# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 11951559**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| X3LM66053456 | 07/06/2026 | 09/04/2026 - 11/02/2026 | 791 | 239350 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **John Pokorzynski**<br>6077 Blackberry Lane<br>ALPENA, MI 49707 | Male | 06/24/1944 | 989-379-3345 |
| | **Email** | | **Primary Language** |

## 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: |
|---|---|
| Hyponatremia (E87.1); Weakness (R53.1) | High fall risk due to gait instability and muscle weakness |

**ICD-10 CM Principal Diagnosis: E87.1. Hypo-osmolality and hyponatremia**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| R53.1 | Weakness | CRESTOR 20 MG tablet (20 mg total by mouth daily<br>HYDRODIURIL 25 MG TABLET MOUTH DAILY<br>LOPRESSOR 50 MG TABLET MOUTH TWICE DAILY<br>PEPCID 40 MG TABLET MOUTH EVERY DAY<br>REMERON 15 MG TABLET MOUTH AT NIGHT<br>ZYLOPRIM 100 MG TABLET MOUTH DAILY<br>ZOLOFT 100 MG TABLET MOUTH ONCE DAILY<br>ELIQUIS 5 MG TABLET MOUTH 2 TIMES A DAY |
| E87.6 | Hypokalemia | |
| N17.9 | Acute kidney failure unspecified | |
| D62. | Acute posthemorrhagic anemia | |
| D69.6 | Thrombocytopenia unspecified | |
| I48.91 | Unspecified atrial fibrillation | |
| I10. | Essential (primary) hypertension | |
| E78.5 | Hyperlipidemia unspecified | |

| Prognosis | Mental and Psychosocial Status |
|---|---|
| good | 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**<br>Ambulation | **Activities Permitted**<br>Walker |
| **DME & Supplies**<br>walker | **Safety Measures**<br>walker precautions, fall precautions |
| **Nutrition**<br>regular | **Allergies**<br>Patient has no known allergies. |

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

**Orders for Discipline and Treatment:**
SN to eval and treat

## SN CAREPLAN

SN frequency WK3: 1 (09/13/26-09/19/26),WK5: 1 (09/27/26-10/03/26),WK3: 1 (10/18/26-10/24/26),WK5: 1 (11/01/26-11/02/26)

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

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

09/04/2026 Problems : dependent edema (CR)
muscle weakness (MS)
frequent urination

PROCEDURES: Cardiac monitoring : Monitor for s/sx of CHF. ( Edema, crackles in lungs, SOB,DIB), cough/deep breathing exercises, 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, * prevention exacerbation of anxiety 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

## SN NARRATIVE

Patient presents for recertification.

Patient was greeted upon arrival and was sitting in the Livingroom when I arrived. Recertification paperwork was completed along with vitals and assessment which were all within normal parameters for this patient. Patient has and appointment on the 24th to discuss with a cardiologist about doing a TAVR procedure. Patient stated no further questions or needs upon completion of visit.

## SN GOALS

PATIENT-STATED GOAL: Get stronger

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
* 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 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

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: SAVANNAH GRANDCHAMP SN RN on 09/02/2026

| | |
|---|---|
| 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.<br>F2F date: 06/30/2026 | 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** **NATHAN GALLAGHER**<br>211 LONG RAPIDS RD<br>ALPENA, MI 49707-1315<br>NPI 1497138226 | **Phone Number** (989) 354-2142<br><br>**Fax Number** 19893548600 |

**Physician's Signature and Date Signed**

**X**

**NATHAN GALLAGHER, MD**
06/30/2026: Date of physician last face-to-face