

**HomeCentris Healthcare LLC 217058**

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**PHYSICIAN VERBAL
ORDER (487)**

DATE ORDER CREATED: 08/07/2026	PATIENT INFORMATION	
ORDER ID: 1150/21021	PATIENT NAME: Mable McCullough	DOB: 08/29/1942
AGENCY ASSIGNED ID: 25402		
CERTIFICATION PERIOD: 07/10/2026 to 09/07/2026	ADDRESS: 2211 Walshire Avenue, BALTIMORE, MD 21214-	
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	Authorization changes of PT skill Total Visits: 5 and Visit Freq: CUSTOM
2	08/05/2026 Problems : GG0170I1 - Walk 10 Feet
3	GG0130F1 - Upper Body Dressing
4	GG0130H1 - Don/Doff Footwear
5	GG0130G1 - Lower Body Dressing
6	GG0130E1 - Shower/Bathe Self
7	GG0130C1 - Toileting Hygiene

8	GG0130B1 - Oral Hygiene
9	GG0170J1 - Walk 50 ft with 2 Turns
10	GG0170K1 - Walk 150 Feet
11	GG0170L1 - Walk 10 ft on Uneven Surface
12	GG0170D1 - Sit to Stand
13	GG0170P1 - Picking Up Object
14	GG0170E1 - Chair to Bed to Chair
15	GG0170G1 - Car Transfer
16	GG0170N1 - 4 Steps
17	GG0170O1 - 12 Steps
18	GG0170M1 - 1 - Step (curb)
19	GG0170S1 - Wheel 150 feet
20	GG0170R1 - Wheel 50 ft w 2 Turns
21	GG0170F1 - Toilet Transfer
22	08/05/2026 patient_goal: To be able to walk with my new leg, Target Date: 09/07/2026,
23	08/05/2026 procedure: wheelchair training, Notes: , transfers training, Notes: , Standing tolerance at walker., Notes: On left leg as long as possible, Pre Prosthetic training , Notes: Desensitize stump with rubbing and tapping. Don stump shrinker and knee immobilizer, wrap stump with ace wrap, home exercise program, Notes:

	Supine quad sets, hip flexion, bridging with pillow, straight leg raise, side-lying hip abduction, prone knee flexion and hip extension. Sitting knee extension,
24	08/05/2026 teach: 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, transfer training, Target Date: 09/07/2026,
25	08/05/2026 goal: 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, Wheel 50 ft w 2 Turns - 06. Independent, Target Date: 09/07/2026, Wheel 150 feet - 06. Independent, Target Date: 09/07/2026, 1 - Step (curb) - 02. Substantial/maximal assistance, Target Date: 09/07/2026, 12 Steps - 02. Substantial/maximal assistance, Target Date: 09/07/2026, 4 Steps - 02. Substantial/maximal assistance, Target Date: 09/07/2026, Car Transfer - 05. Setup or clean-up assistance, Target Date: 09/07/2026, Picking Up Object - 02. Substantial/maximal assistance, Target Date: 09/07/2026, Walk 10 Feet - 02. Substantial/maximal assistance, Target Date: 09/07/2026, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Target Date: 09/07/2026, Walk 150 Feet - 02. Substantial/maximal assistance, Target Date: 09/07/2026, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Target Date: 09/07/2026,
26	08/05/2026 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.