Home Health Certification and Plan of Care

Order ID: 1150/19882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
471102404	06/17/2026	From: 06/17/2026 To: 08/15/2026	26317	217058

6. Patient's Name and Address
Kevin Kutz
990 Belgarden Ln,
Pasadena, MD 21122-
410-360-4828

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 07/18/1961 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	06/17/26
M17.12	Unilateral primary osteoarthritis left knee	06/17/26
E55.9	Vitamin D deficiency unspecified	06/17/26
H90.3	Sensorineural hearing loss bilateral	06/17/26
S83.209D	Unsp tear of unsp meniscus current injury unsp knee subs	06/17/26
Z85.828	Personal history of other malignant neoplasm of skin	06/17/26
Z79.82	Long term (current) use of aspirin	06/17/26

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

Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) / 1 Tablet by mouth daily
COZAAR 25 mg / 1 Tablet by mouth daily
Extra Strength Tylenol - Acetaminophen 500 mg, Take 2 tablet (1,000 mg total) by mouth every 6 hours For pain
Ibuprofen - Ibuprofen 800 mg by mouth as necessary For pain

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
hip precautions, walker precautions, transfer with assist, fall precautions, cardiac precautions, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

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
patient will be responsible for managing treatment

Homebound status: After undergoing Right total hip replacement, 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 male with a past medical history significant for bilateral hip osteoarthritis who recently underwent a right total hip replacement (RTHR) on 06/16/2026 and returned home the same day under the care and supervision of his spouse, who is available to assist him at all times. Upon skilled nursing assessment, the patient was alert and oriented to person, place, and time and was resting comfortably in a recliner with his wife present throughout the visit. He denied chest pain, shortness of breath, or other acute cardiopulmonary symptoms. The patient reported a pain level of 0/10 at the surgical site and stated that his pain is well controlled with prescribed medications, which he is taking as directed. The postoperative dressing over the right hip incision was non-removable, clean, dry, and intact. Bruising was noted around the surgical site; however, the patient reported that he had sent photographs of the area to his surgeon earlier in the day and was advised that the bruising was a normal postoperative finding and should continue to be monitored. The dressing is scheduled for removal on 06/24/2026. The patient reported a bowel movement the previous day without complications and denied symptoms of constipation. No edema was observed in either lower extremity, and TED compression stockings were in place and being worn as prescribed. Medication reconciliation was completed with no missing medications or refill needs identified. Admission paperwork was reviewed and signed, and the patient verbalized understanding of and agreement with the plan of care. A follow-up appointment with the orthopedic surgeon, Dr. Huang, is scheduled for 06/30/2026. Physical therapy evaluation was completed and revealed significant postoperative functional limitations including decreased endurance, reduced right hip strength, impaired balance, unsteady gait, decreased functional mobility, difficulty with transfers, and inability to safely negotiate steps independently, placing the patient at increased risk for falls. Due to these deficits, the patient is considered homebound and requires the assistance of another person and an assistive device to safely leave the home. The patient currently ambulates with a walker and requires standby assistance for safe ambulation on level surfaces. Skilled instruction was provided regarding proper walker positioning, increased step height and length, and general safety awareness during mobility. The patient was advised to use the walker at all times during ambulation. Transfer training was performed with instruction on proper hand and foot placement, forward weight shifting, and reaching back prior to sitting. The patient required minimal assistance to standby assistance to complete transfers safely. Bed mobility training was also provided, with emphasis on body mechanics and safe techniques for getting into and out of bed; the patient required minimal assistance for these activities. Extensive postoperative education was provided to both the patient and caregiver. Hip precautions were reviewed, including avoidance of hip flexion greater than 90 degrees, crossing the midline, and pivoting on the operative hip. Education regarding edema management included elevating the lower extremities above heart level during rest periods and utilizing compression garments as recommended by the physician. Signs and symptoms of infection and postoperative complications were reviewed, including fever, chills, redness, swelling, increased pain, bleeding, drainage from the surgical site, persistent nausea or vomiting, and pain unrelieved by medication. The patient and caregiver verbalized understanding of all instructions provided. Education was also provided regarding pain management, including taking pain medication at the onset of discomfort, monitoring for potential side effects such as dizziness and constipation, and seeking emergency medical attention for chest pain, shortness of breath, or uncontrolled pain. The patient was advised to take pain medication approximately one hour prior to therapy sessions to maximize participation and comfort. Therapeutic interventions included instruction and performance of a home exercise program consisting of supine ankle pumps, quadriceps sets, gluteal sets (1 set of 20 repetitions each), and heel slides (1 set of 10 repetitions). Passive range of motion of the right hip was performed in the supine position. A written copy of the home exercise program was left in the home with instructions to complete exercises twice daily. The patient was also educated on the importance of daily ambulation to improve circulation, promote healing, and prevent complications associated with immobility. He was instructed to initiate a walking program consisting of short walks within the home every 1-2 hours and to gradually progress to longer walks beginning at 3-5 minutes as tolerated. Additionally, instruction was provided regarding the application of ice to the right hip for 20 minutes at a time using an appropriate skin barrier and performing skin checks every five minutes during treatment. The patient declined participation in outpatient physical therapy due to concerns regarding travel distance and commute burden and plans to continue the prescribed home exercise program independently following completion of home health services. The physician is aware of the patient's decision to decline outpatient therapy. Skilled home physical therapy services remain medically necessary to address postoperative weakness, impaired mobility, balance deficits, transfer limitations, gait abnormalities, and fall risk, with the goal of improving strength, safety, functional mobility, and independence within the home environment while preventing further functional decline and potential rehospitalization. The physical therapy plan of care was reviewed and developed collaboratively with the patient and caregiver, both of whom agreed with the treatment plan and goals. <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Huang
8028 Ritchie Hwy
Pasadena, MD 21122
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709

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 : 05/28/2026

27. Attending Physician's Signature and Date Signed : 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

Order ID: 1150/19882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
471102404	06/17/2026	From: 06/17/2026 To: 08/15/2026	26317	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kevin Kutz 990 Belgarden Ln, Pasadena, MD 21122- 410-360-4828	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">
 Date of Order 06/17/2026 Orders Physician Face-to-Face Date: 05/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right total hip replacement 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 PT Eval Notes: eval
 Physician Huang, James

SN Careplans

SN WK1: 1 (06/17/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, muscle spasms, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, coordinate/arrange preparation of missing meals

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 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To be able to regain strength

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 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026

Home Health Certification and Plan of Care

Order ID: 1150/19882

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
471102404	06/17/2026	From: 06/17/2026 To: 08/15/2026	26317	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kevin Kutz 990 Belgarden Ln, Pasadena, MD 21122- 410-360-4828	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 2 (06/17/26-06/20/26) ,WK2: 3 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide Seated-LAQ, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Apply ice to R hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: Use of walker and cane, gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control: Instruct Pt/PCG insigns and symptoms of infection of incision/wound, including fever, chills, redness, swelling, pain, bleeding, or any discharge from the surgical or wound site. When to notify EMS-Nausea or vomiting that does not get better, or pain that does not get better with medication., assist with fall prevention: Provide teaching on Falls prevention -use recomended AD at all times and/or direct assistance by CG as needed -make sure clothing does not drag on floor to create trip hazard -proper footwear, no scuffs - Strength program has been initiated for LEs, continue 1-2x/day -carry phone at all times in case of emergency -Consider medic alert button -Fall recover technique discussed -Keep stairs free of obstacles -Maintain functional pathways throughout the home and at all exits -use night lights -Advised against holding onto towel bars or soap dishes, consider grab bars, check grab bars before use -remove scatter rugs, if one must remain use double sided rug tape -Add non skid mat in the shower -keep the floor dry in the bathroom, if using a shower seat dry self completely before stepping out.

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: I want to get back to walking independently

GOALS
Chair to Bed to Chair - 06. Independent

Shower/Bathe Self - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Picking Up Object - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Eating - 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

Toileting Hygiene - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026