HomeCentris Healthcare LLC 217058
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 07/29/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/20794	**PATIENT NAME:** Mable McCullough	**DOB:** 08/29/1942
AGENCY ASSIGNED ID: 25402	**ADDRESS:** 2211 Walshire Avenue, BALTIMORE, MD 21214-	
CERTIFICATION PERIOD: 07/10/2026 to 09/07/2026		
PHYSICIAN FACE-TO-FACE DATE: 06/22/2026	**PHONE:** 443-522-1094	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Skilled nursing admission was completed for an 83-year-old female recently discharged from the hospital following treatment for an infected right toe amputation site. Her past medical history is significant for atrial fibrillation, chronic kidney disease, diabetes mellitus, glaucoma, hypertension, and cerebrovascular accident (stroke). The patient returned home with physician-ordered home health services for skilled nursing assessment, wound care, and disease management. Upon assessment, the patient was alert and oriented to person and place with intermittent orientation to time (A&O x2-3). Vital signs were obtained and remained stable. The patient ambulates with a walker and requires assistance with mobility due to generalized weakness, impaired balance, and an increased risk for falls. Assessment of the right foot wound revealed no signs or symptoms of infection, including no increased erythema, warmth, swelling, or purulent drainage. Wound care was performed in accordance with physician orders, and the patient tolerated the procedure without difficulty. A comprehensive medication review was completed, and medication management was reinforced, emphasizing adherence to prescribed medications and the importance of reporting any adverse effects or concerns to the physician. Skilled education was provided regarding infection prevention, including proper hand hygiene, recognition of signs and symptoms of wound infection, and when to notify the physician of any changes in the wound. Fall prevention education included the consistent use of the walker, maintaining clutter-free walkways, wearing non-slip footwear, and changing positions slowly to reduce the risk of falls. Diabetes management education focused on routine blood glucose monitoring, medication compliance, adherence to a diabetic diet, daily

education focused on routine blood glucose monitoring, medication compliance, adherence to a diabetic diet, daily foot inspections, and maintaining optimal glycemic control to promote wound healing. Due to cognitive deficits, reinforcement of education remains necessary, although the patient demonstrated understanding of the teaching provided. Skilled nursing services remain medically necessary for ongoing comprehensive assessment, wound care, medication management, disease process education, and continued monitoring to promote wound healing, prevent infection, reduce fall risk, and avoid hospitalization. A scheduled therapy evaluation was not completed because the patient declined the evaluation, reporting a planned admission to Mercy Hospital the following day for a leg amputation. Therapy services will remain on hold pending hospitalization, and new physician orders will be obtained following hospital discharge before resuming home health therapy services, as appropriate. Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 06/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other complications of amputation stump Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 1 - SOC - SN Notes: soc Physician Williams, Naisha

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Other complications of amputation stump, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	07/28/2026 Problems : GG0170P1 - Picking Up Object
2	GG0130A1 - Eating
3	GG0130H1 - Don/Doff Footwear
4	GG0130G1 - Lower Body Dressing
5	GG0130F1 - Upper Body Dressing
6	GG0130E1 - Shower/Bathe Self
7	GG0130C1 - Toileting Hygiene

8	GG0130B1 - Oral Hygiene
9	GG0170L1 - Walk 10 ft on Uneven Surface
10	GG0170E1 - Chair to Bed to Chair
11	GG0170G1 - Car Transfer
12	GG0170S1 - Wheel 150 feet
13	GG0170R1 - Wheel 50 ft w 2 Turns
14	Pain Effect on Sleep
15	GG0170O1 - 12 Steps
16	GG0170N1 - 4 Steps
17	GG0170M1 - 1 - Step (curb)
18	GG0170K1 - Walk 150 Feet
19	GG0170J1 - Walk 50 ft with 2 Turns
20	GG0170I1 - Walk 10 Feet
21	GG0170F1 - Toilet Transfer
22	GG0170D1 - Sit to Stand
23	M1400 - Dyspnea
24	#2 - Observable Surgical Wound - Other - Right BKA -

25	Pain Interference with ADLs
26	07/28/2026 patient_goal: Go up and down the stairs, Target Date: 09/07/2026,
27	07/28/2026 procedure: wheelchair training, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , transfers training, Notes: , Medication Review , Notes: Medication reviewed with patient with all medications in the home, transfers training, Notes: Skilled OT, assist with bathing, Notes: Skilled OT, assist with lower body dressing, Notes: Skilled OT, assist with upper body dressing, Notes: Skilled OT, home exercise program, Notes: Bilateral UE triceps extensions, biceps curls, shoulder raises, triceps kick backs 2-3 sets 8-12 reps, physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right foot/toe -, Notes: Cleanse wound with wound cleaner and pat dry, paint with betadine wrap with Kerlix and ace wrap daily and PRN for soiled dressing.,
28	07/28/2026 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 09/07/2026, how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities, Target Date: 09/07/2026, therapeutic exercises, Target Date: 09/07/2026, therapeutic modalities, Target Date: 09/07/2026, wheelchair training, Target Date: 09/07/2026, balance training, Target Date: 09/07/2026, equipment training, Target Date: 09/07/2026, gait training, Target Date: 09/07/2026, work simplification/energy conservation, Target Date: 09/07/2026, transfer training, Target Date: 09/07/2026, related medication(s) purpose and schedule, Target Date: 09/07/2026, symptoms requiring physician notification, Target Date: 09/07/2026,
29	07/28/2026 goal: patient/caregiver recalls
30	* lifestyle modifications to manage respiratory condition including
31	* diet changes and regular exercise
32	* strategies to control shortness of breath
33	* home remedies to keep lungs healthy

34	* recalls related medication(s) purpose, schedule, Target Date: 09/07/2026, patient/caregiver recalls
35	* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
36	* teach relaxation skills and diversional activities
37	* recalls related medication(s) purpose, schedule, Target Date: 09/07/2026, Sit to Stand - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 09/07/2026, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 09/07/2026, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 09/07/2026, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 09/07/2026, 4 Steps - 04. Supervision or touching assistance, Target Date: 09/07/2026, 12 Steps - 04. Supervision or touching assistance, Target Date: 09/07/2026, Picking Up Object - 04. Supervision or touching assistance, Target Date: 09/07/2026, Wheel 50 ft w 2 Turns - 06. Independent, Target Date: 09/07/2026, Wheel 150 feet - 06. Independent, Target Date: 09/07/2026, Car Transfer - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 09/07/2026, Oral Hygiene - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Toileting Hygiene - 06. Independent, Target Date: 09/07/2026, Shower/Bathe Self - 03. Partial/moderate assistance, Target Date: 09/07/2026, Upper Body Dressing - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Lower Body Dressing - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Don/Doff Footwear - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Eating - 06. Independent, Target Date: 09/07/2026,
38	07/28/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 09/07/2026,

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Naisha Williams, MD	
ADDRESS: 301 Saint Paul St, Baltimore, MD 21202	
PHONE: 410-500-5500	**FAX:** 14106595691

VERBAL ORDER AUTHORIZATION	
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.	
PHYSICIAN SIGNATURE Signature: _____ Date: _____	**STAFF SIGNATURE (RECEIVED BY)** Signature: *Electronically Signed by Messick, RN, Charles* Date: *09/03/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.