Home Health Certification and Plan of Care

Order ID: 1195/1392

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80013907600	08/12/2026	From: 08/12/2026 To: 10/10/2026	899	239350

6. Patient's Name and Address

Lawrence Dunn
11676 GERBER RD,
ATLANTA, MI 49709-9730
989-785-4069

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 07/05/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
N17.9	Acute kidney failure unspecified	08/12/26
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	08/12/26
N18.32	Chronic kidney disease stage 3b	08/12/26
I48.0	Paroxysmal atrial fibrillation	08/12/26
J96.11	Chronic respiratory failure with hypoxia	08/12/26
D50.9	Iron deficiency anemia unspecified	08/12/26
I10.	Essential (primary) hypertension	08/12/26

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

ACETAMINOPHEN 325 MG mg Oral every 6 (six) hours as needed for mild pain
FLOMAX 0.4 MG mg Oral daily Indications: enlarged prostate with urination problem.
FLONASE 2 sprays Nasal into each nostril 2 (two) times a day
FOLVITE 1 MG mg Oral daily Indications: inadequate folic acid.
LASIX 40 MG tablet (40 mg) Oral daily
Metolazone - Metolazone 5 mg 1 by mouth once a day
MUCINEX 600 MG mg Oral 2 (two) times a day
NORVASC 10 MG mg Oral daily
PLAVIX 75 MG mg Oral daily
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth once a day
PRILOSEC 20 MG mg Oral daily Indications: gastroesophageal reflux disease.
VENTOLIN 2 (two) puffs Inhalation every 4 (four) hours as needed for wheezing or shortness of breath
Amitriptyline - Amitriptyline Hydrochloride: Chlordiazepoxide 50mg 1 tab by mouth in the evening
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg 1 tab PRN for muscle spasms by mouth twice a day
FEROSUL 325 MG mg Oral daily with breakfast
METOPROLOL 100 MG mg Oral daily Indications: high blood pressure.
Trazadone - Trazodone Hydrochloride 50mg 1 tab by mouth once a day

14. DME and Supplies:

oxygen supplies, commode, grab bars, walker, bath bench

15. Safety Measures:

walker precautions, O2 precautions, medication safety, fall precautions, ambulates with device, medical alert/lifeline, cardiac precautions, anticoagulant precautions

16. Nutrition:

fluid restriction, 2gm sodium

17. Allergies:

Patient has no known allergies.

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Hearing, Ambulation

18.B. Activities Permitted

Walker, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

Clinical Condition Requiring Homecare: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

SN Careplans

SN frequency Auth ID 508 WK1: 1 (08/12/26-08/15/26),Auth ID 508 WK2: 1 (08/16/26-08/22/26),Auth ID 508 WK3: 1 (08/23/26-08/29/26),Auth ID 508 WK4: 1 (08/30/26-09/05/26),Auth ID 508 WK5: 1 (09/06/26-09/12/26),Auth ID 508 WK6: 1 (09/13/26-09/19/26),Auth ID 508 WK7: 1 (09/20/26-09/26/26),Auth ID 508 WK8: 1 (09/27/26-10/03/26),Auth ID 508 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: 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, 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 patient/caregiver education regarding mood status, signs and symptoms of depression, and coping

SN Goals

PATIENT-STATED GOAL: Pt states assistance with completing med sets, decreased need for O2 and decreased SOB.

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 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

WAYNE MCEWEN
11899 M 32
ATLANTA, MI 49709-9374
PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1437101680

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 : 08/08/2026

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:No Advance Directive

08/12/2026 Problems : D0700 - Social Isolation
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
wheezing
muscle weakness
limited strength
limited endurance
frequent urination
heartburn/indigestion
D0160 - Depression

PROCEDURES: Complete Med sets: Commission on aging used to complete med sets, our agency will now complete pts med sets., physician-ordered wound care: #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe: leave OTA, cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

PT Careplans

PT frequency Auth ID 509 WK1: 1 (08/12/26-08/15/26),Auth ID 509 WK2: 1 (08/16/26-08/22/26),Auth ID 509 WK3: 1 (08/23/26-08/29/26),Auth ID 509 WK4: 1 (08/30/26-09/05/26),Auth ID 509 WK5: 1 (09/06/26-09/12/26),Auth ID 509 WK6: 1 (09/13/26-09/19/26),Auth ID 509 WK7: 1 (09/20/26-09/26/26),Auth ID 509 WK8: 1 (09/27/26-10/03/26),Auth ID 509 WK9: 1 (10/04/26-10/10/26)

09/11/2026 Problems : #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe
GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe: monitor area, report to physician and consult SN if needed, Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., 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

PT Goals

PATIENT-STATED GOAL: Return to prior level of function.

GOALS
Toilet Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/12/2026

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program may be modified and/or progressed as tolerated., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT frequency Auth ID 510 WK2: 1 (08/16/26-08/22/26),Auth ID 510 WK3: 1 (08/23/26-08/29/26),Auth ID 510 WK5: 1 (09/06/26-09/12/26)

08/19/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: UB strengthening, equipment training, work simplification/energy conservation

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, Toileting Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

OT Goals

PATIENT-STATED GOAL: TO IMPROVE WALKING

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

Toileting Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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