HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195934

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1067566612V714050	04/22/2026	08/20/2026 - 10/18/2026	1947-1	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
TERRY AVENALL 2584 HICKORYWOOD DR GAYLORD, MI 49735	Male	07/01/1952	(989) 350-7892
	Email		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:	Physician Statement on Homebound Status:
Aspiration Pneumonia	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: J69.0. Pneumonitis due to inhalation of food and vomit

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R13.10	Dysphagia unspecified	Acetaminophen - Acetaminophen 160 mg/5 ml - 640 mg by mouth every 6 hours as needed Acetylcysteine - Acetylcysteine 0.5 mL inhalant three times a day Duoneb - Albuterol Sulfate: Ipratropium Bromide 3 ml inhalant three times a day Eliquis - Apixaban 5 mg - 1 tablet by mouth twice a day Ferrous Sulfate - Ferrous Sulfate: Folic Acid 5 ml by mouth once a day Finasteride - Finasteride 5 mg 1 tablet by mouth once a day First - Metoprolol Oral Solution 10 MG/ML 50 mg/tablet by mouth twice a day Guaifenesin - Guaifenesin 100 MG/5ML - 20 ml by mouth three times a day Levothyroxine Sodium - Levothyroxine Sodium 50 mcg/tablet by mouth in the morning Pravastatin Sodium - Pravastatin Sodium 10 mg 1 tablet by mouth in the evening
C07.	Malignant neoplasm of parotid gland	
D63.0	Anemia in neoplastic disease	
Z43.1	Encounter for attention to gastrostomy	
R33.9	Retention of urine unspecified	
Z46.6	Encounter for fitting and adjustment of urinary device	
I48.20	Chronic atrial fibrillation unspecified	
J96.01	Acute respiratory failure with hypoxia	
I48.92	Unspecified atrial flutter	
I10.	Essential (primary) hypertension	
F41.9	Anxiety disorder unspecified	
F32.A	Depression unspecified	
E03.9	Hypothyroidism unspecified	
H91.90	Unspecified hearing loss unspecified ear	
E78.5	Hyperlipidemia unspecified	
K21.9	Gastro-esophageal reflux disease without esophagitis	
F17.290	Nicotine dependence other tobacco product uncomplicated	
Z79.01	Long term (current) use of anticoagulants	
Z99.81	Dependence on supplemental oxygen	
Z95.0	Presence of cardiac pacemaker	
Z85.818	Prsnl hx of malig neoplm of site of lip oral cav & pharynx	

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 Hearing	**Activities Permitted** Up As Tolerated
DME & Supplies feeding tube supplies, walker, bath bench, IV supplies, Other tube feeds	**Safety Measures** None of the above
Nutrition gastrostomy	**Allergies** NKDA

AVENALL, TERRY | Cert Period 08/20/26 - 10/18/26

Advance Directives	Caregiver Status
Living Will	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Notify for vital signs/weight parameters: SBP <100 or >150, DBP <60 or >90, pulse <60 or >110, O2 saturation concerns as listed in referral.

4 - Recertification

3 - ROC - SN

SN CAREPLAN

SN frequency WK2: 2 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK5: 1 (09/13/26-09/19/26),WK7: 1 (09/27/26-10/03/26),WK9: 1 (10/11/26-10/14/26)

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: 10. None of the above

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:Living Will

08/18/2026 Problems : urine retention
diarrhea
poor muscle tone
muscle weakness
bad breath
tooth pain/decay/sensitivity
B0200 - Hearing Deficit

PROCEDURES: Catheter Management : Complete peri care and cath care daily, Catheter Management : Catheter to be changed by urology monthly and irrigate once a week., Tube feed: monitor patients tolerance of daily tube feed, cough/deep breathing exercises, incentive spirometer, swallowing exercises, monitor intake & output, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

SN NARRATIVE

Patient presents for a ROC following a hospital stay for a UTI.

SN frequency : Every other week and can be LPN or RN.

Patient and wife were greeted upon arrival. Patient was sitting in his recliner in the Livingroom when I arrived. ROC paperwork was completed along with vitals and assessment which were all within normal parameters for this patient. Patient and wife were informed of next visits and stated no further questions or needs upon completion of visit.

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SN GOALS

PATIENT-STATED GOAL: assistance overseeing care, shower, and mobility PT

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
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

AVENALL, TERRY | Cert Period 08/20/26 - 10/18/26

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/18/2026

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 **ROBYN YATES** 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 NPI 1518174101	**Phone Number** (989) 497-2500 **Fax Number** 19893214118

Physician's Signature and Date Signed

X

ROBYN YATES, FNP
: Date of physician last face-to-face