

OT Evaluation : 05/10/2025 (1283647414)

Lopes, Maria (MA250206063603)

Date of Birth: 06/25/1936

✓ Patient identity confirmed

Time In: 10:00

Time Out: 10:39

Visit Date: 05/10/2025

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** CHF, AFIB**OT Diagnosis:** Muscle weakness

Exacerbation

Relevant Medical History:

PATIENT IS A 88 YR. OLD FEMALE ADMITTED TO HOSPITAL and rehab stay at Hathway Manor due to increased SOB and LE edema. Patient was admitted for heart failure and new onset of AFIB Diet: Soft and east to chew foods PMHHIGH GRADE PT1 TRANSITIONAL CELL CARCINOMA OF URINARY BLADDER S/P CYSTOSCOPY WITH RETROGRADE PYELOGRAMS AND (Continued)

Prior Level of Functioning:

pt lives on 1st floor approx. 8 steps into the home. pt lives alone, pt daughter assists pt in am and pm with ADLs, meal prep

Patient's Goals:

to get stronger

Precautions: fall risk, fww**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: Alone

Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received

patient daughter visits daily to assist with adls and iadl in home

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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Signature:

Date: 7/3/2025

Temperature:

98.2 Taken: Temporal

BP:

Prior 126 / 82
Post /

Position
Sitting

Side
Left

Heart Rate:
Prior 70
Post

Respirations:
Prior 18
Post

O2 Sat:
Prior 97
Post

Room Air / Rate
Room Air

via
via

Comments:

Physical Assessment

Speech:

WNL

Vision:

WNL

Hearing:

WNL

Edema:

Oriented:

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Fair

Endurance:

Poor

Posture:

Fair

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

Primary Site: *back* *Intensity (0-10)* 7 *Location* *Intensity (0-10)*
Increased by: *Standing* *Location* *Intensity (0-10)*

Relieved by: *medication*

Interferes with: *mobility and adls*

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion			3	3	Forearm	Pronation			4	4
	Extension			3	3		Supination			4	4
	Abduction			3	3	Wrist	Flexion			4	4
	Adduction			3	3		Extension			4	4
	Int Rot			3	3		Radial Deviation			4	4
	Ext Rot			3	3	Finger	Ulnar Deviation			4	4
Elbow	Flexion			4	4		Grip			4	4
	Extension			4	4		Flexion			4	4
	Supination			4	4		Extension			4	4

Comments:

Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Balance					Self Care Skills				
✓ Able to assume / maintain midline orientation					Assist Level Assistive Device				
Sitting	Static:	Good	Dynamic:	Good	Toileting / Hygiene	cga			
Standing	Static:	Fair	Dynamic:	Fair	Oral Hygiene	set up			
Deficits Due To / Comments:					Grooming	max assist			
Bed Mobility					Shaving	max assist			
Rolling					Bathing	max assist			
Supine - Sit					Dressing:				
Sit - Supine					Upper Body	max assist			
Deficits Due To / Comments:					Lower Body	max assist			
Transfer					Manipulation of Fasteners	max assist			
Sit - Stand					Socks & Shoes	max assist			
Stand - Sit					Feeding	S			
Bed - Chair					Swallowing	S			
Chair - Bed					Deficits Due To / Comments:				
Toilet or BSC					reduce balance, strength and endurance AND safety				
Shower					Instrumental ADLs				
Tub					Light Housekeep	max assist			
Car / Van					Light Meal Prep	max assist			
Deficits Due To / Comments:					Clothing Care	max assist			
reduce balance, strength and endurance AND safety					Use of Telephone	S			
					Manage Money	max assist			
					Manage Medication	max assist			
					Home Safety Awareness	S			
					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**

Motor Coordination

Prior to Injury
Dominance

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor

WNL

Gross Motor

WNL

Comments:

Cognitive Status / Perception

Memory: Short Term

Impaired

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

Impaired

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

Deficits Due To

Evaluation and Testing Description:

DME

Available

☐ Wheelchair

☒ Walker

☒ Hospital Bed

☒ Bedside Commode

☒ Raised Toilet Seat

☐ Tub / Shower Bench

☐ Splints

☐ Cane

☒ Reacher

☐ Sock Donner

☐ Dressing Stick

☒ Shower Chair

☐ Long-Handled Sponge

Other:

Needs

Evaluation Assessment

Evaluation Assessment Summary

PATIENT IS A 88 YR. OLD FEMALE ADMITTED TO HOSPITAL and rehab stay at Hathway Manor due to increased SOB and LE edema. Patient was admitted for heart failure and new onset of AFIB Diet: Soft and east to chew foods PMHHIGH GRADE PT1 TRANSITIONAL CELL CARCINOMA OF URINARY BLADDER S/P CYSTOSCOPY WITH RETROGRADE PYELOGRAMS AND TRANSURETHRAL RESECTION OF MEDIUM BLADDER TUMOR WITH PLACEMENT IF RIGHT URETERAL TETHERED STENT. CLOF: Patient seen this morning with daughter present for OT (Continued)

Functional Limitations

☒ Decreased ROM / Strength

☒ Impaired Balance / Gait

☒ Increased Pain

☒ Decreased Endurance

☒ Decreased Transfer Ability

☒ Decreased Bed Mobility

☒ Decreased Self-Care

☒ 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 and fall prevention

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

05/10/2025

Physician Name
JONATHAN BIER MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-0803

Physician Signature

Date

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Signature:

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) Patient will improve UB strength from 3 to 5 to improve functional transfers to independent level within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

(FT) PT will perform UB and LB dressing routine SBA level within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

(FT) PT will perform toilet routine independently within. 4 weeks **Goal Term:** short **Target Date:** 06/07/25

Goals and Interventions Updated This Visit

Goals Added (3)

(FT) Patient will improve UB strength from 3 to 5 to improve functional transfers to independent level within 8 weeks **Target Date:** 07/05/25 **Goal Term:** long

(FT) PT will perform UB and LB dressing routine SBA level within 8 weeks **Target Date:** 07/05/25 **Goal Term:** long

(FT) PT will perform toilet routine independently within. 4 weeks **Target Date:** 06/07/25 **Goal Term:** short

Interventions Added (2)

(FT) OT to provide therex to focus on HEP to address UB strength and endurance training

(FT) OT to provide self care management to educate on ADL compensation technique and fall prevention education

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OT Evaluation Addendum Page : 05/10/2025
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Relevant Medical History

TRANSURETHRAL RESECTION OF MEDIUM BLADDER TUMOR WITH PLACEMENT IF RIGHT URETERAL TETHERED STENT.

Evaluation Assessment Summary

evaluation ,vitals stable patient reports of increased back pain limiting her ability to perform standing tasks 7 out of 10. Patient demonstrated with reduce ub strength 3 out of 5 shoulder and 4 out of 5 elbow and hand strength. patient is able to perform toilet routine SBA level, UB and LB dressing with max assist, shower routine with caregiver max assist needed due to reduce balance and endurance, Patient demonstrates with increased SOB during functional mobility with FWW borg scale 4 out of 10, TUG falls risk 31 seconds very high fall risk noted. Patient educated on fall prevention and home safety to reduce falls during functional mobility ambulating from room to bedroom patient now has a hospital bed per daughter she will be moving to another room for patient to have more space. Patient would benefit from skilled OT services to focus on HEP to address UB strength, educate on dressing compensation technique and fall prevention education

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