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ST Evaluation : 07/05/2025 (1299736038) Tevenal, Aida (MA241113095602) Date of Birth: 09/02/1956			Nightingale Visiting Nurses 125 County ST. Taunton , MA 02780 Phone: (508) 967-0761
✓ Patient identity confirmed			Fax: (508) 967-0767
Time In: 14:55 Time Out: Diagnosis / History	: 15:25	Visit Date: 07/05/202	
Medical Diagnosis: pneumonia			
ST Diagnosis: dysphagia			
Relevant Medical History: Pt hospitalized 4/12/25- 4/17/25 for dx COPD PMH/DX: COPD, vertigo, fibro resolved, arthritis, depression, bac	COPD- Admitted to Fa myalgia, obese, NASH, k pain, kidney stone	all River healthcan HTN, Anxiety, bla slep apnea, muscl	re for rehab 04/17/25- dc home 6/17/25 adder incontinence, lle cellulitis le weakness, dysphagia.
Prior Level of Functioning: Pt on regular diet prior to hospital	ization.		
Patient's Goals: To breath better			
Precautions: aspiration and falls.			
Safe swallowing evaluation:	☐ Yes 🗸 I	No	
Video Fluroscopy:	☐ Yes 🗸 I	No	
Current Diet/Texture:	regular		
Liquids:	☐ Thin 🗸	Thickened (specify):	Other (specify):
		nectar	

Tevenal, Aida (MA241113095602)

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ST Evaluation : 07 Tevenal, Aida (MA241 Homebound?							
√ Yes							
For a patient to be elig all cases that the patie (homebound) if the foli	nt is confined	d to his/her	home. For purpo	vices under both Pa eses of the statute, a	rt A and Part B, an individual sh	the law requires that a phy all be considered "confined	ysician certify in I to the home"
Criteria One:							
☐ Patient is confined to special transportation;						anes, wheelchairs, and wall ce.	kers; the use of
AND/OR □ Patient has a condit	ion such that	l leaving his	or her home is r	medically contraindi	cated.		
Specify:							
If the patient meets on below.	e of the crite	rion one co	nditions, then the	e patient must ALSC) meet two add	itional requirements define	d in criterion two
Criteria Two:							
✓ Patient has a norma	al inability to I	eave home					
AND ✓ Leaving home requi	res a conside	erable and t	taxing effort for th	ne patient.			
Specify: Pt homebound secon	dary to we	akness an	d fatigue rela	ated to recent h	ospitalizati	on for respiratory cor	mpromise.
Vital Signs							
Temperature: 97.4 Taken: Tempora	1						
BP: Prior 118 /70 Post /	Position Sitting	Side Left	Heart Rate: Prior 64 Post	Respirations: Prior 17 Post	O2 Sat: Prior Post	Room Air / Rate via via	Route
Comments:							
✓ No Pain Reported							

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ST Evaluation : 07/05/2025 Tevenal, Aida (MA241113095602)			
Speech/Language Evaluation 4 - WFL(Within Functional Limits) 3 - Mild Impairmen	t 2 - Moderate	e Impairment 1 - Sever Impairment 0 - Unable to Asse	ss/Did Not Test
Auditory Comprehension Conversation Complex Sentences One Step Directions Speech Reading Two Step Directions Word Discrimination	\$core 4 4 4 4 4 4	Swallowing Chewing ability Oral Stage Management Pharyngeal Stage Management Reflex Time Other:	Score 4 4 2 2
Comments: Cognition Attention Span Judgment Long Term Memory Organization Orientation (Person/Place/Time) Problem Solving Short Term Memory Other:	\$core 4 4 4 4 4 4	Comments: Verbal Expression Appropriate Yes No Augmentative Methods Complex Sentences Conversation Naming Comments:	Score 4 4 4 4
Comments: Reading Complex Sentences Letters/Numbers Paragraph Simple Sentences Words Comments:	Score 0	Writing Formulation Letters/Numbers Sentences Simple Addition/Subtraction Spelling Words Comments:	Score 0
Speech/Voice Oral/Facial Exam Articulation Prosody Voice/Respirations Speech Intelligibility Other: Comments:	Score 4 4 4 4 4	Referral for: Vision Hearing Swallowing Analysis of evaluation/test scores: Pt seen for limited swallow evaluation complementaring moderate (Continued)	

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ST Evaluation : 07/05/2025 Tevenal, Aida (MA241113095602) Treatment Goals and Plan					
Refer to last page for patient goal and intervention documentation.					
Rehab potential: Establish HEP: Given to patient Given to patient Given to patient Given to patient Attach to chart Attach to chart					
Equipment Recommendations: Safety Issues / Instructions / Education: aspiration and falls.					
Comments / Additional Information:					
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:					
Treatment / Skilled Intervention This Visit					
✓ Completion of the evaluation and development of the plan of care □ Other					
Discharge Plan ✓ To self care when max potential achieved □ To outp □ Other: □ To self care when max potential achieved □ To outp	patient therapy with MD approval				
Therapist Signature (SANTOS , CHRISTINE) Digitally Signed by: CHRISTINE SANTOS , ST	Date 07/05/2025				
Physician Name Gloriane Afonso Fede MD	Physician Phone: (508) 996-3991 Physician FAX: (508) 961-2535				
Physician Signature	Date				

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ST Evaluation : 07/05/2025

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (1)

Patient will improve ability to comply with and safely tolerate soft and nectar without signs or symptoms of aspiration with moderate provided by family **Goal Term**: short **Target Date**: 08/17/25

Goal Progress Summary For This Visit

Goals Addressed (1)

(1 of 1) Patient will improve ability to comply with and safely tolerate soft and nectar without signs or symptoms of aspiration with moderate provided by family

Progress:Unchanged

Progress Note:

Interventions Performed (1)

Speech Language Pathologist to develop and manage a coordination program for pharyngeal exercises focused on swallowing to address dysphagia

Result: Needs Reinforcement Performed On: Patient,

Note:

Goals and Interventions Updated This Visit

Goals Added (1)

Patient will improve ability to comply with and safely tolerate soft and nectar without signs or symptoms of aspiration with moderate provided by family **Target Date**: 08/17/25 **Goal Term**: short

Interventions Added (1)

Speech Language Pathologist to develop and manage a coordination program for pharyngeal exercises focused on swallowing to address dysphagia

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ST Evaluation Addendum Page : 07/05/2025 Tevenal, Aida (MA241113095602)	
Speech/Language Evaluation - Analysis of evaluation/test scores	Ì
SOB secondary to having returned from shopping. Pt with non adherence to thickening liquids secondary to not having thickener in the home. Pt presenting with significant risk of aspiration secondary to respiratory compromise. Pt educated regarding importance of obtaining thickener to minimize risk of aspiration. Further PO trials warranted when thickener present.	
Tevenal, Aida (MA241113095602)	

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