Medical Update for Jonathan Zacek DOB: 05/28/1973

Date Order Created: 08/19/2026

Order ID: 1184/689

Agency Assigned Id: 1371

Certification Period: 08/20/2026 to 10/18/2026

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

Orders:
Orders:
Wound care orders and supply List:
Wound #1 - Right Medial Ankle - 0.5cmLx0.3cmWx1.4cmD with moderate amount of serosanguineous drainage
Wound#2 - Right Lateral Foot - 0.5cmLx0.2cmWx0.6cmD with small to moderate amount serosanguineous drainage
Wound#3 - Left Heel - 3.4cmLx3.0cmWx0.4cmD with moderate amount of serosanguineous drainage, maceration of skin around wound perimeter

Clean all wounds with gauze and wound cleanser, pat dry with gauze, apply skin prep around perimeter, apply Program/Alginate dressing to tunnel wound bed of wounds 1&2, apply Xeroform to wound bed of wound 3, cover with sterile gauze, cover 4x4 island dressing, wrap both lower legs with 4" Kerlix (rolled gauze), affix with tape, wrap both lower legs with elastic wrap up to knee level, 3 times weekly and as needed for complications.

4x4 sterile gauze 3x week and PRN 100 count monthly (wounds 1,2,3)
Kerlix 4"x4' 3 x week and PRN 24 count monthly (wounds 1,2,3)
Gauze loaf 3x week and PRN 2 loaves monthly (wounds 1,2,3)
Collagen Matrix Ag 3 x week and PRN 36 packets monthly (wounds 1 & 2)
Elastic wrap, 4 used each dressing change (2 each leg) please send max allowable per insurance monthly (wounds 1,2,3)
Wound cleanser spray bottle 1 bottle monthly (wounds 1,2,3)
Skin prep wipes 3 x week and PRN 24 count monthly (wounds 1,2,3)
Nitrile gloves - Medium 1 box monthly (wounds 1,2,3)
3-4" tape rolls - 2 monthly (wounds 1,2,3)
4x4 bordered island dressings 3 pieces 3 times weekly and PRN 36 count monthly (wounds 1,2,3)
Sterile Cotton swabs 3 x week and PRN 36-40 swabs monthly (wounds 1,2,3)
Xeroform petroleum impregnated gauze 4x4 packets (or available size) 3 x week and PRN 12 count monthly (wound 3)

SCOTT MALING
1520 S DOBSON RD SUITE 312

1520 S DOBSON RD SUITE 312, AZ 85202
Tele:(480) 844-8218 FAX: 14808449950

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 08/19/2026