HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951514

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
80039716000	09/10/2026	09/10/2026 - 11/08/2026	973	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Keith Quade 7216 Oak St Posen, MI 49776	Male	05/24/1960	989-255-9609
	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:
Coronary artery disease *	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: Z48.812. Encntr for surgical aftcr following surgery on the circ sys

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	ANCEF 200 mL/hr IV Q6H Carvedilol - Carvedilol 6.25 mg by mouth twice a day Furosemide - Furosemide 20mg by mouth once a day GLUCAGEN 1 MG mg IM PRN LIDOCAINE 1-3 patch Transderm Q24H PRILOSEC 20 MG mg Oral QAM EMPTY Rosuvastatin Calcium - Rosuvastatin Calcium 40mg by mouth once a day SYNTHROID 50 mcg by mouth daily Amiodarone Hcl - Amiodarone Hydrochloride 200mg by mouth three times a day ASPIRIN 81 MG mg by mouth daily
I25.84	Coronary atherosclerosis due to calcified coronary lesion	
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	
Z95.1	Presence of aortocoronary bypass graft	
I10.	Essential (primary) hypertension	

Prognosis	Mental and Psychosocial Status
good	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 None of the above	**Activities Permitted** None of the above
DME & Supplies None of the above, , ,	**Safety Measures** standard precautions, no heavy lifting for 6 weeks
Nutrition regular	**Allergies** Vancomycin Analogues, Carvedilol, Flexeril [Cyclobenzaprine], Hydralazine Analogues

Advance Directives	Caregiver Status
No Advance Directive	0. No assistance needed - patient is independent or does not have needs in this area; 0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
SN to eval and treat

SN CAREPLAN

SN frequency WK1: 1 (09/10/26-09/12/26),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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

09/11/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
B1000 - Vision Deficit

PROCEDURES: Incision : Keep area clean and dry. Clear dressing is to stay on until follow up with cardiologist, cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN NARRATIVE

Patient is being admitted today for SN, PT, and OT following a CABG

Patient lives with spouse in a single family home. Patient is up independently and is independent with ADLs and cares. Patient has a past medical history of CAD with PCI x2 in 2016; severe multivessel CAD with NSTEMI in August 2026; CABG x3 performed 09/03/2026.

- Hypertension, hyperlipidemia, hypothyroidism, NASH, and history of MRSA bacteremia in 2022 from a cut on the hand. (Source: Cardiac Surgery Consult, referral packet p. 18.)

- Liver evaluation: abdominal ultrasound showed hepatic steatosis with lobulated contour equivocal for cirrhosis. CT liver was later described in the physician progress note as a cirrhotic steatotic liver with small paraesophageal varices and a 1.5 cm mid-splenic artery aneurysm. The same progress note states there was no clinical evidence of cirrhosis at that time; EGD on 09/01/2026 showed no esophageal varices and Grade A esophagitis.

- Past surgical history documented before this admission: left toe surgery and left testicle removal due lytic cell tumor.

Patient and wife were greeted upon arrival and we met at the island in the kitchen for the visit, SOC paperwork was completed along with vitals and assessment. Vitals were all within normal parameters for this patient. Upon assessment patient did have an incision to his sternal area. Incision was well approximated and closed with steri strip with no s/sx of infection noted. Clear dressing to incision is to stay on until follow up with cardiology. Patient and wife stated no further questions or needs upon completion of visit.

SN GOALS

PATIENT-STATED GOAL: heal incision without infection

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAVANNAH GRANDCHAMP SN RN on 09/10/2026

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: 09/08/2026	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 **ROBERT ALLUM** 820 ARLINGTON AVE SUITE 258 PETOSKEY, MI 49727-9383 NPI 1407826613	**Phone Number** (231) 536-2206 **Fax Number** 12314871737

Physician's Signature and Date Signed

X

ROBERT ALLUM, DO
09/08/2026: Date of physician last face-to-face