ProHealth
Home Care

DEMO-100005

Home Health Certification and Plan of Care

Patient: MORALES, LEONARD W - MR#70005 Caregiver: Evelyn Green (RN) Date: 11/09/2026

Patient Name: **Last: MORALES First: LEONARD**	MR Number: **70005**	DOB: **03/18/1946**
Location Name: **ProHealth Therapy & Rehab Fresno**	Location Number: **04**	
Location Address: 6240 Elm St Suite: City: Fresno State: CA Zip: 93721	Location Phone: (877) 402-7927 Location Fax: (877) 485-2473	
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: **08/28/2026**	To: **10/26/2026**	SOC Date: **08/28/2026**
Sex: **M**	Medicare ID: **8H43N47RD60**	Allergies: **Latex**

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Cellulitis of left lower limb	11/09/2026	L03.116
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. Long term (current) use of anticoagulants	11/09/2026	Z79.01
c. Anemia, unspecified	11/09/2026	D64.9
d. Unsteadiness on feet	11/09/2026	R26.81

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

1. Sertraline 50 mg PO daily
2. Atorvastatin 40 mg PO at bedtime
3. Furosemide 40 mg PO daily
4. Gabapentin 300 mg PO TID
5. Pantoprazole 40 mg PO daily
6. Albuterol HFA 2 puffs q4-6h PRN SOB
7. Lorazepam 0.5 mg SL q4h PRN anxiety
8. Levothyroxine 50 mg PO daily before breakfast

DME and Supplies: **Grab bars, Cane**	Safety Measures: **Clear pathways, Infection control, Fall precautions**
Nutritional Req.: **Consistent carbohydrate diabetic**	Mental Status: **Depressed, Lethargic**
Functional Limitations: **Hearing, Legally blind**	Activities Permitted: **Walker, Independent at home**

Prognosis: **Poor**

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

SN - Frequency: 2W8
• SN to draw PT/INR on next visit and fax results to physician office.
• SN to instruct on fall-prevention and home safety measures.
• SN to assess cardiopulmonary status, vital signs and weight each visit; report weight gain > 3 lbs in 24 hrs or 5 lbs in a week.
PT - Frequency: 3W2, 2W3
• Transfer training (bed, chair, toilet)
• Establish home exercise program (HEP)
• Gait training with rolling walker on level surfaces and stairs
OT - Frequency: 2W8
• Evaluate and treat
• Energy conservation and work simplification techniques
MSW - Frequency: 1-2 visits PRN
• MSW to evaluate community resources and long-term planning

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 08/09/2026 by Dr. Anderson; the encounter was related to the primary reason the patient requires home health services.

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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.

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

This form has been electronically signed by:

Evelyn Green (RN, CHPN) 11/09/2026 12:27:34 PM PST

Robert Gardner (DON) 11/11/2026 09:00:59 AM PST

Awaiting physician e-signature (Ordina)

Dr. Meghan Anderson, MD