

**OT Evaluation** : 06/17/2025 (1296352721)

Diaz, Gloria J. ( 100994258 )

Date of Birth: 04/09/1951

✓ Patient identity confirmed

Time In: 09:55

Time Out: 10:31

Visit Date: 06/17/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:** CHF/Gastrointestinal hemorrhage

Onset 05/27/2025

**OT Diagnosis:** weakness/SOB

Onset 06/17/2025

**Relevant Medical History:**

CHF, HTN, COPD, hep C, toe amputation, hyperlipidemia, diabetic foot ulcers, CAD, obesity, NSTEMI, CKD stage 4 and aortic stenosis.

**Prior Level of Functioning:**

Pt has been modified I for her functional mobility/transfers/meal prep and some ADL's. Pt did have a homemaker.

**Patient's Goals:**

To get stronger and improve my balance

**Precautions:** fall/ cardiac**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:**

Pt is very SOB with minimal exertion

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

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

Assistance is available: Occasional / short-term assistance

**Current Types of Assistance Received**

Pt has family and a homemaker weekly

**Safety / Sanitation Hazards**☐ No hazards identified✓ ☒ Steps / Stairs: 14 steps☐ 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**

Pt lives in a second floor apartment with 14 steps to enter the home. Pt has one area in her living room that is cluttered. Pt has 2 grown children living with her. Not much (Continued)

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**Vital Signs**

Clinician: Clinician-Agency

https://kinnser.net/AM/PrintWrapper.cfm?sessionCacheKey=2E968ABE-C197-15A7-91A3A1F2A42F0A1C:F673F49B

1/9

Signature:

Date: 7/3/2025

Temperature:

97.9 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route
Prior	112 / 70	Sitting	Left	Prior	66	Prior	18	Prior	98	Room Air	via
Post	/			Post		Post		Post			via

Comments:

Physical Assessment

Speech: WNL  
Vision: WNL Wears glasses  
Hearing: WNL  
Edema:  
Oriented: ☒ Person ☒ Place ☒ Time

Muscle Tone: Good  
Coordination: Good minor Hand tremors  
Sensation: Good  
Endurance: Fair fatigues easily with increased SOB  
Posture: Good

Signature:  
Date: 7/3/2025

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### Evaluation of Cognitive and/or Emotional Functioning

Pt is alert and OX3 and she was able to hold a conversation without difficulties.

### Pain Assessment

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)  
Primary Site: L LE 5 Medium Secondary Site:  
Increased by: walking

Relieved by: elevation

Interferes with: daily activities

### ROM / Strength

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

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: Good Dynamic: Good  
Standing Static: Good Dynamic: Fair

Deficits Due To / Comments:

Pt has some unsteadiness with balance

#### Bed Mobility

Rolling Assist Level S ☐ L ☐ R Assistive Device

Supine - Sit S  
Sit - Supine S

Deficits Due To / Comments:

#### Transfer

Sit - Stand CG  
Stand - Sit S  
Bed - Chair CG  
Chair - Bed CG  
Toilet or BSC CG  
Shower min A  
Tub  
Car / Van

Deficits Due To / Comments:  
uses cane

#### Self Care Skills

Toileting / Hygiene Assist Level S Assistive Device  
Oral Hygiene S  
Grooming S  
Shaving  
Bathing minA  
Dressing: S  
Upper Body S  
Lower Body S  
Manipulation of Fasteners S  
Socks & Shoes min A  
Feeding Independent  
Swallowing S  
Deficits Due To / Comments:

#### Instrumental ADLs

Light Housekeep max A Assist Level  
Light Meal Prep min A Assistive Device  
Clothing Care max A  
Use of Telephone independent  
Manage Money S  
Manage Medication S  
Home Safety Awareness S  
Deficits Due To / Comments:  
needs assistance and her SOB and anxiety impact this

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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

#### Cognitive Status / Perception

Prior to Injury  
Dominance

same

☒ Right handed   ☐ Left handed

Memory: Short Term

WNL

#### Deficits Due To

Memory: Long Term

WNL

Safety Awareness

WNL

Judgment

WNL

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

Fine Motor

WNL

Gross Motor

WNL

Comments:

#### Evaluation and Testing Description:

Pt was seen for her Occupational Therapy Evaluation to assess her functional status and the need for further OT services. Pt was alert and OX3

#### 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

Pt is a 74 year old female that was referred back to Nightingale s/p hospital stay for CHF/Gastrointestinal hemorrhage bleed. Pt was referred for an Occupational Therapy Evaluation to assess her functional safety and her functional I. Pt was seen today for her Occupational Therapy Evaluation to assess her increased SOB and fatigue that are limiting her functional independence and the need for further Occupational Therapy services. Pt lives in a second floor apartment with 14 steps to enter (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): Lindsey

Regarding: POC

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

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

Reason:

**Statement of Rehab Potential**

Pt has a good rehab potential to achieve her OT goals

**Treatment / Skilled Intervention This Visit**

Educated in POC Educated in safety awareness Educated in SS to report to MD Educated in energy conservation management Barthel index Katz index

**Discharge Plan**

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

**Therapist Signature ( TREMBLAY , DANIELLEM ) & Date of Verbal Order for Start of OT Treatment**

**Date**  
06/17/2025

Digitally Signed by: DANIELLEM TREMBLAY , OT

**Physician Name**  
KARMINA BAUTISTA MD

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

**Physician Signature**

**Date**

Signature:

Date: 7/3/2025

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## Treatment Goals and Plan Audits

### Goal Summary

#### Unmet Goals (4)

(FT) Pt will demonstrate safe use adaptive equipment as needed for her showering to assist in increasing her functional safety, functional endurance and her functional independence by discharge. **Goal Term:** long **Target Date:** 08/17/25

(FT) Pt will demonstrate good endurance to perform her bathing/dressing and accessing of items needed by using energy conservation strategies and adaptive equipment as needed with modified I by discharge. **Goal Term:** long **Target Date:** 08/17/25

(FT) Pt will demonstrate increased functional endurance by performing light meal prep with accessing of all items needed with modified I using good energy conservation strategies by discharge. **Goal Term:** long **Target Date:** 08/17/25

(FT) Pt will increase her BUE strength to 4+/5 by performing BUE exercises to assist in increasing her overall strength and endurance for her functional tasks and daily activities by discharge. **Goal Term:** long **Target Date:** 08/17/25

### Goal Progress Summary For This Visit

#### Goals Addressed (4)

(1 of 4) (FT) Pt will demonstrate safe use adaptive equipment as needed for her showering to assist in increasing her functional safety, functional endurance and her functional independence by discharge.

**Progress:**Unchanged

#### **Progress Note:**

(2 of 4) (FT) Pt will demonstrate good endurance to perform her bathing/dressing and accessing of items needed by using energy conservation strategies and adaptive equipment as needed with modified I by discharge.

**Progress:**Unchanged

#### **Progress Note:**

(3 of 4) (FT) Pt will demonstrate increased functional endurance by performing light meal prep with accessing of all items needed with modified I using good energy conservation strategies by discharge.

**Progress:**Unchanged

#### **Progress Note:**

(4 of 4) (FT) Pt will increase her BUE strength to 4+/5 by performing BUE exercises to assist in increasing her overall strength and endurance for her functional tasks and daily activities by discharge.

**Progress:**Unchanged

#### **Progress Note:**

### Goals and Interventions Updated This Visit

#### Goals Extended to Next Episode (4)

(FT) Pt will demonstrate safe use adaptive equipment as needed for her showering to assist in increasing her functional safety, functional endurance and her functional independence by discharge. **New Target Date:** 08/17/25 **New Goal Term:** long

(FT) Pt will demonstrate good endurance to perform her bathing/dressing and accessing of items needed by using energy conservation strategies and adaptive equipment as needed with modified I by discharge. **New Target Date:** 08/17/25 **New Goal Term:** long

(FT) Pt will demonstrate increased functional endurance by performing light meal prep with accessing of all items needed with modified I using good energy conservation strategies by discharge. **New Target Date:** 08/17/25 **New Goal Term:** long

(FT) Pt will increase her BUE strength to 4+/5 by performing BUE (Continued)

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**OT Evaluation Addendum Page** : 06/17/2025  
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**Evaluation of Living Situation, Supports, and Hazards**

moving area in the living room,

**Evaluation Assessment Summary**

and 6 steps outside. She has a homemaker that assists her in her cleaning. She had a CABG 4 years ago and was able to return to her prior functioning level after surgery. Her aortic valve stenosis has been limiting her, she will be scheduled for surgery with in the next couple weeks to replace her valve. Pt has a PMH: HTN, DM, CABG, aortic stenosis, CKD, hepatitis C, toe amputation, hyperlipidemia, CAD, obesity. Pt has DME: shower chair, raised toilet seat and a cane. PLOF: Pt was at a modified I level for bathing/dressing self, toileting, functional transfers/mobility, meal prep and some homemaking. Pt's balance was good-. CLOF: Pt is alert and O<sub>2</sub> 3 and VSS. Pt did not report any dizziness or headache. Pt did not report pain in her back at the time of evaluation but she has chronic back pain. Pt c/o pain in her LLE of 3/10. Pt did report that her SOB and fatigue have worsened and she is barely able to talk without betting SOB. She reports that she gets SOB and fatigue very easily and she is not doing much of anything she was able to do PTA. Her SOB and fatigue impact all areas of her daily life. Pt also has edema in her LLE. Pt BUE ROM is WFL and her BUE strength is 3+/5. Pt has fair static/dynamic standing balance, but at times with her knee pain her balance gets impacted. Pt is at a S-min A level for her ADL's due to fatigue. She is mod-min A for her IADLs also due to fatigue. Pt is at a S-CG for her functional transfers/mobility due to weakness and fatigue. Pt fatigues with minimal exercise. KATZ index: 4 and Barthel index: 80, despite these numbers being independent she is struggling to complete them on a daily basis due to SOB and fatigue. Pt is not functioning at her baseline status with her functional endurance and strength to complete her transfers/mobility and ADL/IADL's. She will benefit from Occupational Therapy treatment 2 x weekly to address the above listed deficits and to assist her in achieving her PTA status of modified I with her daily activities. OT tx will focus on increasing her functional endurance with her overall ADL/IADL's, using the following these treatments: ther exercises, ther activities, functional mobility/transfer/balance training, ADL/IADL training and safety awareness and energy conservation strategies. Pt is homebound due to being dependent upon an assistive device and it is a significantly taxing effort to leave the home. Pt emergency care plan was reviewed and D/C planning initiated. Pt is in agreement with POC>

**Goals and Interventions**

exercises to assist in increasing her overall strength and endurance for her functional tasks and daily activities by discharge. **New Target Date:** 08/17/25 **New Goal Term:** long

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**WOUND CARE**

Wounds Not Addressed This Visit

**Wound 1: Location** - L groin, **Type:** Surgical Wound, **Date of Onset:** Present Upon Admission

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**Test and Measures** : 06/17/2025  
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### Standardized Tests and Measures

#### KATZ ADL Test

#### KATZ ADL Test

Bathing

#### Answers

(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

(1) **Independence:** Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.

Transferring

(0) **Dependence:** Needs help in moving from bed to chair or requires a complete transfer.

Continence

(1) **Independence:** Exercises complete self control over urination and defecation.

Feeding

(1) **Independence:** Gets food from plate into mouth without help. Preparation of food may be done by another person.

**Total Score: 3/6**

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

#### Result Interpretation:

#### 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

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