Home Health Certification and Plan of Care

Order ID: 1195/830

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6GR9QY1KX49	08/12/2026	From: 08/12/2026 To: 10/10/2026	904	239350

6. Patient's Name and Address
Kenneth Gauthier
10068 OSSINEKE RD,
OSSINEKE, MI 49766-
(989) 590-0040

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 06/11/1939 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
I44.2	Atrioventricular block complete	08/12/26
I50.32	Chronic diastolic (congestive) heart failure	08/12/26
I48.0	Paroxysmal atrial fibrillation	08/12/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/12/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/26
K80.50	Calculus of bile duct w/o cholangitis or cholecyst w/o obst	08/12/26
N20.1	Calculus of ureter	08/12/26
Z95.0	Presence of cardiac pacemaker	08/12/26

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

ROBAXIN 500 MG tab(s) by mouth 3 times a day Duration: 4 Days Pickup at SAGINAW VAMC PHARMACY
MIDODRINE HYDROCHLORIDE 5 MG tab(s) by mouth 2 times a day during day Pickup at SAGINAW VAMC PHARMACY
ACETAMINOPHEN 325 MG tab(s) by mouth 2 times a day as needed for Mild Pain or Fever
ALBUTEROL 2 inh inhaled 4 times a day as needed for Wheezing
albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution) 2.5 MG Milliliter nebulized inhalation Every 6 hours
ASPIRIN 81 MG tab(s) by mouth Every day
ATORVASTATIN 20 MG tab(s) by mouth Every day
budesonide/glycopyrrolate (Breztri Aerosphere 160 mcg-9 mcg/inh inhalation aerosol) 2 puff(s) inhaled 2 times a day rinse mouth and throat after use
BUSPIRONE HCL 10 MG tab(s) by mouth 2 times a day
CINACALCET HYDROCHLORIDE 30 MG tab(s) by mouth 2 times a day
FLUTICASONE 1 spray(s) each affected nostril Every day shake well before using
MULTIVITAMIN 1 tab(s) by mouth Every day
OMEPRAZOLE 20 MG cap by mouth Every day
TORSEMIDE 20 MG tab(s) by mouth Every day Duration: 90 Days
WARFARIN 5 MG tab(s) by mouth Every Friday

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

15. Safety Measures:
medication safety, fall precautions, ambulates with device, anticoagulant precautions, cardiac precautions

16. Nutrition:
low sodium

17. Allergies:
oxyCODONE - Rash

18.A. Functional Limitations
Endurance, Hearing, Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Discharged home with home health care after hospitalization for complete heart block/junctional bradycardia, choledocholithiasis, obstructing left ureteral stone, heart failure, COPD, atrial fibrillation, and associated deconditioning. Home care referral orders specify RN, Physical Therapy, and Occupational Therapy for post-op care and difficulty leaving home for required medical services. (Source: Discharge Documents, pp. 9-11; Home Care Referral Order, p. 47) - Hospital course included permanent pacemaker implantation on 08/03/2026 for third-degree AV block, ERCP with sphincterotomy and balloon sweep on 08/04/2026 for choledocholithiasis, and cholecystectomy on 08/05/2026. Warfarin was held for supratherapeutic INR and resumed after cholecystectomy. Obstructing left ureteral stone was managed without acute urologic surgery with outpatient ureteroscopy planned. Patient also had possible acute-on-chronic HFpEF, COPD with intermittent oxygen requirement, and reduced mobility/endurance. (Source: Discharge Documents, pp. 10-11)

SN Careplans

SN WK1: 1 (08/12/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26)

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, 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

SN Goals

PATIENT-STATED GOAL: Pt states increased strength from hospitalization and heal surgical incisions

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 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
RODNEY SZYMANSKI
4000 WELLNESS DR
MIDLAND, MI 48670
PHONE: (844) 832-1956 FAX: (989) 633-5241 NPI: 1780678961

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 **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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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

08/13/2026 Problems : cluttered/soiled living area (CM)
insects/rodents present (CM)
#1 - Observable Surgical Wound - Anterior Left Upper Chest - Pacemaker placed surgical incision
#2 - Observable Surgical Wound - Anterior Midline - Multiple minor surgical incisions on abdomen removal of gallbladder
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
limited strength
limited endurance
bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Chest - Pacemaker placed surgical incision: Keep incision clean and dry. Spray with wound cleanser, leave to air dry., physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Midline - Multiple minor surgical incisions on abdomen removal of gallbladder: Keep incision clean and dry. Spray with wound cleanser, leave to air dry., cough/deep breathing exercises, monitor intake & output, coordinate/arrange for maintenance of clean/uncluttered living area

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 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, patient's living environment is clean/uncluttered, insects/rodents not present in the patient's living environment

* 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

patient's living environment is clean/uncluttered

insects/rodents not present in the patient's living environment

PT Careplans

PT WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26)

08/17/2026 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

PROCEDURES: home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., 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

PT Goals

PATIENT-STATED GOAL: Patient 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by LUBELAN, SAMANTHA RN SN

Date
08/12/2026