Home Health Certification and Plan of Care

Order ID: 1195/1437

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6FG1V10AU19	09/03/2026	From: 09/03/2026 To: 11/01/2026	600	239350

6. Patient's Name and Address

KEITH EAGLING
3393 S WILSON RD,
EAST JORDAN, MI 49727
(231) 536-0507

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 09/30/1936 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	09/03/26

13. ICD	Other Pertinent Diagnoses	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	09/03/26
L03.116	Cellulitis of left lower limb	09/03/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/03/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/03/26
N18.30	Chronic kidney disease stage 3 unspecified	09/03/26
N17.9	Acute kidney failure unspecified	09/03/26
I10.	Essential (primary) hypertension	09/03/26
I48.0	Paroxysmal atrial fibrillation	09/03/26

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

Tylenol - Acetaminophen 325 mg / capsule - 2 capsules by mouth as necessary every 4 hours as needed for pain
Lasix - Furosemide 40 mg 40 mg / 1 tablet by mouth as necessary Once a day as needed if weight gain more than 3lbs in 1 day or 5lbs in a week
Betamethasone Dipropionate - Betamethasone Dipropionate cream 0.05% - 1 application transdermal twice a day
Carvedilol - Carvedilol 3.125 mg 1 tablet by mouth twice a day
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 1 Packet by mouth as necessary Once a day as needed for constipation
Prednisone - Prednisone 1 mg 3 tablets by mouth in the morning
Unisom - Doxylamine Succinate 50 mg / 1 tablet by mouth at bedtime
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 1 tablet by mouth once a day
Zyrtec Allergy - Cetirizine Hydrochloride 10mg by mouth twice a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Naloxone Hydrochloride - Naloxone Hydrochloride NASAL LIQUID 4 MG/0.1ML - 1 - SPRAY Nasal as necessary as needed once a day
Predisone - Prednisone 5 mg / 1 tablet by mouth at bedtime
Lantus Solostar - Insulin Glargine Recombinant 100 units/ml 10 units subcutaneous in the morning
Jardiance - Empagliflozin 10mg by mouth once a day
True Folic Acid Oral Tablet 1 MG 1 mg / 1 tablet by mouth at bedtime
OneVite Calcium+D3 Oral Tablet 600-400 MG-UNIT 1 tablet by mouth daily
Humal-OG Injection Solution 100 UNIT/ML 8-10 units subcutaneous before meal before meals and at bedtime
Nemluvio Subcutaneous Auto-Injector 30 mg / subcutaneous monthly
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth in the morning
Ferrous Fumarate - Ferrous Fumarate 325 mg / 1 tablet by mouth in the morning with food
Aspirin - Aspirin 81 mg / 1 capsule by mouth once a day

14. DME and Supplies:
wound care supplies

15. Safety Measures:
None of the above

16. Nutrition:
regular

17. Allergies:
clinoril, amlodipine, beta blockers, diltiazem, hctz, feldene, latex

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Referral reason is home health after hospital encounter for weakness, acute heart failure/CHF exacerbation, lower extremity edema, cellulitis/left leg infection, NSTEMI/elevated troponin concern, and ongoing medical monitoring needs. Discharge planning lists disposition as home with home health care and ordered skilled nursing, occupational therapy, and physical therapy. - Recent hospital course: Patient came to the emergency room because he was not feeling well, with increased swelling in the lower extremities and dyspnea on exertion. Workup noted chest pain/troponin elevation, suspected type II demand ischemia secondary to sinus tachycardia/CHF exacerbation, acute on chronic diastolic-type heart failure, lower extremity edema, acute kidney injury, type 2 diabetes, and dyslipidemia. Cardiology recommended repeat echocardiogram evaluation, gentle diuresis, monitoring renal function, and lower extremity Doppler evaluation. Notes state he had recently been discharged on antibiotics and a tri-fold wrap for left leg infection/cellulitis.

SN Careplans | **SN Goals**

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 09/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
TIMOTHY ISMOND
560 W MITCHELL ST SUITE 300
PETOSKEY, MI 49770-2275
PHONE: (231) 487-2460 FAX: 12314876596 NPI: 1649277153

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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SN frequency Auth ID 746 WK1: 1 (09/03/26-09/05/26),Auth ID 746 WK2: 1 (09/06/26-09/12/26),Auth ID 746 WK3: 1 (09/13/26-09/19/26),Auth ID 746 WK4: 1 (09/20/26-09/26/26),Auth ID 746 WK5: 1 (09/27/26-10/03/26),Auth ID 746 WK6: 1 (10/04/26-10/10/26),Auth ID 746 WK7: 1 (10/11/26-10/17/26),Auth ID 746 WK8: 1 (10/18/26-10/24/26),Auth ID 746 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: 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 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

09/03/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
muscle weakness
open sores/lesions
abnormal BS < 70/140 > mg/dL

PROCEDURES: Wound management : Cleans with wound cleanser, pat dry, applying telfa dressing and wrap with kirlex and ace wrap., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output

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

PATIENT-STATED GOAL: decrease edema

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	09/03/2026