HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195921

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
X3LM60212955	06/08/2026	08/07/2026 - 10/05/2026	722	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
DIXIE BARGOWSKI 6475 M 32 ATLANTA, MI 49709	Female	11/05/1942	(989) 785-3958
	Email		Primary Language: English

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:
Hypoglycemia, unspecified	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ICD-10 CM Principal Diagnosis: E16.2. Hypoglycemia unspecified

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
E11.65	Type 2 diabetes mellitus with hyperglycemia	Montelukast Sodium - Montelukast Sodium 10 mg / 1 tablet by mouth once a day Metformin Hcl - Metformin Hydrochloride 750 mg / 1 tablet by mouth once a day Levothyroxine Sodium - Levothyroxine Sodium 88 mcg / 1 tablet by mouth once a day Ezetimibe - Ezetimibe 10 mg / 1 tablet by mouth once a day Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg / 1 capsule by mouth once a day Bupropion Hydrochloride - Bupropion Hydrochloride 150 mg 1 tablet by mouth once a day Breo Ellipta Inhalation Aerosol Powder Breath Activated 200-25 MCG/ACT 1 puff inhalant once a day Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puffs inhalant every 4 hours
R29.6	Repeated falls	
R26.89	Other abnormalities of gait and mobility	
J44.9	Chronic obstructive pulmonary disease unspecified	
J45.909	Unspecified asthma uncomplicated	
I73.9	Peripheral vascular disease unspecified	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
R79.89	Other specified abnormal findings of blood chemistry	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Hearing, Ambulation, Endurance	**Activities Permitted** Walker, Independent at Home, Up As Tolerated
DME & Supplies walker, diabetic supplies	**Safety Measures** walker precautions, , fall precautions, Proper use of assistive devices, Keep pathways clear
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** ASPIRIN

Advance Directives	Caregiver Status
Living will	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

4 - Recertification SN

4 - Recertification

SN CAREPLAN

SN frequency WK3: 1 (08/16/26-08/22/26),WK5: 1 (08/30/26-09/05/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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:Living will

08/04/2026 Problems : muscle weakness
abnormal BS < 70/140 > mg/dL

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, glucose testing via monitor

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

SN NARRATIVE

Patient is being recertified for SN. SN for vitals, assessment, and education for twice in a 30 day period.

SN GOALS

PATIENT-STATED GOAL: (In patient's Own Words): Increased strength and mobility

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/04/2026

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.	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 **KRISTIN MASCHKE** 3040 BOURN STREET LEWISTON, MI 49756 NPI 1992778807	**Phone Number** (989) 786-4877 **Fax Number** 19897316723

Physician's Signature and Date Signed

X

KRISTIN MASCHKE, MD
: Date of physician last face-to-face