Home Health Certification and Plan of Care

Order ID: 1195/1280

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1009257533V906747	04/27/2026	From: 08/25/2026 To: 10/23/2026	3077	239350

6. Patient's Name and Address
ROGER JONSKI
4321 COUNTRY VLG LN APT 117B,
ROSCOMMON, MI 48653-
(989) 808-5920

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 11/18/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.21	Permanent atrial fibrillation	04/27/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	04/27/26
I50.20	Unspecified systolic (congestive) heart failure	04/27/26
E11.9	Type 2 diabetes mellitus without complications	04/27/26
S52.002D	Unsp fx upper end of l ulna subs for clos fx w routn heal	04/27/26
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	04/27/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	04/27/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	04/27/26
G89.29	Other chronic pain	04/27/26
D50.9	Iron deficiency anemia unspecified	04/27/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	04/27/26
N13.8	Other obstructive and reflux uropathy	04/27/26
R33.8	Other retention of urine	04/27/26
J30.9	Allergic rhinitis unspecified	04/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/27/26
E78.5	Hyperlipidemia unspecified	04/27/26
Z79.01	Long term (current) use of anticoagulants	04/27/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/27/26
Z87.891	Personal history of nicotine dependence	04/27/26
Z91.81	History of falling	04/27/26

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

ACETAMINOPHEN 500 MG TAB(S) PO TID - PRN PAIN - ONGOING
CEFTAZIDIME 1000 MG TAB(S) PO QHS - ONGOING
CETIRIZINE HYDROCHLORIDE 10 MG TAB(S) PO D TO REPLACE LORATADINE
GLIPIZIDE 5 MG TAB(S) PO BID - ONGOING
LISINOPRIL 20 MG TAB(S) PO D - ONGOING
NIFEDIPINE 60 mg TAB(S) by mouth DAILY - ONGOING
OMEPRAZOLE 20 mg CAP(S) by mouth DAILY - ONGOING
PIOGLITAZONE 15 MG TAB(S) PO D - ONGOING
IRON 1 TAB(S) by mouth EVERY OTHER DAY - ONGOING
ROSUVASTATIN CALCIUM 10 MG TAB(S) PO D - ONGOING
TIZANIDINE HYDROCHLORIDE CAP(S) by mouth 3 TIMES A DAY - PRN MUSCLE SPASMS - ONGOING
ASCORBIC ACID CAP(S) by mouth DAILY - ONGOING
METFORMIN TAB(S) by mouth DAILY - ONGOING
METOPROLOL 50 MG TAB(S) PO D - ONGOING
MAGNESIUM 420 MG TAB(S) PO D - ONGOING
ELIQUIS 5 MG TAB(S) PO BID - ONGOING
CVS MULTIVITAMINS MENS ORAL TABLET 1 TAB(S) by mouth DAILY - ONGOING

14. DME and Supplies:
grab bars, bath bench, rolling walker,

15. Safety Measures:
fall precautions, diabetic precautions, ambulates with device, standard precautions, walker precautions, medication safety,

16. Nutrition:
diabetic

17. Allergies:
hydrocodone Codeine

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
SN: another facility/provider 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

Clinical Condition Requiring Homecare: Permanent atrial fibrillation

SN Careplans

SN frequency Auth VA0062646400 WK1: 1 (08/25/26-08/29/26),Auth VA0062646400 WK3: 1 (09/06/26-09/12/26),Auth VA0062646400 WK5: 1 (09/20/26-09/26/26),Auth VA0062646400 WK7: 1 (10/04/26-10/10/26),Auth VA0062646400 WK9: 1 (10/18/26-10/23/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: have no fainting spells or falls

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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.

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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:Full

08/24/2026 Problems : balance deficit
limited endurance
abnormal BS < 70/140 > mg/dL

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/24/2026