Evergreen Home Health
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Evergreen Home Health 239350
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 08/31/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1088	**PATIENT NAME:** Kenneth Gauthier / **DOB:** 06/11/1939
AGENCY ASSIGNED ID: 904	**ADDRESS:** 10068 OSSINEKE RD, OSSINEKE, MI 49766-
CERTIFICATION PERIOD: 08/12/2026 to 10/10/2026	**PHONE:** (989) 590-0040
PHYSICIAN FACE-TO-FACE DATE:	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: - Discharged home with home health care after hospitalization for complete heart block/junctional bradycardia, choledocholithiasis, obstructing left ureteral stone, heart failure, COPD, atrial fibrillation, and associated deconditioning. Home care referral orders specify RN, Physical Therapy, and Occupational Therapy for post-op care and difficulty leaving home for required medical services. (Source: Discharge Documents, pp. 9-11; Home Care Referral Order, p. 47) - Hospital course included permanent pacemaker implantation on 08/03/2026 for third-degree AV block, ERCP with sphincterotomy and balloon sweep on 08/04/2026 for choledocholithiasis, and cholecystectomy on 08/05/2026. Warfarin was held for supratherapeutic INR and resumed after cholecystectomy. Obstructing left ureteral stone was managed without acute urologic surgery with outpatient ureteroscopy planned. Patient also had possible acute-on-chronic HFpEF, COPD with intermittent oxygen requirement, and reduced mobility/endurance. (Source: Discharge Documents, pp. 10-11)

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: medical condition could get worse if patient leaves home

ORDER DETAILS

#	ORDER / INSTRUCTIONS

1	08/26/2026 procedure: equipment training, Notes: , work simplification/energy conservation, Notes: , gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
2	08/26/2026 goal: Sit to Stand - 06. Independent, Target Date: 10/10/2026, Chair to Bed to Chair - 06. Independent, Target Date: 10/10/2026, Toilet Transfer - 06. Independent, Target Date: 10/10/2026, Car Transfer - 06. Independent, Target Date: 10/10/2026, Walk 10 Feet - 06. Independent, Target Date: 10/10/2026, Walk 50 ft with 2 Turns - 06. Independent, Target Date: 10/10/2026, Walk 150 Feet - 06. Independent, Target Date: 10/10/2026, Walk 10 ft on Uneven Surface - 06. Independent, Target Date: 10/10/2026, 1 - Step (curb) - 06. Independent, Target Date: 10/10/2026, 4 Steps - 06. Independent, Target Date: 10/10/2026, 12 Steps - 06. Independent, Target Date: 10/10/2026, Picking Up Object - 06. Independent, Target Date: 10/10/2026,

PHYSICIAN INFORMATION

PHYSICIAN NAME: RODNEY SZYMANSKI, MD

ADDRESS: 4000 WELLNESS DR, MIDLAND, MI 48670

PHONE: (844) 832-1956	**FAX:** (989) 633-5241

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by LUBELAN, RN, SAMANTHA*
Date: _____	Date: *09/10/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.