Home Health Certification and Plan of Care

Order ID: 1195/1356

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0008897308	08/29/2026	From: 08/29/2026 To: 10/27/2026	905-1	239350

6. Patient's Name and Address
Kathy Hepfinger
1066 M 65 S,
LACHINE, MI 49753-9409
989-255-6646

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 02/16/1969 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	08/29/26

13. ICD	Other Pertinent Diagnoses	Date
R78.81	Bacteremia	08/29/26
L73.2	Hidradenitis suppurativa	08/29/26
N17.9	Acute kidney failure unspecified	08/29/26
N18.32	Chronic kidney disease stage 3b	08/29/26
I48.0	Paroxysmal atrial fibrillation	08/29/26
I50.32	Chronic diastolic (congestive) heart failure	08/29/26
K50.90	Crohn's disease unspecified without complications	08/29/26

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

ACETAZOLAMIDE SODIUM 650 MG mg by mouth 2 (two) times a day Indications: excess body acid
ATARAX 25 MG MG BY MOUTH THREE TIMES DAILY AS NEEDED FOR ITCHING
BUSPAR 7.5 MG mg BY MOUTH THREE TIMES DAILY
CLEOCIN 300 MG mg by mouth 2 (two) times a day
MICRO-K 10 mEq by mouth daily
MYCOSTATIN unit Apply topically 2 (two) times a day
ROCALTROL 0.25 mcg BY MOUTH three times a week. Mon, Wed, Fri
PROAMATINE 5 MG mg by mouth 3 (three) times a day
ZYRTEC 10 MG mg BY MOUTH EVERY NIGHT
TYLENOL 500 MG mg by mouth every 6 (six) hours as needed for moderate pain
ZOLOFT 100 MG MG BY MOUTH EVERY DAY FOR MAJOR DEPRESSION
CALCIUM 600 mg by mouth in the morning and at bedtime Indications: supplement
VITAMIN unit by mouth nightly Indications: prevention of vitamin D deficiency
OMEGA-3 000 MG mg by mouth daily Indications: supplement
FLAXSEED OIL 000 MG mg by mouth daily Indications: supplement
MAGNESIUM 200 MG mg by mouth in the morning
ELIQUIS 2.5 MG mg BY MOUTH TWICE DAILY
ADAPALENE AND BENZOYL PEROXIDE 10 % Apply topically daily

14. DME and Supplies:
IV supplies, wheelchair

15. Safety Measures:
anticoagulant precautions, fall precautions, wheelchair precautions

16. Nutrition:
regular,

17. Allergies:
Gadolinium-Containing Contrast Media, Gadopentetic Acid, Infliximab, Iocinated Clarithromycin, Clindamycin, Codeine, Doxycycline, Fentanyl, Gatifloxacin, Hepa Valdecoxib, and Vancomycin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Wheelchair

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
SN: patient will be responsible for managing treatment

Homebound status: Right hip pain, risk due to gait instability and muscle weakness

Clinical Condition Requiring Homecare: Staphylococcus aureus bacteremia with sepsis

SN Careplans

SN frequency Auth ID 718 WK1: 1 (08/29/26-08/29/26),Auth ID 718 WK2: 1 (08/30/26-09/05/26),Auth ID 718 WK3: 1 (09/06/26-09/12/26),Auth ID 718 WK4: 1 (09/13/26-09/19/26),Auth ID 718 WK5: 1 (09/20/26-09/26/26),Auth ID 718 WK6: 1 (09/27/26-10/03/26),Auth ID 718 WK7: 1 (10/04/26-10/10/26),Auth ID 718 WK8: 1 (10/11/26-10/17/26),Auth ID 718 WK9: 1 (10/18/26-10/24/26),Auth ID 718 WK10: 1 (10/25/26-10/27/26)

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: 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 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

SN Goals

PATIENT-STATED GOAL: Clear infection

GOALS
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
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 08/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JESSICA MATHENY
211 LONG RAPIDS RD
ALPENA, MI 49707
PHONE: (989) 354-2142 FAX: 19893548600 NPI: 1043986326

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 : 08/27/2026

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.

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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 code

09/10/2026 Problems : #1 - Other - Posterior Left Buttock - Chronic hidradenitis suppurativa lesions
M1720 - Anxiety
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
tooth pain/decay/sensitivity
B1000 - Vision Deficit

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Buttock - Chronic hidradenitis suppurativa lesions, Weekly Labs: Complete weekly labs., Port management : Completed Port and Port dressing change q7 days and monitor for s/sx of infection., cough/deep breathing exercises, wound vacuum, monitor intake & output, coordinate/arrange resources for vision-impaired

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	08/29/2026