HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951506

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
H63180116	09/10/2026	09/10/2026 - 11/08/2026	981	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Billy Driscoll 316 N E ST CHEBOYGAN, MI 49721	Male	09/09/1958	(231) 420-1874
	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:
- M72.6 - Necrotizing fasciitis	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: M72.6. Necrotizing fasciitis

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
S81.809A	Unspecified open wound unspecified lower leg init encntr	ACETAMINOPHEN, ASPIRIN AND CAFFEINE 100 mg Oral Daily SPIRIVA 1.25 mcg/inh Inh Daily CLOPIDOGREL 75 mg Oral Daily FAMOTIDINE 20 mg Oral Daily FENOFIBRATE 160 mg Oral Daily GABAPENTIN 300 mg Oral TID GLIPIZIDE 5 mg Oral Daily LOSARTAN POTASSIUM 25 mg Oral Daily VENTOLIN 90 mcg/inh Inh q4hr, PRN CLINDAMYCIN 300 mg Oral q8hr METFORMIN 1000 mg Oral BID METOPROLOL 50 mg Oral BID FARXIGA 10 mg Oral Daily ASPIRIN 81 mg Oral Daily budesonide-formoterol 160 mcg-4.5 mcg/inh Inh BID
Z09.	Encntr for f/u exam aft trtmt for cond oth than malig neoplm	

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 Ambulation	**Activities Permitted** Cane, Walker
DME & Supplies ostomy supplies, walker, wound care supplies,	**Safety Measures** fall precautions, walker precautions, bathroom safety
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives
No Advance Directive

Caregiver Status
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
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.

DISCHARGE PLAN:
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: 2 (09/13/26-09/19/26),WK3: 2 (09/20/26-09/26/26),WK4: 2 (09/27/26-10/03/26),WK5: 2 (10/04/26-10/10/26),WK6: 2 (10/11/26-10/17/26),WK7: 2 (10/18/26-10/24/26),WK8: 2 (10/25/26-10/31/26),WK9: 2 (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 < 50 > 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

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

09/15/2026 Problems : unsafe floor coverings (CM)
cluttered/soiled living area (CM)
A1250 - Lack of Necessary Transportation
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
limited strength
open sores/lesions
abnormal BS < 70/140 > mg/dL

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Complete Daily dressing change using oil emulsion dressing, ABD pad, and gauze wrap, wound vacuum, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange transportation services

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule,

SN NARRATIVE

RN arrived to pt home for scheduled SN visit. RN to complete admission. Ambulatory referral to Evergreen Home Health for skilled nursing care related to necrotizing fasciitis and a wound of the lower extremity. Referral instructions state dressing changes are to be completed daily by family, with skilled nursing care 2-3 times weekly. Recent medical history: Patient was hospitalized at MHC Otsego Memorial Hospital from 08/15/2026 through 08/27/2026 for bilateral gluteal/perineal necrotizing fasciitis. He underwent debridement of the bilateral gluteal/perineal areas on 08/15/2026 and repeat debridement on 08/18/2026, followed by laparoscopic diverting loop colostomy on 08/20/2026. At the 09/09/2026 postoperative visit, the right gluteal wound was 2.5 cm deep and the left gluteal wound was 1.5 cm deep, with good granulation tissue and no signs of infection. The colostomy was pink and productive. After discharge, bilateral lower-extremity edema worsened with large blisters; the patient went to the emergency department, where no signs of infection were found and Lasix was given. The edema and blisters improved, but erythema and pain remained.

SN GOALS

PATIENT-STATED GOAL: Heal wounds on buttocks and legs with no infection

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

patient's transportation needs are met

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN 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: 09/09/2026	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 **LINDSAY HARDEN** 829 N CENTER AVE GAYLORD, MI 49735 NPI 1578883609	**Phone Number** (989) 731-7987 **Fax Number** 19897317983

Physician's Signature and Date Signed

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LINDSAY HARDEN, DO
09/09/2026: Date of physician last face-to-face