

OT Evaluation : 06/10/2025 (1293192193)

Korab, Kevin A. (hcbr-MC-1342)

Date of Birth: 01/17/1962

✓ Patient identity confirmed

Time In: 11:30

Time Out: 12:04

Visit Date: 06/10/2025

Visiting Rehab and Nursing

125 High Street , STE 204

Mansfield , MA 02048

Phone: (877) 242-8771

Fax: (774) 244-4404

Diagnosis / History

Medical Diagnosis: N39.0 Urinary tract infection, site not specified

Exacerbation 06/10/2025

OT Diagnosis: R27.9 Unspecified Lack of Coordination

Exacerbation 06/10/2025

Relevant Medical History:

Epilepsy, Dysphagia, Hx of UTI, Hyponatremia, Acute hypoxemic respiratory failure, Constipation, dysarthria, neurogenic bladder, Ostomy, Hx of DVT, ASM

Prior Level of Functioning:

1 Assist ADLs with 1 assist stand pivot xfers

Patient's Goals:

No Falls

Precautions: Falls. Seizure Precautions, + Ostomy, + Foley Cath

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:

Weakness, balance deficits, cognition

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:

Requires the assistance of another person to leave the home due to above mentioned deficits

Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: In congregate situation, e.g., assisted living

Assistance is available: Around the clock

Current Types of Assistance Received

Lives in a GH with 24 hour care. Staff to assist with all ADLs and IADLs

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

Korab, Kevin A (hcbr-MC-1342) 24 hours support. No hazards to enter, hallways clear of clutter with ample lighting.

Vital Signs

Temperature:

98.0 Taken:

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route
Prior	142 / 82	Sitting	Left	Prior	76	Prior	15	Prior	96		via
Post	/			Post		Post		Post			via

Comments:

No recent Falls. No MD visits. No Recent Med Changes.

Physical Assessment

Speech:	Impaired	Muscle Tone:	Fair
Vision:	WNL	Coordination:	Poor
Hearing:	Impaired	Sensation:	Fair
Edema:	No Noted Edema		
Oriented:	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time
			Posture: Poor

Evaluation of Cognitive and/or Emotional Functioning

Due to difficulty expressing needs; full cognitive functioning difficult to assessment. Able to answer yes/no questions and identify self. Oriented to person

Pain Assessment

✓ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site:	0 None	Secondary Site:	0 None
Increased by:			

Relieved by:

Interferes with:

ROM / Strength

		ROM		Strength				ROM		Strength	
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion	IMP	WNL	0/5	3-/5	Forearm	Pronation	IMP	WNL	0/5	4/5
	Extension	IMP	WNL	0/5	3-/5		Supination	IMP	WNL	0/5	4/5
	Abduction	IMP	WNL	0/5	3-/5	Wrist	Flexion	IMP	WNL	0/5	4/5
	Adduction	IMP	WNL	0/5	3-/5		Extension	IMP	WNL	0/5	4/5
	Int Rot	IMP	WNL	0/5	3-/5		Radial Deviation	IMP	WNL	0/5	4/5
Elbow	Ext Rot	IMP	WNL	0/5	3-/5	Finger	Ulnar Deviation	IMP	WNL	0/5	4/5
	Flexion	IMP	WNL	0/5	4/5		Grip	IMP	WNL	0/5	4+/5
	Extension	IMP	WNL	0/5	4/5		Flexion	IMP	WNL	0/5	3/5
	Supination	IMP	WNL	0/5	4/5		Extension	IMP	WNL	0/5	3/5

Comments:

Impaired R UE. 0/5. 3-/5 L Shoulder. 4/5 Elbow and wrist. 3/5 Hand. 4+/5 Grip.

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

	Static:	Poor	Dynamic:	Poor
Sitting	Static:	Poor	Dynamic:	Poor
Standing	Static:	Poor	Dynamic:	Poor

Deficits Due To / Comments:

Self Care Skills

	Assist Level	Assistive Device
Toileting / Hygiene	DEP	Ostomy/Foley
Oral Hygiene	Min A	
Grooming	Min A	
Shaving	Min A	
Bathing	DEP	
Dressing:		
Upper Body	Max A	
Lower Body	DEP	
Manipulation of Fasteners	DEP	
Socks & Shoes	DEP	
Feeding	SUP	
Swallowing	SUP	
Deficits Due To / Comments:		

Bed Mobility

	Assist Level	
Rolling	Mod A	<input type="checkbox"/> L <input type="checkbox"/> R
		Assistive Device

Supine - Sit Mod A

Sit - Supine Mod A

Deficits Due To / Comments:

Transfer

	Assist Level	Assistive Device
Sit - Stand	MOD A	
Stand - Sit	MOD A	
Bed - Chair	MOD A	
Chair - Bed	MOD A	
Toilet or BSC	N/A	
Shower	MOD A	
Tub	N/A	
Car / Van	DEP	

Deficits Due To / Comments:

Instrumental ADLs

	Assist Level	Assistive Device
Light Housekeep	DEP	
Light Meal Prep	DEP	
Clothing Care	DEP	
Use of Telephone	DEP	
Manage Money	DEP	
Manage Medication	DEP	
Home Safety Awareness	DEP	
Deficits Due To / Comments:		
Staff to assist with all needs		

OT Evaluation : 06/10/2025

Korab, Kevin A. (hcbr-MC-1342)

Functional Assessment (Continued)

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

Motor Coordination		Cognitive Status / Perception	
Prior to Injury	IMP		
Dominance	<input type="checkbox"/> Right handed <input checked="" type="checkbox"/> Left handed	Memory: Short Term	Impaired
		Memory: Long Term	Impaired
		Safety Awareness	Impaired
		Judgment	Impaired
		Visual Comprehension	Unable to assess
		Auditory Comprehension	Unable to assess
		Stereognosis	Unable to assess
		Spatial Awareness	Unable to Assess
		Ability to Express Needs	Impaired
		Attention Span	Impaired
		Comments:	

Evaluation and Testing Description:

0/6 on Katz Index due to need for assist with all ADLs

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

Kevin was seen today for skilled OT eval s/p return from the ED after presenting s/p seizure resulting in need for intubation. He has a significant PMHx of: Epilepsy, Dysphagia, Hx of UTI, Hyponatremia, Acute hypoxemic respiratory failure, Constipation, dysarthria, neurogenic bladder, Ostomy, Hx of DVT, ASM. Prior to hospitalization he required assistance for all ADLs and IADLs. He primarily will use custom reclining electric w/c for all mobility. He presented today sitting upright in chair (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:

Treatment Goals

Time Frame

1:

2:

3:

4:

5:

6:

7:

8:

9:

10:

OT Evaluation : 06/10/2025
Korab, Kevin A. (hcbr-MC-1342) 🏠

Treatment Plan

- | | | |
|---|--|--|
| <input type="checkbox"/> Thera Ex | <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Low Vision Training |
| <input type="checkbox"/> Establish or Upgrade HEP | <input type="checkbox"/> Strength / Endurance Training | <input type="checkbox"/> Assistive Device Training: |
| <input type="checkbox"/> Transfer Training | <input type="checkbox"/> Fine Motor Coordination Training | <input type="checkbox"/> Adaptive Equipment Fabrication and/or Training: |
| <input type="checkbox"/> Balance Training | <input type="checkbox"/> Perceptual Motor Training | <input type="checkbox"/> Modalities for Pain Control: |
| <input type="checkbox"/> Bed Mobility Training | <input type="checkbox"/> Neuro-developmental Training | <input type="checkbox"/> Retraining of Cognitive, Feeding & Perception: |
| <input type="checkbox"/> Stairs / Steps Training | <input type="checkbox"/> Sensory Treatment | |
| <input type="checkbox"/> Range of Motion | <input type="checkbox"/> O2 Sat Monitoring PRN | |
| <input type="checkbox"/> Muscle Re-education | <input type="checkbox"/> Home Safety Training | |
| <input type="checkbox"/> Orthotics / Splinting | <input type="checkbox"/> Independent Living / ADL Training | |

Other:

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

N/A; OT eval Only

Treatment / Skilled Intervention This Visit

Pt was seen today for OT eval s/p return from the Hosp. Spoke to GH staff on CLOF and PLOF. Assessed B UE ROM and MMT. Pt repositioned in w/c with 2 assist as he had reclined in chair for previous massage. 0/10 pain reported. Vitals WNL. No further OT warrented at this time. OT Eval Only.

Frequency and Duration

	Start Date	End Date	Effective Date	Frequency
Current Episode:	06/04/2025	08/02/2025	06/10/2025	1 time a week for 1 week. OT Eval Only.
Next Episode:				

Discharge Plan

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

Therapist Signature (Caswell , Rachel) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: Rachel Caswell , OTL15636

Date

06/10/2025

Physician Name

Karmina Bautista MD

Physician Phone: (508) 996-3991

Physician FAX: (508) 961-2982

Physician Signature

Physician
Signature

Date

Evaluation Assessment Summary

pleasant reporting no pain. B UE ROM assessment and MMT assessed. Spoke to GH staff who reported that Pt is at previous baseline for ADLs. Thye reported that Pt will consistently completed L UE exercises with use of 2lb weight throughout the day as one of his preferred activities. Due to current ostomy and foley cath Pt does not use the toileting. He showers with use of a reclining shower chair and assistance from staff. At this time Pt is functioning at previous baseline for ADLs and IADLs and is not in need of further OT services. Spoke to Pt and GH staff who are both in agreement for OT eval only. Confirmed order with MD.

Standardized Tests and Measures

KATZ ADL Test

KATZ ADL Test

Bathing	(0) Dependence: Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
Dressing	(0) Dependence: Needs help with dressing self or needs to be completely dressed.
Toileting	(0) Dependence: Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
Transferring	(0) Dependence: Needs help in moving from bed to chair or requires a complete transfer.
Continence	(0) Dependence: Is partially or totally incontinent of bowel or bladder.
Feeding	(0) Dependence: Needs partial or total help with feeding or requires parenteral feeding.

Total Score: 0/6

Interpretation: 6 = High (patient independent) | 0 = Low (patient very dependent)

Result Interpretation:

0/6 on Katz

Reference:

Source: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org