HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951557

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
0069227910	08/12/2026	08/12/2026 - 10/10/2026	882	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
Kailoni Derosia 24317 LISTER RD HILLMAN, MI 49746	Female	05/06/1988	989-255-9763
	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:
Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.	Confined to the home

ICD-10 CM Principal Diagnosis: J96.01. Acute respiratory failure with hypoxia

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I50.33	Acute on chronic diastolic (congestive) heart failure	Carvedilol - Carvedilol 12.5 mg 1 tab by mouth twice a day Nystatin - Nystatin 100,000 units/gm apply topically to groin and beneath abdominal fold transdermal twice a day Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg by mouth once a day FLAXSEED OIL 1 capsule mouth nightly Red Yeast Rice 600mg by mouth once a day
I10.	Essential (primary) hypertension	
E11.9	Type 2 diabetes mellitus without complications	
D50.9	Iron deficiency anemia unspecified	
E66.01	Morbid (severe) obesity due to excess calories	
E03.9	Hypothyroidism unspecified	
R65.10	SIRS of non-infectious origin w/o acute organ dysfunction	

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Endurance, Ambulation	**Activities Permitted** Walker, Up As Tolerated
DME & Supplies oxygen supplies, , walker	**Safety Measures** cardiac precautions, O2 precautions, fall precautions, diabetic precautions
Nutrition 2gm sodium, fluid restriction	**Allergies** no known allergies

Advance Directives
No Advance Directive

Caregiver Status
0. No assistance needed - patient is independent or does not have needs in this area; 0. No assistance needed - patient is independent or does not have needs in this area

Rehabilitation Potential
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:
SN: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
SN, PT, OT to eval and treat

SN CAREPLAN

SN frequency WK1: 1 (08/12/26-08/15/26),WK2: 2 (08/16/26-08/22/26),WK3: 1 (08/23/26-08/29/26),WK4: 2 (08/30/26-09/05/26),WK5: 2 (09/06/26-09/12/26),WK6: 2 (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 < 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: 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

08/27/2026 Problems : dependent edema (CR)
bruising/discoloration (SK)
abnormal BS < 70/140 > mg/dL (EM)
inadequate floor/roof/windows (CM)
cluttered/soiled living area (CM)
A1250 - Lack of Necessary Transportation
M1720 - Anxiety
D0700 - Social Isolation
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance
rough/scaly/cracked skin
D0160 - Depression

PROCEDURES: Monitor Edema/Fluid Retention: Watch for s/s of electrolyte imbalances with rapid fluid loss, monitor increased edema/if any wounds develop BLE, Weight check at every visit: Weigh at every visit on scale, cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, coordinate/arrange repair of inadequate floor/roof/windows, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * prevention exacerbation of anxiety

SN NARRATIVE

Upon arrival Kailoni in kitchen sitting in chair waiting for RN to arrive. VS within normal parameters for pt. Pt went into hospital 8/21-8/23 MyMichigan Alpena dehydration and electrolyte imbalance, Potassium was at 7. Pt states today legs don't feel great but better than they were and is working on getting balance still. Denies headache, dizziness, s/s of dehydration or electrolyte imbalance. Completed peripheral lab draw. No further concerns.

SN GOALS

PATIENT-STATED GOAL: Pt will no longer retain fluid in her body

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient has adequate floor/roof/windows

patient's living environment is clean/uncluttered

condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient has adequate floor/roof/windows, patient's living environment is clean/uncluttered	
	OT NARRATIVE 9/7 patient declines OT services. She requests PT and nursing only. Notified PCP.

PT CAREPLAN

PT frequency WK1: 1 (08/12/26-08/15/26),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)

08/31/2026 Problems : GG0170P1 - Picking Up Object
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
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170D1 - Sit to Stand
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer

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., 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 PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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

PT NARRATIVE

PT once weekly with Daniel and Patty. The patient was referred for home physical therapy to address functional deficits related to Referral diagnosis is SIRS, with specialty services required. The referral documents high fall risk related to gait instability and muscle weakness with contributing factors including: Hyperlipidemia, Hypertension, Morbid obesity, Motion sickness, Type 2 diabetes mellitus, Prior right cataract extraction with intraocular lens implant, dyspnea, generalized edema/anasarca, severe hypertension, and hypoxia. Hospital documentation describes acute hypoxic respiratory failure requiring BiPAP and supplemental oxygen, marked volume overload, suspected acute-on-chronic heart failure with preserved ejection fraction, diuresis with IV furosemide, and management of hypertensive emergency. Additional acute issues included acute kidney injury, hyperkalemia, iron deficiency anemia, and reduced endurance/mobility.. The patient lives with boyfriend in a home with several steps to enter using bilateral handrails. 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 24 seconds is consistent with an increased risk of falls. Skilled physical therapy interventions including therapeutic exercises, balance, gait and transfer training are reasonable and necessary to address the above deficits, promote greater independence, and improve function.

PT GOALS

PATIENT-STATED GOAL: Patient Goal

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

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

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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 08/12/2026

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 **John Kalasky**
1501 W. CHISHOLM STREET
Alpena, MI 49707
NPI 1962829119

Phone Number 989) 356-7000

Fax Number 989) 356-7759

Physician's Signature and Date Signed

X

John Kalasky, DO
: Date of physician last face-to-face