Home Health Certification and Plan of Care

Order ID: 1195/1331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9JH8J29YX43	08/21/2026	From: 08/21/2026 To: 10/19/2026	165-1	239350

6. Patient's Name and Address

Randall Bissonette
1660 CRAWFORD LAKE ROAD,
Kalkaska, MI 49646-
(231) 313-7058

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 08/16/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S37.29XD	Other injury of bladder subsequent encounter	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	08/21/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	08/21/26
I69.30	Unspecified sequelae of cerebral infarction	08/21/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/21/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	08/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/21/26
I25.5	Ischemic cardiomyopathy	08/21/26

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

CLOPIDOGREL 75 MG tablet by mouth one time a day for blood clot prevention
FINASTERIDE 5 MG tablet by mouth one time a day
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 tab by mouth once a day
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoop by mouth once a day
NITROGLYCERIN 0.4 MG tablet Sublingual every 5 minutes as needed for Chest Pain x 3 doses If no relief, call MD.
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
TRIAMCINOLONE 0.5 % External every 6 hours as needed for itching Apply to affected area topically
Wellbutrin Xl - Bupropion Hydrochloride 300 mg 1 tab by mouth once a day
CITALOPRAM 20 MG tablet by mouth one time a day
VITAMIN 1 capsule by mouth twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg/1 cap by mouth once a day
Senakot - Senna (4) 8.6mg tabs by mouth twice a day
REFRESH TEARS 1 drop in both eyes Ophthalmic every 2 hours as needed for dry eyes
ASPIRIN 1 tablet by mouth one time a day
TOUJEO SOLOSTAR 20 unit subcutaneously one time a day Family will bring from home
Vesisorb AREDS 2 Oral Capsule 1 capsule by mouth two times a day
Carbidopa/Levodopa Tablet 25-100 MG 2 tablets by mouth four times a day

14. DME and Supplies:

diabetic supplies, grab bars, bath bench, Parkinson's walker

15. Safety Measures:

fall precautions, diabetic precautions, bleeding precautions, medication safety, walker precautions, ambulates with device, standard precautions, bathroom safety

16. Nutrition:

regular

17. Allergies:

Drug Allergy: Atorvastatin, Drug Allergy: Losartan

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

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

Clinical Condition Requiring Homecare: - Home care order dated 08/18/2026 includes RN, PT, OT, and HHA. Ordered diagnoses are S37.29XD, E11.9, G20.A1, I69.30, N40.1, and G31.84. Source: Home care order. - Recent medical history: Admitted to Munson Medical Center 07/02/2026-07/10/2026 with acute bladder rupture and acute kidney injury. He underwent cystoscopy with lysis of stones and left ureteral stent placement and bladder repair on 07/03/2026. He was discharged with an indwelling Foley catheter to remain in place until outpatient urology follow-up; the acute kidney injury resolved. He then received SNF care at Kalkaska Memorial Health Center-LTCU from 07/10/2026 through 08/19/2026. Source: H&P/progress note, resident information, discharge record.

SN Careplans

SN frequency Auth ID 632 WK1: 1 (08/21/26-08/22/26),Auth ID 632 WK2: 1 (08/23/26-08/29/26),Auth ID 632 WK3: 1 (08/30/26-09/05/26),Auth ID 632 WK4: 1 (09/06/26-09/12/26),Auth ID 632 WK5: 1 (09/13/26-09/19/26),Auth ID 632 WK7: 1 (09/27/26-10/03/26),Auth ID 632 WK9: 1 (10/11/26-10/17/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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

SN Goals

PATIENT-STATED GOAL: improve health

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JENNIFER POLANIC
419 SOUTH CORAL STREET
KALKASKA, MI 49646
PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1790167138

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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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 updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:DPOA Living will

08/21/2026 Problems : M1610 - Urinary Incontinence
M1033 - Unintentional Weight Loss
M1400 - Dyspnea
M2020 - Oral Med Management
weak pulses in feet
lightheadedness
balance deficit
limited strength
muscle weakness
limited endurance
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, bladder training, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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

* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT frequency Auth ID 633 WK2: 1 (08/23/26-08/29/26),Auth ID 633 WK3: 1 (08/30/26-09/05/26),Auth ID 633 WK4: 1 (09/06/26-09/12/26),Auth ID 633 WK5: 1 (09/13/26-09/19/26),Auth ID 633 WK6: 1 (09/20/26-09/26/26),Auth ID 633 WK7: 1 (09/27/26-10/03/26),Auth ID 633 WK8: 1 (10/04/26-10/10/26),Auth ID 633 WK9: 1 (10/11/26-10/17/26)

09/04/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program: seated hip add, seated march, seated hip flexion, ankle pumps, hip IR, hip ER, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: ambulate safely to bathroom;No falls;sit to stand from chair without UE on 1 attempt

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by LUBELAN, SAMANTHA RN SN

Date

08/21/2026

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OT frequency Auth ID 634 WK2: 1 (08/23/26-08/29/26),Auth ID 634 WK3: 1 (08/30/26-09/05/26),Auth ID 634 WK4: 1 (09/06/26-09/12/26),Auth ID 634 WK5: 1 (09/13/26-09/19/26)

08/29/2026 Problems : M1400
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: home exercise program: BUE AROM exercises in all ranges using yellow theraband 3x12, 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 - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Pt would like to increase I with peri care;Pt would like to increase dynamic sitting balance and be able to complete Lower body dressing with increased safety and I.

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 - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/21/2026