HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
Phone: 410-321-8448 Fax: 410-559-3002

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 07/24/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/20674	**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	Authorization changes of OT skill Total Visits: 6 and Visit Freq: CUSTOM
2	Authorization changes of PT skill Total Visits: 6 and Visit Freq: CUSTOM
3	Authorization changes of SN skill Total Visits: 6 and Visit Freq: CUSTOM
4	07/23/2026 Problems : Encounter for orthopedic aftercare following surgical amp (Z47.81)
5	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene (E11.51)
6	Primary osteoarthritis, right hand (M19.041)
7	Primary osteoarthritis, left hand (M19.042)

8	Acquired absence of right leg below knee (Z89.511)
9	07/22/2026 procedure: physician-ordered wound care, Notes: Cleanse wound with wound cleaner and pat dry, wrap with Kerlix and ace wrap daily and PRN for soiled dressing.: DISCONTINUED,

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.