Medical Update for Dolores Peskir DOB: 06/06/1927

Date Order Created: 09/10/2025

Order ID: 1184/162

Agency Assigned Id: 1383

Certification Period: 08/25/2025 to 10/23/2025

Devotion Home Health Care, LLC 037804
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX

Orders:
09/10/2025 procedure: cough/deep breathing exercises, Notes: Not applicable for this patient: DISCONTINUED, incentive spirometer, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, Notes: Not applicable for this patient: DISCONTINUED, wound vacuum, Notes: Not applicable for this patient: DISCONTINUED, home exercise program, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange access to adequate food storage, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange removal of insects/rodents present in the patient's living environment, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, Notes: : DISCONTINUED, coordinate/arrange patient access to necessary medical care considering patient inability to pay, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange access to medicine/medical supplies considering patient inability to pay, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange access to co-pay assistance considering patient inability to pay, Notes: Not applicable for this patient: DISCONTINUED, coordinate/arrange access to rent/utility assistance considering patient inability to pay, Notes: Not applicable for this patient: DISCONTINUED, physician-ordered wound care, Notes: not applicable for this patient: DISCONTINUED, apply collection/fistula pouch, Notes: , ostomy care & irrigation, Notes: ,

patient/caregiver recalls
** how to manage skin condition including physician-prescribed treatment*
** skin care*
** bathing*
** sun protection*
** diet*
** exercise*
** recalls related medication(s) purpose, schedule, Target Date: 10/23/2025 (unable to achieve)*
patient/caregiver recalls
** how to manage inflammatory process*
** optimize mobility with active and passive range of motion exercises*
** fluid and diet intake to promote healing*
** prevent constipation*
** home safety*
** recalls related medication(s) purpose, schedule, Target Date: 10/23/2025 (unable to achieve)*
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, Target Date: 10/23/2025 (unable to achieve)*
patient self-administers medications as prescribed
** recalls related medication(s) purpose, schedule, Target Date: 10/23/2025 (unable to achieve)*
patient has access to necessary nutrition considering patient inability to pay, Target Date: 10/23/2025 (unable to achieve)
patient has access to necessary medical care considering inability to pay, Target Date: 10/23/2025 (unable to achieve)
patient has access to medicine/medical supplies considering inability to pay, Target Date: 10/23/2025

(unable to achieve)
patient has access to rent/utility assistance considering inability to pay, Target Date: 10/23/2025 (unable to achieve)
patient has access to co-pay assistance considering inability to pay, Target Date: 10/23/2025 (unable to achieve)

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ANDREA TUTHILL
14631 N CAVE CREEK RD

14631 N CAVE CREEK RD, AZ 85032
Tele:(855) 434-7763 FAX: 19492815550

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 09/10/2025