FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 02/18/2026

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	4. Medical Record No.	5. Provider No.
30561341000	01/08/2026	From: 01/08/2026 To: 03/08/2026	21122	217058

6. Patient's Name and Address
Sannie Lyle
3 Millpaint Lane Apt 3D,
OWINGS MILLS, MD 21117-
443-613-0306

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 02/03/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	01/08/26

13. ICD	Other Pertinent Diagnoses	Date
Z93.0	Tracheostomy status	01/08/26
Z93.1	Gastrostomy status	01/08/26
C18.9	Malignant neoplasm of colon unspecified	01/08/26
K57.20	Dvtrcli of lg int w perforation and abscess w/o bleeding	01/08/26
I10.	Essential (primary) hypertension	01/08/26
M54.50	Low back pain unspecified	01/08/26
C78.00	Secondary malignant neoplasm of unspecified lung	01/08/26
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	01/08/26
Z93.3	Colostomy status	01/08/26
M62.81	Muscle weakness (generalized)	01/08/26
Z11.52	Encounter for screening for COVID-19	01/08/26
H05.221	Edema of right orbit	01/08/26
D63.0	Anemia in neoplastic disease	01/08/26
K57.32	Dvtrcli of lg int w/o perforation or abscess w/o bleeding	01/08/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Amilodipine - Amlodipine Besylate 10 MG by mouth one time a day for Hypertension; hold if SBP is Less than 110
Eliquis - Apixaban 5 MG by mouth two times a day for DVT Prevention
Mirtazapine - Mirtazapine 15 MG by mouth at bedtime for depression and appetite stimulation
Pantoprazole - Pantoprazole Sodium 40 MG by mouth two times a day for GERD
Tylenol - Acetaminophen 325 mg 2 tablets by mouth every 6 hours
Metoclopramide Hcl - Metoclopramide Hydrochloride 5mg / 5ml solution by mouth every 6 hours Give 10 ml as needed
Dronabinol - Dronabinol 2.5 by mouth once a day Take 1 capsule daily for appetite stimulation
Ondansetron - Ondansetron 8 mg 1 tablet by mouth twice a day As needed for nausea

14. DME and Supplies:
ostomy supplies, , , nebulizer, 4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , bathroom safety, , ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, , , , activity supervision

16. Nutrition:
G-Tube

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted
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:
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.

22.B.Discharge Plans
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:
The patient is a 64-year-old female with a complex medical history including sigmoid colon cancer with metastases to the 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:
Electronically Signed by Messick, Charles RN on 01/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Carole Miller
900 Caton Ave
Baltimore, MD 21229
PHONE: 6672342910 FAX: 16672343517 NPI: 1457310856

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.
F2F date : 12/24/2025

27. Attending Physician's Signature and Date Signed **01/15/2026**: Date of physician last face-to-face

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.

Home Health Certification and Plan of Care

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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

Order 01/08/2026 Orders Physician Face-to-Face Date: 12/24/2025 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 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, other
 1 - SOC - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Miller, Carole

SN Careplans

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)

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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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

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
Advance Directive:No Advance Directive

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, ostomy care & irrigation, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

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

SN Goals

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.

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 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: 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

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, gait training on uneven surfaces, gait training/stair training, transfers training

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

PT Goals

PATIENT-STATED GOAL: To be able to walk without a walker

GOALS
Chair to Bed to Chair - 06. Independent

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

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
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