HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951476

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
133553009	09/02/2026	09/02/2026 - 10/31/2026	957	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Allan Beening 15245 Pleasant Valley Rd Atlanta, MI 49709	Male	03/19/1956	(989) 370-9721
	Email allanbeening1956@gmail.com		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:
- Medilodge of Green View discharge order dated 08/28/2026 states: okay to discharge home with Nursing and PT home health services. - Recent medical history: Patient was admitted for therapy services after hospitalization related to infection involving a left total knee prosthesis/revision. The 08/19/2026 H&P states surgical repair had been planned after transfer but was not performed, with orthopedic follow-up arranged. He was tolerating IV antibiotic therapy and participating in therapy. Progress note dated 08/27/2026 states he continued vancomycin for osteomyelitis, with a right anterior axilla skin issue being monitored and an open left-knee lesion improving. A PICC line and left-knee open lesion were documented on admission. Generalized weakness was also documented.

Physician Statement on Homebound Status:
medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: T84.54XD. Infect/inflm reaction due to internal left knee prosth subs

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus	ALBUTEROL 2 puff inhale orally every 6 hours as needed for wheezing AMMONIUM CHLORIDE 0.9% IN NORMAL SALINE 10 ml flush twice daily to maintain patency of unused lumen ANEXSIA 7.5/650 1 tablet by mouth one time a day for supplementation BACLOFEN 10 MG tablet by mouth at bedtime as needed for muscle spasms max dose of 3/day CARVEDILOL 25 MG tablet by mouth twice a day related to HYPERTENSIVE HEART DISEASE WITH HEART FAILURE (I11.0),PAROXYSMAL ATRIAL FIBRILLATION (I48.0) FUROSEMIDE 20 MG tablet by mouth one time a day related to HYPERTENSIVE HEART DISEASE WITH HEART FAILURE (I11.0) GABAPENTIN 400 MG capsule by mouth three times a day related to DORSALGIA, UNSPECIFIED (M54.2) LORATADINE 10 MG tablet by mouth one time a day for allergies AMIODARONE 100 MG tablet by mouth one time a day for bedtime difficulty sleeping ASCORBIC ACID 500 MG tablet by mouth one time a day for supplementation HEPARIN 5 ml flush to lock line two times a day related to INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT KNEE PROSTHESIS, SUBSEQUENT ENCOUNTER (T84.54XA) OXYCODONE 18 MG capsule by mouth two times a day for pain ELIQUIS 5 MG tablet by mouth two times a day related to PAROXYSMAL ATRIAL FIBRILLATION (I48.0)
B95.61	Methicillin suscep staph infct causing dis classd elswhr	
J44.9	Chronic obstructive pulmonary disease unspecified	
J45.909	Unspecified asthma uncomplicated	
I11.0	Hypertensive heart disease with heart failure	
I50.32	Chronic diastolic (congestive) heart failure	

I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	PAROXYSMAL ATRIAL FIBRILLATION (I48.0) PEG-3350, SODIUM CHLORIDE, SODIUM BICARBONATE, POTASSIUM CHLORIDE AND BISACODYL 10 MG suppository rectally as needed for no BM for 72 hours daily if no results from MOM ASPIRIN 81 MG tablet by mouth one time a day related to VENTRICULAR TACHYCARDIA, UNSPECIFIED (I47.20)PAROXYSMAL ATRIAL FIBRILLATION (I48.0) Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff inhalation use daily at bedtime related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9), UNSPECIFIED ASTHMA, UNCOMPLICATED (J45.909) Primlev 325 MG tablet by mouth every 4 hours as needed for pain
I48.0	Paroxysmal atrial fibrillation	
I47.20	Ventricular tachycardia unspecified	

Prognosis good	**Mental and Psychosocial Status** 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
DME & Supplies IV supplies	**Safety Measures** fall precautions,
Nutrition Regular diet	**Allergies** no known allergies

Advance Directives	Caregiver Status
Full code	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
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 PT: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
RN, PT to eval and treat

SN CAREPLAN

SN frequency WK1: 2 (09/02/26-09/05/26),WK2: 2 (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: 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:Full code

09/03/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
B1000 - Vision Deficit

PROCEDURES: PICC line management: Complete PICC Line dressing change every 7 days, and flush daily with NS, 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 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 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 SNF stay at Medilodge of Alpena after a hospitalization for sepsis after a knee replacement that happened last year.

Patient lives with wife in a single family home. Patient in up independently with a cane around the home and is independent with his ADLs and Cares. Patient has a PMH of nfection and inflammatory reaction due to internal left knee prosthesis with MSSA sepsis/infection; IV vancomycin via PICC line.

- Physician note dated 08/27/2026 states vancomycin was continued for osteomyelitis.

- COPD, asthma, hypertensive heart disease with heart failure, chronic diastolic CHF, coronary artery disease, paroxysmal atrial fibrillation, ventricular tachycardia, right bundle-branch block, coronary angioplasty implant/graft, implanted cardiac defibrillator, anemia, hypothyroidism, mixed hyperlipidemia, obstructive sleep apnea, chronic pain, cervical spinal stenosis, right-knee osteoarthritis, dorsalgia, insomnia, alcohol dependence, and GERD.

Patient and his wife were greeted upon arrival and was sitting in his recliner in the Livingroom when I arrived. Vitals and assessment were obtained and vitals were all within normal parameters for this patient. Patient had a healed incision to his left knee. Patient's wife then asked RN about the antibiotic and informed RN that Medilodge sent them home with three bags of antibiotics. Upon looking at the supplies sent with the patients RN noted that no supplies for PICC management or supplies to administer the antibiotics were sent along with no order being sent to an infusion pharmacy so antibiotics can continue to be sent as the antibiotics are to go through 9/14 and patient has a follow up with surgeon 9/15. We called medilodge and told them to send the orders to AIC and they stated they would do so. RN also informed that while we wait for the supplies to be sent he will need to go to the ER to the the infusion done. Patient and wife stated understanding and were agreeable to go to the ER. Patient and wife were informed to call our office and let us know when he gets the supplies and we will come out and educated.

SN GOALS

PATIENT-STATED GOAL: Clear infection and get stronger

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

patient self-administers medications as prescribed
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

PT CAREPLAN
PT frequency WK2: 1 (09/06/26-09/12/26)

09/10/2026 Problems : GG0170K1 - Walk 150 Feet
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170J1 - Walk 50 ft with 2 Turns
GG0170D1 - Sit to Stand
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program: NA, eval only, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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
The patient was referred for home physical therapy to address functional deficits related to infection involving a left total knee prosthesis/revision with contributing factors including: COPD, asthma, hypertensive heart disease with heart failure, chronic diastolic CHF, coronary artery disease, paroxysmal atrial fibrillation, ventricular tachycardia, right bundle-branch block, coronary angioplasty implant/graft, implanted cardiac defibrillator, anemia, hypothyroidism, mixed hyperlipidemia, obstructive sleep apnea, chronic pain, cervical spinal stenosis, right-knee osteoarthritis, dorsalgia, insomnia, alcohol dependence, and GERD are documented in the facility diagnosis list/physician PMH. The patient lives with younger spouse in a home with 2 steps up to enter using single hand on wall. The patient demonstrates deficits including decreased strength, balance and safety with transfers and ambulation. Functional testing including Timed Up and Go (TUG) test with result of 20 seconds is consistent with an increased risk of falls. Skilled physical therapy is not currently appropriate to address deficits at this time, as patient requests no additional PT visits until after knee replacement surgery is completed.

PT GOALS
GOALS
Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN 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: 08/28/2026

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 **DAVID DARGIS**
109 S 13 HARRINGTON ST
ALPENA, MI 49707-1609
NPI 1457490609

Phone Number (989) 356-2400

Fax Number 19893542606

Physician's Signature and Date Signed

X

DAVID DARGIS, DO
08/28/2026: Date of physician last face-to-face

Beening, Allan | Cert Period 09/02/26 - 10/31/26