

FAX COVER PAGE



Date: 01/15/2026

To:

Carole Miller , MD

From:

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:

Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

Home Health Certification and Plan of Care				Order ID: 1150/15335	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
30561341000		01/08/2026		From: 01/08/2026 To: 03/08/2026	
				4. Medical Record No.	
				21122	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sannie Lyle 3 Millpaint Lane Apt 3D, OWINGS MILLS, MD 21117- 443-613-0306			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
02/03/1961			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
J96.10			Amilodipine - Amlodipine Besylate 10 MG by mouth one time a day for Hypertension; hold if SBP is Less than 110		
Principal Diagnosis			Eliquis - Apixaban 5 MG by mouth two times a day for DVT Prevention		
Chronic respiratory failure unsp w hypoxia or hypercapnia			Mirtazapine - Mirtazapine 15 MG by mouth at bedtime for depression and appetite stimulation		
Date			Pantoprazole - Pantoprazole Sodium 40 MG by mouth two times a day for GERD		
01/08/26			Tylenol - Acetaminophen 325 mg 2 tablets by mouth every 6 hours		
13. ICD			Metoclopramide Hcl - Metoclopramide Hydrochloride 5mg / 5ml solution by mouth every 6 hours Give 10 ml as needed		
Other Pertinent Diagnoses			Dronabinol - Dronabinol 2.5 by mouth once a day Take 1 capsule daily for appetite stimulation		
Date			Ondansetron - Ondansetron 8 mg 1 tablet by mouth twice a day As needed for nausea		
01/08/26					
Z93.0					
Tracheostomy status					
Date					
01/08/26					
Z93.1					
Gastrostomy status					
Date					
01/08/26					
C18.9					
Malignant neoplasm of colon unspecified					
Date					
01/08/26					
K57.20					
Dvtrccli of Ig int w perforation and abscess w/o bleeding					
Date					
01/08/26					
I10.					
Essential (primary) hypertension					
Date					
01/08/26					
M54.50					
Low back pain unspecified					
Date					
01/08/26					
Z78.00					
Secondary malignant neoplasm of unspecified lung					
Date					
01/08/26					
Z48.815					
Encntr for surgical afctr following surgery on the dgstv sys					
Date					
01/08/26					
Z93.3					
Colostomy status					
Date					
01/08/26					
M62.81					
Muscle weakness (generalized)					
Date					
01/08/26					
Z11.52					
Encounter for screening for COVID-19					
Date					
01/08/26					
H05.221					
Edema of right orbit					
Date					
01/08/26					
D63.0					
Anemia in neoplastic disease					
Date					
01/08/26					
K57.32					
Dvtrccli of Ig int w/o perforation or abscess w/o bleeding					
Date					
01/08/26					
14. DME and Supplies:			15. Safety Measures:		
ostomy supplies, , , nebulizer, 4 wheeled walker			walker precautions, smoke detectors , bathroom safety, , ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, , , activity supervision		
16. Nutrition:			17. Allergies:		
G-Tube			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Bowel/Bladder Incontinence, Endurance			None of the above,		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Chronic Respiratory Failure, Unspecified With Hypoxia Or Hypercapnia, 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.					
Clinical Condition Requiring Homecare:lungs and breast, hypertension, gastroesophageal reflux disease, anemia, dysphagia, chronic low back pain, pneumothorax, and a history of acute respiratory failure status post tracheostomy with decannulation on 12/23/25. She was recently hospitalized and subsequently discharged from subacute rehabilitation following exploratory laparoscopic surgery with new colostomy placement. She also has a history of right upper extremity deep vein thrombosis. The patient resides in a third-floor apartment with multiple stairs and lives with her son, who is her primary caregiver. She has her own bedroom with a full-size bed. At discharge, the patient returned home with a new colostomy but without appropriate ostomy supplies, having only the pouch currently in place. Assessment revealed the stoma to be flush with the skin, making standard flat pouches ineffective and contributing to significant peristomal skin irritation. The patient requires convex ostomy bags to promote protrusion of the stoma and allow for proper stool diversion into the pouch rather than leakage onto the surrounding skin. The skilled nurse spent extensive time coordinating care by contacting the discharging facility and Convatec to locate and arrange appropriate supplies. Convatec confirmed shipment of the correct convex two-piece ostomy system and ostomy belt. The patient will require comprehensive education on colostomy management, including proper pouch application, use of the ostomy belt, and implementation of the crusting method to protect and heal the irritated peristomal skin. All prescribed medications were present in the home. The patient also has a PEG tube in place that is not currently in use and is scheduled for removal by gastroenterology at her next appointment. Both the patient and her son require extensive education and hands-on training in colostomy care, pouch changes, and skin care to ensure safe and effective management at home. Referrals for social work services and a home health aide are indicated to address resource needs and provide additional support. From a functional standpoint, the patient was previously independent with ambulation and activities of daily living prior to her recent hospitalization. A physical therapy evaluation revealed generalized deconditioning and weakness, with bilateral lower extremity strength measured at approximately 3+/5 and bilateral upper extremity strength at approximately 4-/5 on manual muscle testing. She currently ambulates short distances with a rolling walker and requires supervision for ambulation and transfers. She needs contact guard assistance for sit-to-stand and toilet transfers with verbal cueing for proper limb placement, and minimal to contact guard assistance for bathing and dressing tasks. The patient denies pain and shortness of breath but is limited by overall weakness and reduced endurance. Skilled physical therapy services are medically necessary to address strength deficits, balance impairments, and functional mobility limitations in order to improve safety, increase independence, and facilitate return toward her prior level of function. Date of					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/08/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Carole Miller 900 Caton Ave Baltimore, MD 21229 PHONE: 6672342910 FAX: 16672343517 NPI: 1457310856			F2F date : 12/24/2025		
27. Attending Physician's Signature and Date Signed			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/15335	
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OWINGS MILLS, MD 21117-				Owings Mills, MD 21117-8284	
443-613-0306				410-321-8448	
				1487113239	
Order</div><div>01/08/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/24/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA due to Chronic Respiratory Failure, Unspecified With Hypoxia Or Hypercapnia</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, other</div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div> </div><div>Physician</div><div>Miller, Carole</div>					
SN Careplans				SN Goals	
SN WK1: 1 (01/08/26-01/10/26) ,WK2: 2 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26) ,WK8: 1 (02/22/26-02/28/26)				PATIENT-STATED GOAL: I want to learn how to care for my stoma and how to apply my colostomy bag so it doesn't leak and cause my skin pain.	
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5				GOALS	
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* how to take the patient's blood pressure	
STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds				* record the reading	
Advance Directive:No Advance Directive				* recalls related medication(s) purpose, schedule	
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, stoma retraction, irritation/discharge stoma site, swell/redness surround. skin, skin breakdown r/t incontinence				patient/caregiver recalls	
PROCEDURES: cough/deep breathing exercises, incentive spirometer, ostomy care & irrigation, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration				* strategies to increase caloric intake	
TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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 relaxatio, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately				* recalls related medication(s) purpose, schedule	
				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				caregiver administers and/or packages medications appropriately	
PT Careplans				PT Goals	
PT WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)				PATIENT-STATED GOAL: To be able to walk without a walker	
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object				GOALS	
PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, gait training on uneven surfaces, gait training/stair training, transfers training				Chair to Bed to Chair - 06. Independent	
TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review				Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance	
				1 - Step (curb) - 05. Setup or clean-up assistance	
				Sit to Stand - 06. Independent	
				Toilet Transfer - 05. Setup or clean-up assistance	
				Car Transfer - 06. Independent	
				Walk 10 Feet - 05. Setup or clean-up assistance	
				Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance	
				Walk 150 Feet - 05. Setup or clean-up assistance	
				4 Steps - 05. Setup or clean-up assistance	
				12 Steps - 05. Setup or clean-up assistance	
				Picking Up Object - 05. Setup or clean-up assistance	
				Medication Review	
Signature of Physician:				Date	
				PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:				Date	
Electronically Signed by Messick, Charles RN				01/08/2026	

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OT Careplans OT WK1: 1 (01/08/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, therapeutic exercises, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks				OT Goals PATIENT-STATED GOAL: Patient wants to get better and be independent GOALS patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medicatio Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks		

Signature of Physician:		Date	
		PAGE 3 of 3	
Optional Name/Signature of Nurse/Therapist:		Date	
Electronically Signed by Messick, Charles RN		01/08/2026	