

Medical Update for Maureen Healy DOB: 10/09/1950

Date Order Created: 03/01/2026

Order ID: 1184/436

Agency Assigned Id: 1263-1

Certification Period: 01/18/2026 to 03/18/2026

*Devotion Home Health Care, LLC MED8891
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX*

Orders:

Reduce SN visit frequency to twice per week because left great toe wound has healed. OK to reduce SN visit frequency to once per week if tolerated by pt and no signs of skin break down are present.

*ZACHARY FLYNN
11209 N TATUM BLVD SUITE B100*

*11209 N TATUM BLVD SUITE B100 , AZ 85028
Tele:(602) 973-3888 FAX: 16029733028*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by JOHNSON, LAURA Date 03/01/2026