ProHealth
Home Care

DEMO-100002

Home Health Certification and Plan of Care

Patient: WRIGHT, MAE A - MR#70002 Caregiver: Joseph Gonzalez (RN) Date: 11/14/2026

Patient Name: **Last: WRIGHT First: MAE**	MR Number: **70002**	DOB: **12/07/1958**
Location Name: **ProHealth Home Health Stockton**	Location Number: **03**	
Location Address: 4388 Palm Ave Suite: City: Stockton State: CA Zip: 95207	Location Phone: (877) 852-4085 Location Fax: (877) 257-7840	
Physician Name: **ANDERSON, MEGHAN (MD) - 8290 Oak Ave, Detroit MI 48226**	Physician Address: 8290 Oak Ave City: Detroit State: MI Zip: 48226	
Physician Phone: **(313) 909-5748 Fax: (313) 779-6631**	Physician NPI: **1790935419**	

Certification Period From: **08/19/2026**	To: **10/17/2026**	SOC Date: **08/19/2026**
Sex: **F**	Medicare ID: **9JA9EQ9YY21**	Allergies: **Codeine**

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Cellulitis of left lower limb	11/14/2026	L03.116
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Obstructive sleep apnea	11/14/2026	G47.33
c. History of falling	11/14/2026	Z91.81

Medications: Dose / Frequency / Route (N)ew (C)hanged

1. Furosemide 40 mg PO daily
2. Senna 8.6 mg 2 tabs PO at bedtime
3. Tamsulosin 0.4 mg PO daily
4. Lorazepam 0.5 mg SL q4h PRN anxiety
5. Albuterol HFA 2 puffs q4-6h PRN SOB
6. Gabapentin 300 mg PO TID
7. Sertraline 50 mg PO daily
8. Metoprolol tartrate 25 mg PO BID

DME and Supplies: **Hospital bed, Raised toilet seat**	Safety Measures: **Fall precautions, Bleeding precautions, Oxygen safety**
Nutritional Req.: **Mechanical soft**	Mental Status: **Oriented, Agitated**
Functional Limitations: **Dyspnea with minimal exertion, Endurance, Bowel/bladder incontinence, Ambulation**	Activities Permitted: **Partial weight bearing, Wheelchair**

Prognosis: **Poor**

Orders for Discipline and Treatments (Specify Amount / Frequency / Duration)

SN - Frequency: 1W1, 2W3, 1W4
• SN to change Foley catheter 16 Fr with 10 mL balloon monthly and PRN for dislodgement or obstruction.
• SN to perform wound care to sacral pressure ulcer: cleanse with NS, apply hydrocolloid dressing, change every 3 days and PRN soiled.
• SN to draw PT/INR on next visit and fax results to physician office.
PT - Frequency: 2W8
• Evaluate and treat
• Therapeutic exercise to BLE for strength and endurance
• Gait training with rolling walker on level surfaces and stairs
OT - Frequency: 2W2, 1W6
• ADL retraining (bathing, dressing, grooming)
• Evaluate and treat

Goals / Rehabilitation Potential / Discharge Plans

Patient/caregiver will verbalize understanding of disease process and medication regimen by end of episode. Patient will perform sit-to-stand transfers independently within 3 weeks. Rehab potential: Good for stated goals. Discharge when goals met and patient able to manage at home with caregiver support.

Homebound Status and Face-to-Face Encounter

Patient requires the assistance of a walker and another person to leave home due to unsteady gait and high fall risk; leaving home requires a considerable and taxing effort.
Face-to-face encounter performed on 08/10/2026 by Dr. Anderson; the encounter was related to the primary reason the patient requires home health services.

I certify 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

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Physician's Signature & Date:	Physician NPI: **1790935419**

This form has been electronically signed by:

Joseph Gonzalez (RN) 11/14/2026 12:38:51 PM PST

Mary Ortiz (Intake Coordinator) 11/16/2026 09:25:48 AM PST

Awaiting physician e-signature (Ordina)

Dr. Meghan Anderson, MD

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