HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951479

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
2WR0X04HR05	07/03/2026	09/01/2026 - 10/30/2026	781	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Rose Dunbar 6128 S BLACK RIVER RD ONAWAY, MI 49765	Female	05/17/1945	(989)733-4205
	Email XXX-XX-7850		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:
- Home health referral is for Home Health Skilled Nursing with PT/OT noted in the order comment. Patient was hospitalized for shortness of breath for approximately 2 weeks. The H&P documents new onset atrial fibrillation/flutter with controlled ventricular response, acute decompensated congestive heart failure, dyspnea on exertion, orthopnea, bilateral pleural effusions, bilateral lower extremity edema, and need for supplemental oxygen by nasal cannula. The plan included telemetry monitoring, cardiology consultation, IV diuresis, supplemental oxygen with weaning as tolerated, daily weight, strict intake and output, cardiac diet, and anticoagulation.

Physician Statement on Homebound Status:
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 wheelchair and walker in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: I50.33. Acute on chronic diastolic (congestive) heart failure

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I48.91	Unspecified atrial fibrillation	ACETAMINOPHEN 8 HOUR ORAL TABLET 650 MG / 2 TABLETS by mouth every 4 hours PRN MILD PAIN Aspirin Oral Capsule 81 MG 1 capsule by mouth once a day EZETIMIBE ORAL TABLET 10 MG / 1 tablet by mouth once a day FENOFIBRATE ORAL TABLET 54 MG / 1 TABLET by mouth once a day INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML - 20 UNITS subcutaneous at bedtime INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML - 0-12 UNITS subcutaneous four times a day LISINOPRIL ORAL TABLET 30 MG / 3 TABLETS by mouth once a day ROSUVASTATIN CALCIUM ORAL TABLET 5 MG / 1 tablet by mouth once a day
J96.01	Acute respiratory failure with hypoxia	
E11.9	Type 2 diabetes mellitus without complications	
I10.	Essential (primary) hypertension	
E78.5	Hyperlipidemia unspecified	
E66.9	Obesity unspecified	
I35.0	Nonrheumatic aortic (valve) stenosis	
Z95.2	Presence of prosthetic heart valve	

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 Endurance, Ambulation	**Activities Permitted** Cane, Up As Tolerated, Walker
DME & Supplies cane, grab bars, commode, diabetic supplies, bath bench, walker	**Safety Measures** bathroom safety, ambulates with device, medication safety, walker precautions, diabetic precautions, fall precautions
Nutrition diabetic	**Allergies** No Known Medication Allergies

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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 (09/06/26-09/12/26),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 (10/25/26-10/30/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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

09/09/2026 Problems : M1810 - Upper Body Dressing
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1830 - Bathing
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
dizziness/syncope
dependent edema
muscle weakness
limited strength
limited endurance
abnormal BS < 70/140 > mg/dL
obesity

PROCEDURES: Monitor BLE Edema: Assess BLE at every visit, document any changes or new wounds that develop, Clean any wounds BLE with wound cleanser, open to air., cough/deep breathing exercises, glucose testing via monitor, assist with bathing, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing, assist with upper body dressing

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

SN NARRATIVE

Pt states had a fall on 8/30 landed on shoulder and back, was able to get up and lean up against something for 13 hours until someone showed up, grandson showed up and took pt to Cheboygan hospital. Hospital assessed completed cardiac testing and pt was discharged home stable. Pt states weight is 248. Denies any pain or other concerns. VS within normal parameters for pt, assessment completed.

PCP: NP Onaway Courtney Sauer-Metzke

Upon arrival pt was resting in recliner in living room legs elevated watching TV. Pt ambulates with walker, can only walk short distances with walker, has bedside commode. Pts friend showed up shortly after RN and pt states friend comes over daily to assist pt with cooking and any other needs. Pt states had a fall on 8/30 landed on shoulder and back, was able to get up and lean up against something for 13 hours until someone showed up, grandson showed up and took pt to Cheboygan hospital. Hospital assessed completed cardiac testing and pt was discharged home stable. Pt states weight is 248. Denies any pain. Pt and friend state concerns regarding BLE edema, open wound and redness to RLE, leg is not warm to touch. Educated pt on importance of monitoring BLE, redness, and warm to touch and importance of calling physician to schedule an appt to have BLE edema and fall/increased weakness from yesterday evaluated. Cleaned wound with wound cleanser, will order for pt this evening- educated importance of cleaning daily. VS within normal parameters for pt, assessment completed.

RN called pt upon leaving home and informed pt to schedule a doc visit with her PCP, RN called PCP office as well to request them to reach out and schedule visit in regards to BLE edema/increased weakness.

SN GOALS

PATIENT-STATED GOAL: Increased strength and decreased edema in legs

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

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Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/31/2026

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: 06/27/2026	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 **Courtney Sauer-Metzke** 21258 M-68 Onaway, MI 49765 NPI 1811857295	**Phone Number** 989-733-2082 **Fax Number** 989-318-4606

Physician's Signature and Date Signed

X

Courtney Sauer-Metzke, FNP
06/27/2026: Date of physician last face-to-face