# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 1195846**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 1NK4CD7PQ89 | 08/14/2026 | 08/14/2026 - 10/12/2026 | 914 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Donald Lauderbaugh**<br>17535 Sunrise Lane<br>HILLMAN, MI 49746 | Male | 08/30/1939 | (989) 742-4401 |
| | **Email**<br>lauderdon@gmail.com | | **Primary Language**<br>English |

## Clinical Profile

| Provider's Name | Address | Phone Number |
|---|---|---|
| **Evergreen Home Health** | 403 W Main Street Suite A1<br>Gaylord, MI 49735 | 989-214-1114 |
| **NPI**<br>1184225021 | | **Fax Number**<br>866-410-7843 |

| Clinical Condition Requiring Homecare: | Physician Statement on Homebound Status: |
|---|---|
| - Home health referral ordered at time of discharge for PT/OT services. Source: Home Health Referral Order dated 08/12/2026, PDF p. 13. - Recent course includes a left intertrochanteric femur fracture treated with left trochanteric nailing on 06/04/2026, followed by skilled rehabilitation. Therapy notes document continued work on lower-extremity/core strength, balance, gait, transfers, ADLs, and discharge planning. Source: NP/PA Progress Note dated 08/10/2026, PDF p. 16; PT notes dated 08/10/2026 and 08/11/2026, PDF pp. 57-58; OT note dated 08/11/2026, PDF p. 14. - Active issues during the SNF stay also included chronic Foley catheter management/UTI monitoring, chronic anemia with low hemoglobin and positive hemoccult testing, and a left-hand skin wound. Source: Medication Review/Orders, PDF pp. 4-9; Progress Notes, PDF pp. 16-56. | medical condition could get worse if patient leaves home |

**ICD-10 CM Principal Diagnosis: S72.142D. Displ intertroch fx l femur subs for clos fx w routn heal**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | ACETAMINOPHEN 650 mg by mouth every 6 hours as needed for Pain/Fever<br>ACETIC ACID 30 ml via irrigation every shift Mon, Wed, Fri for catheter use related to OBSTRUCTIVE AND REFLUX UROPATHY, UNSPECIFIED (N13.9)<br>ASCORBIC ACID 500 MG tablet by mouth one time a day for Supplement<br>ASPIRIN 1 tablet by mouth one time a day for Heart Health<br>ATORVASTATIN 10 MG tablet by mouth every day related to ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (I25.10)<br>BIOTIN 5 MG capsule by mouth one time a day for supplementation<br>CO Q 10 200 mg by mouth one time a day for supplementation<br>FARXIGA 5 MG mg by mouth one time a day for Type 2 Diabetes<br>DIGOXIN 1 tablet by mouth one time a day related to CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED (I48.20). Hold for apical pulse <60<br>DULCOLAX 1 suppository rectally as needed for Constipation if no result from Milk of Magnesia, or Dulcolax suppository rectally at b<br>ELIQUIS 5 MG tablet by mouth two times a day related to CHRONIC ATRIAL FIBRILLATION, UNSPECIFIED (I48.20). On hold from 08/04/2026 13:03<br>ENTRESTO 26 MG tablet by mouth two times a day related to UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE(I50.20).<br>ANEXSIA 7.5/350 1 tablet by mouth one time a day for |
| D50.0 | Iron deficiency anemia secondary to blood loss (chronic) | |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | |
| I48.20 | Chronic atrial fibrillation unspecified | |

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|---|---|---|
| I50.20 | Unspecified systolic (congestive) heart failure | ANEXSIA 7.5/650 1 tablet by mouth one time a day for supplementation<br>FINASTERIDE 5 MG tablet by mouth one time a day for BPH<br>FLOMAX 0.4 MG capsule by mouth at bedtime for benign prostatic hyperplasia (administer with a meal or snack at bedtime per pharmacy<br>FUROSEMIDE 20 MG tablet by mouth one time a day related to UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE(I50.20).<br>LACTULOSE 45 ml by mouth four times a day related to HEPATIC ENCEPHALOPATHY(K76.82)<br>INSULIN 20 unit subcutaneously at bedtime related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE (E11.22)<br>MAGNESIUM 400 MG tablet by mouth one time a day for supplementation<br>METOPROLOL 25 MG tablet by mouth three times a day for HTN<br>MECLIZINE 200 MG capsule by mouth three times a day for supplementation<br>MILK OF MAGNESIA 30 ml by mouth every 72 hours as needed for For constipation if no bowel movement for 3 days UNLESS RESIDENT IS ON<br>NALOXONE 0.4 MG ml intramuscularly as needed for Suspected Opiod Overdose. Administer 1ml of Narcan if opioid overdose is suspected. If<br>NYSTATIN 100000 UNIT Apply to groin, scrotum, penis topically every day and evening shift for excoriation d/c order once resolved<br>OMEGA-3 500 mg by mouth one time a day for supplementation<br>ONDANSETRON 4 MG tablet by mouth every 6 hours as needed for Nausea and Vomiting<br>PRESERVISION 1 capsule by mouth two times a day for supplementation<br>BACITRACIN ZINC AND POLYMYXIN B SULFATE 20 % Apply to groin folds/buttocks topically every shift for redness |
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symp | |
| J84.9 | Interstitial pulmonary disease unspecified | |
| N30.00 | Acute cystitis without hematuria | |
| K76.82 | Hepatic encephalopathy | |

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| **Prognosis**<br>good | **Mental and Psychosocial Status**<br>COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No |
| **Functional Limitations**<br>Ambulation, Bowel/Bladder Incontinence | **Activities Permitted**<br>Exercises Prescribed |
| **DME & Supplies**<br>walker | **Safety Measures**<br>standard precautions, fall precautions, diabetic precautions, bleeding precautions |
| **Nutrition**<br>regular | **Allergies**<br>no known allergies |

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| **Advance Directives**<br>Refer to Medical Record | **Caregiver Status**<br>0. No assistance needed - patient is independent or does not have needs in this area |
| **Rehabilitation Potential**<br>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:**<br>patient will be responsible for managing treatment<br>add discharge plan |

**Orders for Discipline and Treatment:**

1 - SOC - PT

OT Eval

3 - ROC - PT

3 - ROC - SN

PT Eval

4 - Recertification

4 - Recertification PT

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| **OT CAREPLAN**<br>OT frequency WK2: 1 (08/16/26-08/22/26)<br><br>08/22/2026 Problems : Pain Interference with ADLs<br>M1400<br>GG0130A1 - Eating<br>GG0130B1 - Oral Hygiene<br>GG0130F1 - Upper Body Dressing<br>GG0130G1 - Lower Body Dressing<br>GG0130H1 - Don/Doff Footwear<br>GG0130E1 - Shower/Bathe Self<br>GG0130C1 - Toileting Hygiene | **OT NARRATIVE**<br>Pt is performing ADLs and IADLs independently. Pt BUE strength and ROM WFL. Pt is using a 4WW for ambulation and stated that he does not trust himself without it but would like to get back to walking without assistive device. Pt reports increased pain in muscle of LLE but attributes that to increased exercise. Pt has good safety awareness and is compliant with device use.<br><br>----------<br><br>Pt is performing ADLs and IADLs independently. Pt BUE strength and ROM WFL. Pt is using a 4WW for ambulation and stated that he does not trust himself without it but would like to get back to walking without assistive device. Pt reports increased pain in muscle of LLE but attributes that to increased exercise. Pt has good safety awareness and is compliant with device use.<br><br>Evaluation only, No further visits appropriate at this time<br><br>**OT GOALS**<br>PATIENT-STATED GOAL: add patient-stated goal<br><br>GOALS |

## PT CAREPLAN

PT frequency WK1: 1 (08/14/26-08/15/26),WK2: 1 (08/16/26-08/22/26),WK3: 1 (08/23/26-08/29/26),WK4: 1 (08/30/26-09/05/26),WK5: 1 (09/06/26-09/12/26),WK6: 1 (09/13/26-09/19/26),WK7: 1 (09/20/26-09/26/26),WK8: 1 (09/27/26-10/03/26),WK9: 1 (10/04/26-10/10/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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:Refer to Medical Record

08/25/2026 Problems : GG0170D1 - Sit to Stand
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170F1 - Toilet Transfer
M1610 - Urinary Catheter
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
limited endurance
limited strength
M2102c - Med Admin

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

## PT NARRATIVE

Patient presents for ROC following a hospital stay for CHF exac and anemia.

Patient and wife were greeted upon arrival and met met in the Livingroom for the visit. Vitals and assessment. Vitals were within normal parameters for this patient. Upon assessment patient did have 2+ pitting edema to his BLE and has an indwelling catheter. Patient and wife were both educated on his Lasix as it is ordered every other day unless patient is having swelling then give daily. RN informed patient and wife that according to my assessment he should take the lasix daily until next nursing visit. Patient was also educated on elevation of BLE to help decrease the edema as well and RN will order medigrips. Patient and wife stated understanding of education via verbal feedback. Patient and wife were informed of next PT visit on the 25th and that we will continue with PT and add SN for cardiac monitoring and edema monitoring. Patient and wife stated no further questions or needs upon completion of visit.

## PT GOALS

PATIENT-STATED GOAL: Patient Goal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

| | |
|---|---|
| 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance | |

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/14/2026

| | |
|---|---|
| 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. | 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**<br>109 S 13 HARRINGTON ST<br>ALPENA, MI 49707-1609<br>NPI 1457490609 | **Phone Number** (989) 356-2400<br><br>**Fax Number** 19893542606 |

**Physician's Signature and Date Signed**

**X**

**DAVID DARGIS, DO**
: Date of physician last face-to-face