HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195922

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
80038976600	07/20/2026	07/20/2026 - 09/17/2026	827	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Matthew Laforet 2800 ODEN RD UNIT 9 ALANSON, MI 49706	Male	02/03/1960	(404) 281-5421
	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:
J9601 - Acute respiratory failure with hypoxia	patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

ICD-10 CM Principal Diagnosis: J96.01. Acute respiratory failure with hypoxia

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
B59.	Pneumocystosis	ACYCLOVIR 400 mg Oral BID ATORVASTATIN 20 mg Oral Nightly NYSTATIN 100,000 units/gm topical as necessary IBUPROFEN 800 mg by mouth as necessary sulfamethoxazole-trimethoprim 160 mg of trimethoprim Oral QBH SCH PREDNISONE 40 mg Oral Daily with dinner PANTOPRAZOLE 40 mg intravenous Daily Zofran - Ondansetron Hydrochloride eq 4 mg base by mouth every 4-6 hours PRN for nausea Baclofen - Baclofen 5mg by mouth three times a day Gabapentin - Gabapentin 400 mg by mouth three times a day Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 8 hours PRN for pain
C90.00	Multiple myeloma not having achieved remission	
G89.3	Neoplasm related pain (acute) (chronic)	
I49.9	Cardiac arrhythmia unspecified	
M54.50	Low back pain unspecified	
R06.02	Shortness of breath	

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations	**Activities Permitted**
Ambulation, Endurance	Up As Tolerated, Walker
DME & Supplies	**Safety Measures**
commode, bath bench, 4 wheeled walker	walker precautions, fall precautions, ambulates with device
Nutrition	**Allergies**
Z. NO PHYSICIAN-ORDERED DIET	Iodinated Contrast Media, Shellfish Containing Products, Iodine containing food

Advance Directives	Caregiver Status
Durable power of attorney is pts wife.	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: SN

PT Eval

4 - Recertification

SN CAREPLAN

SN frequency WK1: 1 (07/20/26-07/25/26),WK2: 1 (07/26/26-08/01/26),WK3: 1 (08/02/26-08/08/26),WK4: 1 (08/09/26-08/15/26),WK5: 1 (08/16/26-08/22/26),WK6: 1 (08/23/26-08/29/26),WK7: 1 (08/30/26-09/05/26),WK8: 1 (09/06/26-09/12/26),WK9: 1 (09/13/26-09/17/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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:Durable power of attorney is pts wife.

07/20/2026 Problems : M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema

PROCEDURES: Pressure Ulcer Education: Education on preventing pressure ulcers as well as education on dressing change of current pressure ulcer on pts back., cough/deep breathing exercises, incentive spirometer

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule

SN NARRATIVE

Taken to Maclaren Petoskey hospital on June 25th, transferred to henry ford on July 6th, discharged on 7/17. Pt states went into hospital due to going into chemo therapy session and O2 was at 88 and BP 96/77, decline in VS- from chemo visit they directed him to ER and they dx pneumonia.

- Patient is referred for home health after hospitalization for acute hypoxemic respiratory failure and Pneumocystis carinii pneumonia, with anticipated discharge on 07/17/2026. The home health evaluation states that he meets homebound criteria and requires Physical Therapy for strengthening.
- During the recent hospitalization, the patient was treated for acute hypoxemic respiratory failure, shortness of breath, multiple myeloma not having achieved remission, cancer-related pain, acute low back pain, and abnormal heart rhythm. Therapy documentation identifies thoracic and lumbar compression fractures, significant pain, lower-extremity weakness, reduced endurance, and need for assistance with mobility and self-care.

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SN GOALS

PATIENT-STATED GOAL: Heal pressure ulcer on back, regain 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT CAREPLAN

PT frequency WK1: 1 (07/20/26-07/25/26),WK2: 1 (07/26/26-08/01/26),WK3: 1 (08/02/26-08/08/26),WK4: 1 (08/09/26-08/15/26),WK5: 1 (08/16/26-08/22/26),WK6: 1 (08/23/26-08/29/26),WK7: 1 (08/30/26-09/05/26),WK8: 1 (09/06/26-09/12/26),WK9: 1 (09/13/26-09/17/26)

08/25/2026 Problems : GG0130C1 - Toileting Hygiene
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130B1 - Oral Hygiene
Pain Effect on Sleep
Pain Effect on Sleep
Pain Interference with ADLs
Pain Interference with ADLs
limited strength
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Toilet Transfer - 05. Setup or clean-up assistance, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT NARRATIVE

Patient reports he is doing a lot better. He feels he has improved his walking tolerance and pain has been mostly resolved. He is weaning himself off of oxycodone and reports pain rating 0-1/10 today. Patient reports he feels he is ready for discharge with continued HEP compliance.

PT GOALS

PATIENT-STATED GOAL: Improve strength and endurance during daily mobility

GOALS
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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Don/Doff Footwear - 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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching 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 07/20/2026

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: 07/16/2026

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 **ERIC BASMAJI**
416 CONNABLE AVENUENORTHERN MICHIGAN REGIONAL HOSPITAL
PETOSKEY, MI 49770
NPI 1497745061

Phone Number (231) 487-4000

Fax Number 12313483184

Physician's Signature and Date Signed

X

ERIC BASMAJI, MD
07/16/2026: Date of physician last face-to-face