

OT Evaluation : 07/01/2025 (1301101503)

Correia, Maria C. (MA200827105106)

Date of Birth: 10/15/1951

✓ Patient identity confirmed

Time In: 13:20

Time Out: 13:58

Visit Date: 07/01/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** Alzheimer's disease, DM type 2

Exacerbation 07/01/2025

OT Diagnosis: muscle weakness

Exacerbation 07/01/2025

Relevant Medical History:

PMH: HTN, Alzheimer's disease, DM type 2 with insulin dependence, Neuropathy, CKD stage #2, TIA Hyperlipidemia, Hypothyroidism, Depression, Anxiety, IBS Patient is a pleasant Portuguese speaking female who was referred to OT home care from PCP due to increased weakness.

Prior Level of Functioning:

patient lives in a first level apartment with 24 hour care by PCA< daughter lives upstairs on second floor (camaras in rooms for safety) , pateint requires max assist for ADLS, set up for self feeding.

Patient's Goals:

caregiver goal is to improve patient strength

Precautions: fall risk**Homebound?**☐ No

✓ Yes

For a patient to be eligible to receive covered home health services under both Part A and Part B, the law requires that a physician certify in all cases that the patient is confined to his/her home. For purposes of the statute, an individual shall be considered "confined to the home" (homebound) if the following two criteria are met:

Criteria One:

✓ Patient is confined because of illness, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

AND/OR

☐ Patient has a condition such that leaving his or her home is medically contraindicated.

Specify:

If the patient meets one of the criterion one conditions, then the patient must ALSO meet two additional requirements defined in criterion two below.

Criteria Two:

✓ Patient has a normal inability to leave home.

AND

✓ Leaving home requires a considerable and taxing effort for the patient.

Specify:**Social Supports / Safety Hazards****Patient Living Situation and Availability of Assistance**

Patient lives: With other person(s) in the home

Assistance is available: Around the clock

Current Types of Assistance Received

patient has 24 hour care

Safety / Sanitation Hazards☐ No hazards identified

✓ Steps / Stairs:

☐ Narrow or obstructed walkway☐ Cluttered / soiled living area

Other:

☐ No running water, plumbing☐ Lack of fire safety devices☐ Inadequate lighting, heating and/or cooling☐ Insect / rodent infestation☐ No gas / electric appliance☐ Pets☐ Unsecured floor coverings**Evaluation of Living Situation, Supports, and Hazards**

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Vital Signs

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Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

Temperature:

97.4 Taken: Temporal

BP:

Prior 128 / 82
Post /

Position
Sitting

Side
Left

Heart Rate:
Prior 79
Post

Respirations:
Prior 19
Post

O2 Sat:
Prior 98
Post

Room Air / Rate
via
via

Route

Comments:

Physical Assessment

Speech:

Impaired

Vision:

Impaired

wears glasses

Hearing:

Impaired

Edema:

Oriented:

☒ Person ☐ Place ☐ Time

Muscle Tone:

Good

Coordination:

Fair

Sensation:

Fair

Endurance:

Fair

Posture:

Fair

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Signature:

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

✓ No Pain Reported

Location Intensity (0-10) Secondary Site: Location Intensity (0-10)

Primary Site:
Increased by:
Relieved by:
Interferes with:

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength		
		Right	Left	Right	Left			Right	Left	Right	Left	
Shoulder	Flexion					Forearm	Pronation					
	Extension						Supination					
	Abduction						Wrist	Flexion				
	Adduction							Extension				
	Int Rot							Radial Deviation				
	Ext Rot							Ulnar Deviation				
Elbow	Flexion					Finger	Grip					
	Extension						Flexion					
	Supination						Extension					

Comments:

Functional Assessment

Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Indep

Balance

☐ Able to assume / maintain midline orientation

Sitting Static: Dynamic:
Standing Static: Dynamic:

Deficits Due To / Comments:

Self Care Skills

Assist Level Assistive Device

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

Bed Mobility

Assist Level

Rolling

☐ L ☐ R

Assistive Device

Supine - Sit

Sit - Supine

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand

Stand - Sit

Bed - Chair

Chair - Bed

Toilet or BSC

Shower

Tub

Car / Van

Deficits Due To / Comments:

Instrumental ADLs

Assist Level Assistive Device

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

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Functional Assessment (Continued)

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
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Motor Coordination**Cognitive Status / Perception**Prior to Injury
Dominance☐ Right handed ☐ Left handed**Deficits Due To**Fine Motor
Gross Motor
Comments:

Memory: Short Term
Memory: Long Term
Safety Awareness
Judgment
Visual Comprehension
Auditory Comprehension
Stereognosis
Spatial Awareness
Ability to Express Needs
Attention Span
Comments:

Deficits Due To

Evaluation and Testing Description:

DME**Available**

<input checked="" type="checkbox"/> Wheelchair	<input checked="" type="checkbox"/> Walker	<input checked="" type="checkbox"/> Hospital Bed	<input checked="" type="checkbox"/> Bedside Commode	<input checked="" type="checkbox"/> Raised Toilet Seat	<input checked="" type="checkbox"/> Tub / Shower Bench
<input type="checkbox"/> Splints	<input type="checkbox"/> Cane	<input type="checkbox"/> Reacher	<input type="checkbox"/> Sock Donner	<input type="checkbox"/> Dressing Stick	<input checked="" type="checkbox"/> Shower Chair
<input type="checkbox"/> Long-Handled Sponge					
Other:					

Needs**Evaluation Assessment****Evaluation Assessment Summary**

Patient seen today for OT evaluation, PCA present for OT assessment patient has 24 hour care from PCA. patient reports no pain. patient is dependent for cognition on this date able to follow 1 step simple task oriented times 1 only Patient has full ROM of her UB, reduce standing balance Fair dynamic with FWW, patient was able to ambulate with hand held assist CGA 50 feet improvements with no device with CGA hand held due to client cognition increased confusion with FWW, patient as able to (Continued)

Functional Limitations

<input type="checkbox"/> Decreased ROM / Strength	<input type="checkbox"/> Impaired Balance / Gait	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Decreased Endurance
<input type="checkbox"/> Decreased Transfer Ability	<input type="checkbox"/> Decreased Bed Mobility	<input type="checkbox"/> Decreased Self-Care	<input type="checkbox"/> Poor Safety Awareness

Comments:

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Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

Comments:

Care Coordination

Conference with:

☒ PT ☒ PTA ☐ OT ☒ COTA ☐ ST ☐ SN ☐ Aide ☐ Supervisor Other:

Name(s):

Regarding:

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other Discipline Recommendations: ☐ PT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

good potential

Treatment / Skilled Intervention This Visit

patient educated on ADL compensation technique, fall prevention and toilet transfer trainin

Discharge Plan

☒ To self care when goals met ☐ To self care when max potential achieved ☐ To outpatient therapy with MD approval
☐ Other:

Therapist Signature (Machado , Ashleylynn) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: Ashleylynn Machado , OT

Date

07/01/2025

Physician Name
KARMINA BAUTISTA MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-2982

Physician Signature

Date

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Signature:

Date: 7/3/2025

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) PT will perform toilet transfer SBA level within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

(FT) Patient will participate in toilet routine with min assist of 1 person within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

Goals and Interventions Updated This Visit

Goals Added (3)

(FT) Patient will participate in toilet routine with min assist of 1 person within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

(FT) PT will perform toilet transfer SBA level within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

Interventions Added (3)

(FT) Patient will be provided with self care management to educate on ADL compensation technique

(FT) Patient will be provided with therex to focus on UB ROM and strengthening routine

(FT) Patient will perform all functional transfers with good safety. Independently within 8 weeks

Signature:

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Evaluation Assessment Summary

ambulate to bathroom with CGA / min assist with cues for safety max assist needed for toilet routine for hygiene and clothing management, max assist of 2 people for shower routine with walk in shower , max assist for UB and LB dressing, patient is able to self feed with set ups seated in kitchen. Patient would benefit from skilled OT services to educate on ADL compensation technique, functional transfer training, and establish a HEP to focus on UB strength to assist in ADLS , patient educated on nightingale home care folder, agency contact information. OTR went over ot plan of care with patient verbal consent given.

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