HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951487

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
4JM4VV5YA80	07/06/2026	09/04/2026 - 11/02/2026	793	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Jane Budlong 6573 Collins Rd Lachine, MI 49753	Female	07/14/1941	(989)379-4820
	Email dianne_h_kendzior		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:
Chronic systolic (congestive) heart failure	There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: I50.22. Chronic systolic (congestive) heart failure

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R54.	Age-related physical debility	HIGH RISK - NORCO ORAL TABLET 7.5-325 MG / 1 TABLET by mouth every 6 hours PRN PAIN ALBUTEROL INHALATION AEROSOL SOLUTION 90 MCG/ACT / 2 PUFFS inhalant twice a day ALLOPURINOL ORAL TABLET 100 MG / 1 tablet by mouth once a day BUMETANIDE ORAL TABLET 2 MG / 1 tablet by mouth once a day CVS Acetaminophen Oral Capsule 325 MG 2 capsules by mouth every 6 hours PRN MILD PAIN DULoxetine HCl Oral Capsule Delayed Release Sprinkle 30 MG 1 capsule by mouth at bedtime FT Omeprazole Oral Tablet Delayed Release 20 MG 1 tablet by mouth before meal FREQUENCY: 30 MINS TO 1 HOUR BEFORE FOOD HM FEXOFENADINE HCL ORAL TABLET 180 MG 1 tablet by mouth once a day HYDROXYZINE HCL ORAL TABLET 25 MG 1 tablet by mouth once a day METOPROLOL SUCCINATE ORAL TABLET EXTENDED RELEASE 100 MG 1 tablet by mouth once a day QC FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/AC 1 TO 2 SPRAYS nasal as necessary ROUTE: EACH NOSTRIL PRN CONGESTION SENNOSIDES ORAL CAPSULE 8.6 MG 1 capsule by mouth twice a day SIMVASTATIN ORAL TABLET 20 MG 1 tablet by mouth at bedtime SYNTHROID ORAL TABLET 137 MCG 1 tablet by mouth once a day XARELTO ORAL TABLET 10 MG 1 tablet by mouth once a day
R53.81	Other malaise	
R53.1	Weakness	
R60.9	Edema unspecified	
N18.31	Chronic kidney disease stage 3a	
E03.9	Hypothyroidism unspecified	
D51.9	Vitamin B12 deficiency anemia unspecified	
D50.9	Iron deficiency anemia unspecified	

Prognosis	Mental and Psychosocial Status
fair	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 Ambulation, Endurance	**Activities Permitted** Walker
DME & Supplies oxygen supplies, walker	**Safety Measures** walker precautions, anticoagulant precautions
Nutrition regular	**Allergies** CIPROFLOXACIN, OXYCODONE HCL, PENICILLIN, RANITIDINE HCL, SULFIADIAZINE

Budlong, Jane | Cert Period 09/04/26 - 11/02/26

Advance Directives	Caregiver Status
No Advance Directive	1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
SN to eval and treat

SN CAREPLAN

SN frequency WK2: 1 (09/06/26-09/12/26),WK3: 1 (09/13/26-09/19/26),WK4: 1 (09/20/26-09/26/26),WK5: 1 (09/27/26-10/03/26),WK6: 1 (10/04/26-10/10/26),WK7: 1 (10/11/26-10/17/26),WK8: 1 (10/18/26-10/24/26),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: 4. Multiple emergency department visits (2 or more) in the past 6 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 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

09/06/2026 Problems : abnormal blood pressure (CR)
dependent edema
swelling in the arms/legs
muscle weakness

PROCEDURES: Cardiac monitoring : Monitor for s/sx of CHF (edema, crackles in the lungs, SOB, and/or DIB), cough/deep breathing exercises, 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, * 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, * 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 increase caloric intake, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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

SN NARRATIVE

Patient presents for recertification, recommended continued SN frequency/ weekly

SN GOALS

PATIENT-STATED GOAL: Control edema and get stronger

GOALS
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
* 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
* 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 increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SYDNEY STRICKLER SN RN on 09/02/2026

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: 06/24/2026	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 **MATTHEW STEVENS** 309 W LAKE ST ALPENA, MI 49707 NPI 1508012006	**Phone Number** (989) 358-3998 **Fax Number** 19893583735

Physician's Signature and Date Signed

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MATTHEW STEVENS, PA-C
06/24/2026: Date of physician last face-to-face