Home Health Certification and Plan of Care

Order ID: 1195/1376

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0095676114	09/02/2026	From: 09/02/2026 To: 10/31/2026	958	239350

6. Patient's Name and Address
Wyatt Kwapis
1189 WHITEHOUSE TRL,
GAYLORD, MI 497359731-
(989) 732-1223

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 10/24/1995 **9.Sex** Male

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

ACETAMINOPHEN 500 mg oral tablet, 1000 mg= 2 tab Oral q6hr PRN
Cefazolin Sodium - Cefazolin Sodium 6gm Q24hrs intravenous once a day
Aspirin - Aspirin 81mg 1 tab by mouth once a day

11. ICD	Principal Diagnosis	Date
M00.9	Pyogenic arthritis unspecified	09/02/26

13. ICD	Other Pertinent Diagnoses	Date
L02.416	Cutaneous abscess of left lower limb	09/02/26
A41.9	Sepsis unspecified organism	09/02/26
N39.0	Urinary tract infection site not specified	09/02/26
N31.9	Neuromuscular dysfunction of bladder unspecified	09/02/26
N20.0	Calculus of kidney	09/02/26
Q05.7	Lumbar spina bifida without hydrocephalus	09/02/26

14. DME and Supplies:
wound care supplies, IV supplies, grab bars, bath bench, cane

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

16. Nutrition:
regular

17. Allergies:
LATEX (blisters, skin rash), DAPTOMycin (Cardiac arrest)

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Independent at Home, 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
SN: patient will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: Abscess of knee with pyogenic arthritis

SN Careplans

SN frequency Auth ID 742 WK1: 1 (09/02/26-09/05/26),Auth ID 742 WK2: 2 (09/06/26-09/12/26),Auth ID 742 WK3: 1 (09/13/26-09/19/26),Auth ID 742 WK4: 1 (09/20/26-09/26/26),Auth ID 742 WK5: 1 (09/27/26-10/03/26),Auth ID 742 WK6: 1 (10/04/26-10/10/26),Auth ID 742 WK7: 1 (10/11/26-10/17/26),Auth ID 742 WK8: 1 (10/18/26-10/24/26),Auth ID 742 WK9: 1 (10/25/26-10/31/26)

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: 10. None of the above

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 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

SN Goals

PATIENT-STATED GOAL: Pt will heal infection and discontinue PICC line/antibx therapy

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

patient's living environment is clean/uncluttered

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 09/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
DONALD COUSINEAU
994 N CENTER STREET
GAYLORD, MI 49735
PHONE: (989) 732-7843 FAX: 19897314513 NPI: 1841485133

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 : 08/31/2026

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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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

09/10/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Left Above Knee - not to remove dressing until f/u visit with doc
M1610 - Urinary Catheter
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
dependent edema
limited endurance
bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Above Knee - not to remove dressing until f/u visit with doc: No wound care orders at this time, non removable dressing until f/u visit w/doc, Lab Draw: Labs drawn weekly, PICC line Care: PICC line dressing change weekly, Cath Care: Education on intermittent catheter placement, pt states completes independently 3x daily, monitor intake & output: Pt self intermittent cath 3x daily, assess I/O be sure bladder is emptying fully with cath, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	09/02/2026