

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951018

Patient Details				
Patient's HI Claim No. 4JM4VV5YA80	Start of Care Date 07/06/2026	Certification Period 07/06/2026 - 09/03/2026	Medical Record No. 793	Provider No. 239350
Patient's Name and Address Jane Budlong 6573 Collins Rd Lachine, MI 49753		Gender Female	Date of Birth 07/14/1941	Phone Number (989)379-4820
		Email dianne_h_kendzior		Primary Language English
Clinical Profile				
Provider's Name Evergreen Home Health		Address 403 W Main Street Suite A1 Gaylord, MI 49735		Phone Number 989-214-1114
NPI 1184225021				Fax Number 866-410-7843
Clinical Condition Requiring Homecare: Chronic systolic (congestive) heart failure		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 walker and assistance of another person in order to leave their place of residence.		
ICD-10 CM Principal Diagnosis: I50.22. Chronic systolic (congestive) heart failure				
Other Pertinent Diagnoses				
ICD-10 CM	Description	Medications		
R54.	Age-related physical debility	HIGH RISK - NORCO ORAL TABLET 7.5-325 MG / 1 TABLET by mouth every 6 hours PRN PAIN ALBUTEROL INHALATION AEROSOL SOLUTION 90 MCG/ACT / 2 PUFFS inhalant twice a day ALLOPURINOL ORAL TABLET 100 MG / 1 tablet by mouth once a day BUMETANIDE ORAL TABLET 2 MG / 1 tablet by mouth once a day CVS Acetaminophen Oral Capsule 325 MG 2 capsules by mouth every 6 hours PRN MILD PAIN DULoxetine HCl Oral Capsule Delayed Release Sprinkle 30 MG 1 capsule by mouth at bedtime FT Omeprazole Oral Tablet Delayed Release 20 MG 1 tablet by mouth before meal FREQUENCY: 30 MINS TO 1 HOUR BEFORE FOOD HM FEXOFENADINE HCL ORAL TABLET 180 MG 1 tablet by mouth once a day HYDROXYZINE HCL ORAL TABLET 25 MG 1 tablet by mouth once a day METOPROLOL SUCCINATE ORAL TABLET EXTENDED RELEASE 100 MG 1 tablet by mouth once a day QC FLUTICASON PROPIONATE NASAL SUSPENSION 50 MCG/AC 1 TO 2 SPRAYS nasal as necessary ROUTE: EACH NOSTRIL PRN CONGESTION SENNOSIDES ORAL CAPSULE 8.6 MG 1 capsule by mouth twice a day SIMVASTATIN ORAL TABLET 20 MG 1 tablet by mouth at bedtime SYNTHROID ORAL TABLET 137 MCG 1 tablet by mouth once a day XARELTO ORAL TABLET 10 MG 1 tablet by mouth once a day		
R53.81	Other malaise			
R53.1	Weakness			
R60.9	Edema unspecified			
N18.31	Chronic kidney disease stage 3a			
E03.9	Hypothyroidism unspecified			
D51.9	Vitamin B12 deficiency anemia unspecified			
D50.9	Iron deficiency anemia unspecified			
Prognosis fair		Mental and Psychosocial Status COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No		
Functional Limitations Endurance, Dyspnea With Minimal Exertion, Ambulation, Bowel/Bladder Incontinence		Activities Permitted Walker, Up As Tolerated		
DME & Supplies walker, bath bench, Oxygen Concentrator		Safety Measures O2 precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices		

Nutrition cardiac diet	Allergies CIPROFLOXACIN, OXYCODONE HCL, PENICILLIN, RANITIDINE HCL, SULFIADIAZINE
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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: patient will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - SN: Referral ordered 07/02/2026 for Home Health Care - Home Health Evergreen, evaluate and treat. Referral/billing diagnosis listed as debility (R53.81), with other assessments at time of order including frailty (R54), chronic systolic congestive heart failure (I50.22), and weakness (R53.1). - Recent office visit dated 06/24/2026 for severe swelling that had worsened. Patient denied history of trauma. Swelling was aggravated by movement, associated with blistering, and diuretic was being taken as prescribed. Assessment/plan documented edema (R60.9) with severe lower extremity edema and weeping on the right foot, and stated the patient would benefit from home nursing; consult was to be placed for home health care. 4 - Recertification	
SN CAREPLAN SN frequency WK1: 1 (07/06/26-07/11/26),WK9: 1 (08/30/26-09/03/26) 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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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 08/27/2026 Problems : M1720 - Anxiety M1600 - UTI M1610 - Urinary Incontinence M1033 - Unintentional Weight Loss M1033 - Exhaustion Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output 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. * prevention exacerbation of anxiety	SN NARRATIVE Patient presents for recertification, recommended continued SN frequency/ weekly SN GOALS PATIENT-STATED GOAL: Get stronger, feel better, improve edema/weeping GOALS 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 * 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 * 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 * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule

condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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

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Signature and Date of Verbal SOC Where Applicable: Electronically signed by: SYDNEY STRICKLER SN RN on 07/06/2026	
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: 06/24/2026	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 MATTHEW STEVENS 309 W LAKE ST ALPENA, MI 49707 NPI 1508012006	Phone Number (989) 358-3998 Fax Number 19893583735
Physician's Signature and Date Signed X MATTHEW STEVENS, PA-C 06/24/2026: Date of physician last face-to-face	
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