HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951512

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1000842323V514772	07/12/2026	09/10/2026 - 11/08/2026	9923	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
BRIAN MCDUFFIE 400 SILVER PINE CIR UNIT 5 GAYLORD, MI 49735	Male	08/20/1954	(989) 505-2012
	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:
Hypertension	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: I10.. Essential (primary) hypertension

Other Pertinent Diagnoses

ICD-10 CM	Description
F25.0	Schizoaffective disorder bipolar type
I42.9	Cardiomyopathy unspecified
F43.23	Adjustment disorder with mixed anxiety and depressed mood
G89.29	Other chronic pain
E11.9	Type 2 diabetes mellitus without complications
G21.11	Neuroleptic induced parkinsonism
G60.3	Idiopathic progressive neuropathy
M17.0	Bilateral primary osteoarthritis of knee
F41.0	Panic disorder [episodic paroxysmal anxiety]
I72.8	Aneurysm of other specified arteries
I95.9	Hypotension unspecified
K76.9	Liver disease unspecified
G47.33	Obstructive sleep apnea (adult) (pediatric)
N40.1	Benign prostatic hyperplasia with lower urinary tract symp
N39.46	Mixed incontinence
K22.719	Barrett's esophagus with dysplasia unspecified
J30.2	Other seasonal allergic rhinitis
F52.21	Male erectile disorder
K58.8	Other irritable bowel syndrome
E66.01	Morbid (severe) obesity due to excess calories
Z68.41	Body mass index [BMI] 40.0-44.9 adult

Medications

Zofran - Ondansetron Hydrochloride eq 4 mg base 1 tablet by mouth as necessary as needed for nausea
Amlodipine Besylate - Amlodipine Besylate 5 mg / 1 tablet by mouth once a day
Benztropine Mesylate - Benztropine Mesylate 1 mg / 1 tablet by mouth twice a day
Citalopram Hydrobromide - Citalopram Hydrobromide 20 MG / 1 Tablet by mouth once a day
Epinephrine - Epinephrine 0.3 MG/0.3ML intramuscular as necessary as needed for allergic reaction
Finasteride - Finasteride 5 mg 1 tablet by mouth once daily
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT - 2 sprays Nasal once a day
Hydrocortisone Acetate - Hydrocortisone Acetate 2.5 perc topical as necessary as needed for psoriasis
Ketoconazole - Ketoconazole 2 perc Shampoo two times per week SHAMPOO WITH 1 CAPFUL APPLIED TO SCALP TWO TIMES A WEEK FOR SEBORRHEIC DERMATITIS, WITH AT LEAST 3 DAYS BETWEEN EACH SHAMPOO
Meclizine Hydrochloride - Meclizine Hydrochloride 25 mg / 1 tablet by mouth as necessary as needed for dizziness
Metoprolol Succinate - Metoprolol Succinate 25 mg / 1 tablet by mouth once a day
Nitroglycerin - Nitroglycerin 0.4 mg / 1 tablet sublingual as necessary 1 TABLET UNDER THE TONGUE AS DIRECTED FOR CHEST PAIN; MAY REPEAT EVERY 5 MINUTES UP TO 3 DOSES - SUBLINGUAL
Rabeprazole Sodium - Rabeprazole Sodium 20 mg 1-2 tablets by mouth once a day
Desloratadine - Desloratadine 5 mg 1 tablet by mouth once daily
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 1 tablet by mouth once daily
Aspirin 81Mg - Aspirin 81 mg / 1 capsule by mouth once daily
Trazadone - Trazodone Hydrochloride 100 mg / 1 tab by mouth as necessary at bedtime as needed
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) 1 capsule by mouth once a day
Acidophilus - Accuzyme 2 Capsules by mouth at bedtime
Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 1 capsule by mouth as necessary as needed for diarrhea
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325mg 1 tab by mouth once a day
Docusate Sodium - Docusate Sodium 100 MG / 1 capsule by mouth as necessary once a day as needed for constipation
Solifenacin Succinate - Solifenacin Succinate 10mg 1 tab by mouth once a day
HCFA Mega Multivitamin/Minerals Oral Tablet 1 tab Oral once a day
Niacinamide-Triamcinolone Acet External Cream 4-0.1 % 4-0.1 % transdermal twice a day patient states has fungal

Z79.899	Other long term (current) drug therapy	Infection bilateral CVS Ophthalmic HCT Ophthalmic Solution 0.1 % 0.1% both eyes as necessary as needed for eye inflammation Aripiprazole - Aripiprazole 15 mg / 1 tablet by mouth once a day
Z91.81	History of falling	

Prognosis fair	**Mental and Psychosocial Status** 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 Endurance,	**Activities Permitted** Up As Tolerated, Independent at Home
DME & Supplies None of the above	**Safety Measures** medication safety, diabetic precautions, fall precautions, , cardiac precautions, bathroom safety, anticoagulant precautions
Nutrition cardiac diet	**Allergies** Allegra D, amoxicillin, Clindamycin, Corinne, Flomax, oxybutynin, paxil, zoloft, Acetaminophen, CIMETIDINE, robitussin, sertraline, tagamet. MANY ALLERGIES

Advance Directives	Caregiver Status
No Advance Directive	0. No assistance needed - patient is independent or does not have needs in this area
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 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26),WK7: 1 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26),WK9: 1 (11/01/26-11/07/26)

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:No Advance Directive

09/03/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
D0160 - Depression
dependent edema
rough/scaly/cracked skin
limited endurance
abnormal BS < 70/140 > mg/dL

PROCEDURES: Med sets: Complete med sets at every visit, review meds, be sure pt is adequately taking meds, and educate on importance of taking meds as prescribed., Med sets: Complete med sets at every visit, review meds, be sure pt is adequately taking meds, and educate on importance of taking meds as prescribed., Fungal rash front of R calf: Apply cream daily until rash is 100% gone for at least 7-10 days., apply anti-embolitic stockings, bladder training, coordinate/arrange long-term socialization activities

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

SN NARRATIVE

Upon arrival note on door stating to enter, entered Brian was sitting in recliner in living room watching TV. States still has fungal infection on front of R calf, +2 pitting edema BLE. RN completed med sets, still had enough meds set until next visit, has been taking meds appropriately. Brian states IBS has gotten really bad and having occasional abdominal pain when eating on L side- pt has spoken to doc about these concerns and pt will have upper and lower scope completed, scheduled for 9/18. Brian states his Uncle died from stomach cancer so he is anxious about the results. VS within normal parameters for pt, assessment completed.

SN GOALS

PATIENT-STATED GOAL: Heal fungal infection front of R calf, increased strength and endurance, lose weight.

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

MCDUFFIE, BRIAN | Cert Period 09/10/26 - 11/08/26

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: ALEXIS ABRAHAM SN RN on 09/08/2026

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: 07/12/2026	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 **ROBYN YATES** 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 NPI 1518174101	**Phone Number** (989) 497-2500 **Fax Number** 19893214118

Physician's Signature and Date Signed

X

ROBYN YATES, FNP
07/12/2026: Date of physician last face-to-face