



HW485011L0J1KKH6RWB1

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INTERIM ORDERS

Send To Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535		Primary Physician Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535	
Medical Record No. 888008	Insurance Medicare	Start of Care 05/23/2025	Certification Period 05/23/2025 Through 07/21/2025
Patient DeCosta, Helen 204 Crossroads Drive Apartment 204 Pines Building Dartmouth, MA 02747		DOB 07/26/1934	Sex F

Orders for Discipline and Treatments	<p>PT:</p> <p>Assess oxygen saturation as needed and report to physician if less than 88%. Assess vital signs and report the following to the physician: Temperature over 101.5, Systolic Blood Pressure over 160, or less than 90, Diastolic Blood Pressure over 90, Heart Rate less than 50, or greater than 120, Respirations greater than 26. C- Assess patient pain. Energy Conservation/Endurance Activities. Pain Management Instruction/Education. Patient/Caregiver Education. Transfer Training. Wheelchair Mobility. Teach Activities to Enhance Endurance, Body Mechanics, Home Exercise Program</p>
Goals/Rehabilitation Potential/Discharge Plans	<p>PT Goals: Long Term Goal: Patient will improve Wt shifting, scoot to edge of surface and anterior wt shift in order to perform sit to stand with RW with indep to allow pt to safely access chair, bed and toilet.. Patient Stated Personal Goal: Short Term Goal: Pt will be indep recall and demo supine HEP within 1 visit</p> <p>Rehab Potential is Good For the Above Goals</p> <p>Discharge Plan: Discharge to Self Care</p>
Clinical Summary	<p>REASON FOR REFERRAL: Patient was brought onto service after a hospital stay at St. Luke's Hospital from 4/5/25 to 4/6/25 and a rehab stay from 4/6/25 to 5/22/25. She was being seen in the home and then returned back to St. Luke's Hospital with weakness and was readmitted to Care One for rehab. Patient was discharged home on 5/23/25 and resumed by skilled nursing. Patient now is home and presents with deconditioning, imbalance, pain, and functional decline.</p> <p>PMH: Stercoral colitis, gastroenteritis, pleural effusion, altered mental status, anxiety, hypertension, insomnia, generalized weakness, cataracts, GERD, hypothyroidism, rotator cuff repair of her shoulder, MVA in 2017 with right tibial, left femur, left patellar and tibial fracture status post RIF, left total knee replacement in 2020, recurrent dislocation of her left patella, OA.</p> <p>Soc HX/PLOF: Patient is a 90-year-old female living alone in a one level apartment. Pt was indep transfers with RW and indep WC level PLOF. Pt has the following equipment: rollator RW, WC, RW, tub transfer bench, SPC and bed rail.</p> <p>CODE STATUS:DNR</p> <p>COGNITION: A & O x 3</p> <p>CURRENT LEVEL OF FUNCTION:Pt refused bed mobility. Pt is SBA sit to stand to RW with to/from RW with decreased scoot to edge of surface and decreased anterior weight shift with increased dep on BUE. Pt is SBA stand step transfer WC-chair with RW with stand step with RW with decreased scoot to edge of surface and decreased anterior weight shift with increased dep on BUE. with shuffling gait, decreased posture and decreased posture. Pt indep propulsion of WC 15 ft level.</p> <p>SAFETY:fall risk</p> <p>SKILL/REASON FOR THERAPY SERVICES:Pt c/o pain LLE 0/10-5/10 and R ankle 0/10-6/10. Pt</p>

	<p>scored a 0 30s chair stand test score and is at high risk for falls. Pt would benefit from skilled PT for gait training, transfer training, balance training, activity tol training, therex and pt ed. PT is refusing skilled PT at this time. MD notified of pt refusal. Pt is DC from home PT</p> <p>HOMEBOUND:yes, Pt is SBA stand step transfer RW. PT only leaves home for MD appts. Pt trips out of the home are of short duration and are infrequent in nature. When pt returns home from trip ou she requires multiple hour rest period to recover.</p> <p>ESTIMATED # VISITS:1</p> <p>24/7 CNHC availability and red flags reviewed</p> <p>POC REVIEW: Plan of care reviewed with Pt, who verbalizes understanding and refuses to participate. MD was informed of patient's refusal. Reviewed SOC assessment.</p> <p>Consent form/s nbd ABN reviewed and with pt. Pt/HCP verbalized understanding. This writer witnessed the pt signing the consent and ABN. Form/s scanned to office.</p>
Clinician's Signature and Date	Todd Hayes DPT Lic# 17399 *E-Signature* 06/28/2025 @ 06:41 AM VO Date 06/27/2025 07:41 PM
Orders for Discipline and Treatments	HCA: 1x/wk x 1 wk, 2x/wk x 4 wks
Goals/Rehabilitation Potential/Discharge Plans	
Clinician's Signature and Date	
	Kimberly Rasicot OT - MA Lic # 10956 *E-Signature* 06/26/2025 @ 10:18 AM VO Date 06/26/2025 10:18 AM

Physician's Signature **X**

Date **X**

Christine A Will, MD

Date HHA Received Signed POT (Sent 7/1/2025 10:57 AM)