HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11951563

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
8T99MN3PW15	09/11/2026	09/11/2026 - 11/09/2026	986	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
John Sechler 2899 MARIUS ST LEWISTON, MI 49756	Male	06/27/1943	9893705930
	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:
left le venous stasis ulcers multiple and needs unna boots	it is home bound as absences from the home require considerable and taxing effort due to : Decreased activity tolerance, endurance

ICD-10 CM Principal Diagnosis: I87.2. Venous insufficiency (chronic) (peripheral)

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
L97.929	Non-prs chronic ulc unsp prt of l low leg w unsp severity	BUMETANIDE 2 MG tablet mouth two times a day HYDROCHLOROTHIAZIDE 25 MG mg MOUTH EVERY DAY MIRALAX 17 g Oral Daily Dissolve powder in 4 to 8 ounces of liquid VALSARTAN 320 MG mg MOUTH EVERY DAY Asa 81Mg - Aspirin 1 tab by mouth once a day ATORVASTATIN 40 MG mg MOUTH AT BEDTIME METOPROLOL 50 MG mg MOUTH TWO TIMES A DAY POTASSIUM 1 tablet mouth two times a day Take with bumetanide ELIQUIS 5 MG mg MOUTH TWO TIMES A DAY DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG mg MOUTH EVERY DAY FOR PROSTATE 30 MINUTES AFTER THE SAME MEAL EACH DAY ocular lubricant 1 DROP IN EACH EYE Ophthalmic FOUR TIMES A DAY AS NEEDED FOR DRY EYES
I48.21	Permanent atrial fibrillation	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
I35.0	Nonrheumatic aortic (valve) stenosis	
E11.9	Type 2 diabetes mellitus without complications	
I10.	Essential (primary) hypertension	

Prognosis	Mental and Psychosocial Status
good	COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Endurance	**Activities Permitted** Independent at Home, Up As Tolerated, Cane
DME & Supplies bath bench, cane, wound care supplies	**Safety Measures** cardiac precautions, bathroom safety, anticoagulant precautions, ambulates with device, medication safety, fall precautions, infectious material management
Nutrition low sodium	**Allergies** Amoxil (Cough)

Advance Directives
Daughter

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

Orders for Discipline and Treatment:
SN TO EVAL AND TREAT

SN CAREPLAN

SN frequency WK1: 1 (09/11/26-09/12/26),WK2: 2 (09/13/26-09/19/26),WK3: 2 (09/20/26-09/26/26),WK4: 2 (09/27/26-10/03/26),WK5: 2 (10/04/26-10/10/26),WK6: 2 (10/11/26-10/17/26),WK7: 2 (10/18/26-10/24/26),WK8: 2 (10/25/26-10/31/26),WK9: 2 (11/01/26-11/07/26)

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:Daughter

09/21/2026 Problems : #1 - Observable Stasis Ulcer - Anterior Left Below Knee -
D0700 - Social Isolation
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
constipation
rough/scaly/cracked skin
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Anterior Left Below Knee -: Clean with wound cleanser, apply unna boot to LLE., apply compression bandage: unna boot LLE, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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,

SN NARRATIVE

Upon arrival greeted by pt sitting on couch in living area, pt lives independently. Pt states saw PCP and cardiac specialist on 9/10 and unna boots were ordered on LLE due to edema/venous stasis ulcers that are open, noninfected, and weeping clear fluid. Unna boots applied LLE, pt tolerated well. Ambulates with cane, completes ADL's independently. Pt states has cholesterol problem, irregular heartbeat all his life, HTN- pt had triple bypass 5 years ago. VS within normal parameters for pt, no further concerns. Assessment completed.

- Skilled home health nursing was ordered for multiple left lower-extremity venous stasis ulcers that are open, noninfected, and weeping clear fluid. The referral specifically requests Unna boot therapy/wound care 1-2 times per week as needed until the ulcers are healed.

- At the 09/10/2026 primary care follow-up, the patient had not been wearing compression stockings and had left distal lower-extremity venous stasis ulcers with bilateral leg edema. Prior bilateral lower-extremity venous duplex was negative for DVT. New compression stockings were ordered, along with low-sodium diet and elevation of the feet as much as possible. The patient has significant cardiovascular history including CAD status post CABG x3, permanent atrial fibrillation, aortic stenosis, hypertension, and lower-extremity edema/venous stasis.

SN GOALS

PATIENT-STATED GOAL: Heal LLE and decreased edema BLE.

GOALS
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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

related medication(s) purpose, schedule	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SAMANTHA LUBELAN RN SN on 09/11/2026

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: 09/10/2026	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 **HOLLY CRONKRIGHT** 2782 S OTSEGO AVE GAYLORD, MI 49735-9404 NPI 1497743264	**Phone Number** (989) 497-2500 **Fax Number** 19897326577

Physician's Signature and Date Signed

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HOLLY CRONKRIGHT, PA-C
09/10/2026: Date of physician last face-to-face