

Home Health Certification and Plan of Care				Order ID: 1195/1261	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1015624083V875732		08/19/2026		From: 08/19/2026 To: 10/17/2026	
		4. Medical Record No.		5. Provider No.	
		6800		239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Joseph Drake 2640 GAYNOR RD, CHEBOYGAN, MI 49721- (231)420-2774			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
12/27/1958			Male		
11. ICD		Principal Diagnosis		Date	
Z48.813		Encntr for surgical afctr 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 stenosis 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	
14. DME and Supplies:			15. Safety Measures:		
grab bars, bath bench			infectious material management, fall precautions, cardiac precautions, bathroom safety, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Speech, Endurance, Dyspnea With Minimal Exertion, Ambulation, Hearing			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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment add discharge plan		
Homebound status: medical condition could get worse if patient leaves home					
Clinical Condition - 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 Requiring Homecare: 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 Goals		
SN frequency 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)			PATIENT-STATED GOAL: pt will have increased strength and decreased SOB		
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 * 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		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			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		
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			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/19/2026					
24. Physician's Name and Address			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.		
CARRIE LAHAIE 3860 S STRAITS HWY INDIAN RIVER, MI 49749 PHONE: 231-238-0581 FAX: 231-238-0586 NPI: 1700524303			F2F date : 08/18/2026		
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.		
			PAGE 1 of 2		

Home Health Certification and Plan of Care				Order ID: 1195/1261
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		
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 09/01/2026 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		* lifestyle changes * diet * 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		
PT Careplans PT frequency WK1: 1 (08/19/26-08/22/26) 08/24/2026 Problems : GG017001 - 12 Steps GG0130F1 - Upper Body Dressing GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130B1 - Oral Hygiene GG0170E1 - Chair to Bed to Chair GG0170P1 - Picking Up Object GG0170D1 - Sit to Stand 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 GG0170G1 - Car Transfer GG0170F1 - Toilet Transfer PROCEDURES: home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent		PT Goals PATIENT-STATED GOAL: add patient-stated goal GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent		
Signature of Physician:		Date		
		PAGE 2 of 2		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by LUBELAN, SAMANTHA RN SN		08/19/2026		