HomeCentris Healthcare LLC 217058
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/17/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/22039	**PATIENT NAME:** Margaret Cotten	**DOB:** 08/06/1943
AGENCY ASSIGNED ID: 29434	**ADDRESS:** 509 Walker AVe, BALTIMORE, MD 21212	
CERTIFICATION PERIOD: 08/21/2026 to 10/19/2026	**PHONE:** 443-983-1506	
PHYSICIAN FACE-TO-FACE DATE: 08/19/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: The patient is homebound due to a medical history of dementia, hyperlipidemia (HLD), hypertension (HTN), type 2 diabetes mellitus (DM2), chronic kidney disease (CKD), and coronary artery disease (CAD). The patient is currently bedbound and requires human assistance when leaving the home due to impaired mobility and increased risk for falls, making leaving the home a considerable taxing effort and requiring assistance for safety. Upon assessment, the patient was alert and oriented to person and place (A&O x2). Skin was noted to be warm, dry, and intact with no areas of breakdown observed. Lung sounds were clear bilaterally, and respirations were even and unlabored. The patient voiced no complaints and did not report any acute discomfort or respiratory concerns during the visit. The patient will continue to require skilled home health monitoring and assistance as indicated, with ongoing assessment of cardiopulmonary status, skin integrity, safety, fall risk, and overall functional condition. Education and reinforcement regarding safety and fall-prevention measures should continue, with the plan of care maintained according to the patient's current needs and physician-directed orders. Date of Order 08/21/2026 Orders Physician Face-to-Face Date: 08/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety 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 Capasso, Justin

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, 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 SN skill Total Visits: 10 and Visit Freq: WK1: 1 (08/21/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 2 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26)
2	09/14/2026 Problems : #2 - Other - Posterior Right Heel - DTI
3	#1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Sacral -
4	09/08/2026 procedure: wound vacuum, Notes: , physician-ordered wound care: #2 - Other - Posterior Right Heel - DTI, Notes: , physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Sacral -, Notes: Apply barrier cream to patient’s buttocks/perineal area after each incontinent episode and as needed for skin protection. Cleanse gently with appropriate cleanser and pat dry prior to application. Monitor skin integrity and notify provider of worsening redness, skin breakdown, drainage, or signs of infection., physician-ordered wound care, Notes: Cleanse right heel with wound cleanser and pat dry. Apply skin-prep to the affected area and cover with a foam dressing. Change every 3 days and PRN if soiled, wet, or displaced. Float heel completely off the bed using heel-offloading boot. Reposition at least every 2 hours,
5	09/08/2026 teach: how to achieve wound healing including cleaning and dressing wound, position changes, skin care, diet modification and preventing pressure ulcer recurrence, record wound measurements, Target Date: 10/19/2026,

6	09/08/2026 goal: patient/caregiver recalls
7	* how to achieve wound healing including cleaning and dressing wound
8	* position changes
9	* skin care
10	* diet modification
11	* record wound measurements
12	* recalls related medication(s) purpose, schedule, Target Date: 10/19/2026,
13	09/15/2026 Medications: Serpasil-Apresoline - Hydralazine Hydrochloride: Reserpine 25 mg Oral 3 times daily Take 3 tablet 3 times daily
14	Labetalol - Labetalol Hydrochloride 100 mg by mouth once a day Noted in facility
15	Seroquel - Quetiapine Fumarate eq 25 mg base - by mouth in the evening
16	Iron with Vitamin C 325mg by mouth once a day Supplement

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Justin Capasso	
ADDRESS: 815 E Pratt Street, Baltimore, MD 21202	
PHONE: 410-637-5700	**FAX:** 14106375701

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	**STAFF SIGNATURE (RECEIVED BY)**
Signature: _____	Signature: *Electronically Signed by Messick, RN, Charles*
Date: _____	Date: *09/17/2026*

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