HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951392

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
80013907600	08/12/2026	08/12/2026 - 10/10/2026	899	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Lawrence Dunn 11676 GERBER RD ATLANTA, MI 49709	Male	07/05/1938	989-785-4069
	Email		Primary Language

Clinical Profile

Provider's Name	Address	Phone Number
Evergreen Home Health	403 W Main Street Suite A1 Gaylord, MI 49735	989-214-1114
NPI 1184225021		Fax Number 866-410-7843

Clinical Condition Requiring Homecare:	Physician Statement on 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.	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.

ICD-10 CM Principal Diagnosis: I50.33. Acute on chronic diastolic (congestive) heart failure

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
N17.9	Acute kidney failure unspecified	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
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	
N18.32	Chronic kidney disease stage 3b	
I48.0	Paroxysmal atrial fibrillation	
J96.11	Chronic respiratory failure with hypoxia	
D50.9	Iron deficiency anemia unspecified	
I10.	Essential (primary) hypertension	

Prognosis	Mental and Psychosocial Status
fair	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
Functional Limitations Bowel/Bladder Incontinence, Endurance, Hearing, Ambulation	**Activities Permitted** Walker, Up As Tolerated
DME & Supplies oxygen supplies, commode, grab bars, walker, bath bench	**Safety Measures** walker precautions, O2 precautions, medication safety, fall precautions, ambulates with device, medical alert/lifeline, cardiac precautions, anticoagulant precautions
Nutrition fluid restriction, 2gm sodium	**Allergies** Patient has no known allergies.

Dunn, Lawrence | Cert Period 08/12/26 - 10/10/26

Advance Directives
No Advance Directive

Caregiver Status
1. Non-agency caregiver(s) currently provide assistance; 0. No assistance needed - patient is independent or does not have needs in this area

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.

DISCHARGE PLAN:
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

Orders for Discipline and Treatment:
1 - SOC - SN

PT Eval

OT Eval

SN CAREPLAN

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

SN NARRATIVE

NEMSCA Case Manager: Brian 9893584610

Upon arrival pt could not hear RN knocking, called number on file, was told door is unlocked and to enter home and call out for Lawrence. Pt lives alone, 1 cat. Ambulates with walker. Pt on O2 2.5L via mask. Pt was smoking upon arrival states smokes half a dozen a day. Reviewed med set with pt, continued education on med management- did not complete med set- pt refused to allow RN to fill meds due to commission on aging coming into home and completing- pt has been compliant in taking meds. Upon completion of visit called Brian from NEMSCA he explained we are to complete ALL med sets now due to not being able to have us in home and commission on aging to complete meds. Next week our agency will begin completing pts med sets. Pt states has SOB with mod exertion. Pt went into Alpena MyMichigan 8/5-8/8 for acute on chronic heart failure with preserved ejection fracture. No further concerns.

- New home health referral for RN, PT, and OT after hospitalization for acute kidney injury, acute on chronic heart failure with preserved ejection fraction, and COPD exacerbation. The referral identifies the patient as a fall risk due to gait instability and muscle weakness, with full weight bearing status.

- Recent hospital course: Patient presented from Medilodge with 2 days of new bilateral leg swelling and dyspnea. He had been discharged about 1 week earlier after a prolonged hospitalization for CHF exacerbation, AKI, and gastrointestinal bleeding. On this admission he had marked bilateral lower-extremity edema, elevated NT-proBNP, creatinine rise from 1.17 to 1.82, hypomagnesemia, severe chronic anemia, and increased oxygen requirement. He received IV furosemide and IV magnesium. Renal function improved with diuresis; lower-extremity edema and respiratory status improved. PT and OT recommended discharge home with home therapy.

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

patient/caregiver recalls
* urinary incontinence management including bladder training

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

* 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

OT CAREPLAN

OT frequency WK2: 1 (08/16/26-08/22/26),WK3: 1 (08/23/26-08/29/26),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 NARRATIVE

OT EVAL FOUND PATIENT TO LIVE ALONE IN HOME WITH STEPS TO ENTER AND BILAT HAND RAIL, LOCK BOX ON DOOR TO ENTER. PATIENT IS A CURRENT SMOKER, REPORTS SMOKING 3-4 CIGARETTES DAILY AND IS ON CONTINUOUS O2 MASK 3L. PATIENT HAS CG 3X WEEKLY TO ASSIST WITH IADLS, BATHING AND DRESSING, WHICH HE HAS HAD CG'S FOR 3+ YEARS. HE HAS A TUB SHOWER WITH GB'S AND SHOWER CHAIR, OVER THE COMMODE SAFETY FRAME AND FALL ALERT. PATIENT'S BUE SHOULDER AROM DEFICITS AND L HAND AROM DEFICITS DUE TO OLD INJURIES AND BILAT SHOULDER AND ELBOW STRENGTH DEFICITS. HE REPORTS INJURING R SHOULDER 4+ YEARS AGO IN MVA AND INJURING L HAND IN THE 1970'S IN WHICH FINGERS HAD TO BE REATTACHED, HE HAS LIMITED L WRIST EXTENSION AND UNABLE TO OPPOSE 4THAND 5TH DIGI. PATIENT'S SITTING BALANCE FAIR +, STANDING BALANCE DEFICITS FAIR. PATIENT SCORED 12/20 ON BARTHEL ASSESSMENT INDICATING MODERATE DEPENDENCY ON ADLS. PATIENT USES A WALKER FOR MOBILITY, REQUIRES SBA FOR TRANSFERS. HE ALSO REPORTS CHRONIC BACK PAIN AND SHOULDER PAIN AND INSOMNIA THAT HAS BEEN BASELINE FOR YEARS. HE REPORTS INDEPENDENCE WITH TOILETING HOWEVER DIFFICULTY WITH WIPING AND SOB WITH TASK REQUIRING BENDING. PATIENT EXPRESSES PRIMARY GOAL FOR IMPROVING WALKING, HOWEVER IS AGREEABLE TO SHORT TERM OT POC IN ORDER TO ESTABLISH HEP PROGRAM FOR UB STRENGTHENING, ADL TRAINING, AND FALL PREVENTION WITH ADLS AND MOBILITY. RECIEVED VO FROM JANET RN FROM WAYNE MCEWEN PCP FOR OT POC.

CC WITH PT DANIEL, RN KELSIE AND PTA PATTY

UB STRENGTH MMT: R | L

SHOULDER FLEX: 3 | 4

SHOULDER EXT: 3+ | 4-

ELBOW FLEX: 4 | 4+

ELBOW EXT: 4- | 4

BALANCE:

STATIC SITTING: Fair +

DYNAMIC SITTING: Fair +

STATIC STANDING: Fair

DYNAMIC STANDING: Fair

ADLS:

UB DRESSING: MIN A

LB DRESSING: MOD A

GROOMING: SUP

ORAL CARE: SUP

UB BATHING: MAX A

LB BATHING: MAX A

TOILETING: SUP-MIN A

FEEDING: I

TRANSFERS:

SIT TO STAND: SBA

TOILET: SBA

SHOWER: did not test

BED MOBILITY: did not test

Interventions provided:

GUIDED PATIENT THROUGH UB STRENGTHENING HEPS WITH GREEN AND RED THERABAND, PATIENT TOLERATES WELL BUT REQUIRES MIN A VC, WRITER INSTRUCTED CG AS WELL FOR FACILITATION OF HEPS

DME RECOMMENDED: TUB TRANSFER BENCH, bed rail, tall toilet + bidet (patient is interested in bidet) with GB's

Edu on oxygen safety and turning off O2 before smoking

Edu on mod technique for LB DRESSING USING a grabber to don pants. Also EDU ON always using one hand on walker with pulling pants up and down.

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

PT CAREPLAN

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

PT NARRATIVE

The patient was referred for home physical therapy to address functional deficits related to acute kidney injury, acute on chronic heart failure with preserved ejection fraction, and COPD exacerbation. The referral identifies the patient as a fall risk due to gait instability and muscle weakness, with full weight bearing status. with contributing factors including: COPD with home oxygen use; chronic hypoxemic respiratory failure, paroxysmal atrial fibrillation, prior DVT and pulmonary embolism; IVC filter placement, CKD stage 3b / renal disorder, recent gastrointestinal bleeding with severe chronic anemia and iron deficiency; recent melena requiring transfusion during the prior hospitalization, hypertension, history of myocardial infarction, prior stroke noted in OT evaluation; symptomatic right internal carotid artery stenosis noted in OT evaluation, Benign prostatic hyperplasia with lower urinary tract symptoms, chronic hepatitis C without hepatic coma, epilepsy, GERD, depression, traumatic brain injury and prior brain surgery, chronic back pain noted in OT evaluation; prior back surgery with L4-L5 hardware, tobacco use, history of severe burn. The patient lives alone with cat in a home with several steps to enter using handrail. The patient demonstrates deficits including decreased strength, balance and safety with transfers and ambulation. Functional testing including Timed Up and Go (TUG) test with result of 48 seconds is consistent with an increased risk of falls. Skilled physical therapy interventions including therapeutic exercises, balance, gait and transfer training are reasonable and necessary to address the above deficits, promote greater independence, and improve function.

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

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/12/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 08/08/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **WAYNE MCEWEN**
11899 M 32
ATLANTA, MI 49709-9374
NPI 1437101680

Phone Number (989) 785-4855

Fax Number 19893184606

Physician's Signature and Date Signed

X

WAYNE MCEWEN, PA-C

08/08/2026: Date of physician last face-to-face

Dunn, Lawrence | Cert Period 08/12/26 - 10/10/26