/OT following hospitalization for right lung surgery complicated by postoperative neurologic and pulmonary issues. The order comment specifically states RN/PT/OT. (Source: Post Acute Service Orders / Orders - Discharge Orders, pp. 41 and 43) - The patient underwent right thoracotomy with right lower lobe lobectomy and mediastinal lymph node dissection for a right lung nodule. Pathology showed adenocarcinoma with clear margins. The postoperative course included chyle leak requiring low-fat diet and octreotide, chest tubes with subsequent removal, residual trace/tiny right pneumothorax, right basilar airspace disease/pleural effusion, and a thrombus in the right pulmonary artery stump without acute lower-extremity DVT. He also developed an acute ischemic left MCA stroke with aphasia/word-finding difficulty and mild-moderate hemorrhagic conversion, critical/severe right internal carotid artery stenosis, and a PFO/intracardiac shunt. Ileus/abdominal distension improved with bowel regimen. (Source: Cardiothoracic Surgery Progress Notes, pp. 2-8; Cardiology/Neurology/Rehab consultations, pp. 9-24)

SN Careplans

SN WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK6: 1 (09/20/26-09/26/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26)

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, 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

SN Goals

PATIENT-STATED GOAL: pt will have increased strength and decreased SOB

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

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/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
* how to achieve wound healing including cleaning and dressing wound
* position changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
CARRIE LAHAIE
829 NORTH CENTER AVENUE
GAYLORD, MI 49735
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1700524303

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 : 08/18/2026

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.

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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 : #1 - Non-Observable Surgical Wound - Posterior Right Middle/Lower Back - dressing will be removed this evening prior to first shower
M1720 - Anxiety
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
impaired speech
muscle weakness
limited strength
limited endurance
frequent urination
bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Posterior Right Middle/Lower Back - dressing will be removed this evening prior to first shower: clean with wound cleanser, open to air, cough/deep breathing exercises, incentive spirometer

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

* skin care
* diet modification
* record wound measurements
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/19/26-08/22/26)

08/24/2026 Problems : GG0170G1 - Car Transfer
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
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by LUBELAN, SAMANTHA RN SN

Date

08/19/2026