

**OT Evaluation** : 05/29/2025 (1291558889)

Tavares, Shirley L ( MA250328114901 )

Date of Birth: 11/10/1949

✓ Patient identity confirmed

Time In: 18:00

Time Out: 18:35

Visit Date: 05/29/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:** End stage Renal Failure

Exacerbation 04/01/2025

**OT Diagnosis:** muscle weakness

Exacerbation 04/01/2025

**Relevant Medical History:**

patient is a s 75 y/o, lives on first floor of multi family. Daughter lives upstairs. who was Admitted for med management, insulin BID from nursing patient was referred to OT evaluation She was hospitalized after a fall. Non operable fracture to LFA. She skinned her knees when she fell and has a dressing ,OT evaluation (Continued)

**Prior Level of Functioning:**

patient lives in a single family home with family, patient has dialysis on Monday Wednesday and Fridays. Patient has support from daughter patient was independent for dressing nd toilet routine and required assistance for shower routine with DME.

**Patient's Goals:**

to get stronger and be more independent

**Precautions:** fall risk ( dialysis port ) BP on her RUE**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: With other person(s) in the home

Assistance is available: Occasional / short-term assistance

**Current Types of Assistance Received****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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Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

Temperature:

98.2 Taken: Temporal

BP:

Prior 136 / 76  
Post /

Position  
Sitting

Side  
Left

Heart Rate:  
Prior 78  
Post

Respirations:  
Prior 18  
Post

O2 Sat:  
Prior 98  
Post

Room Air / Rate  
Room Air

Route  
via  
via

Comments:

Physical Assessment

Speech:

WNL

Vision:

Impaired

Hearing:

Impaired

Edema:

Oriented:

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Fair

Endurance:

Fair

Posture:

Fair

Clinician: Clinician, Agency

Signature:

Date: 7/3/2025

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### Evaluation of Cognitive and/or Emotional Functioning

#### 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

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

☐ Able to assume / maintain midline orientation

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

Deficits Due To / Comments:

##### Self Care Skills

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

reduce balance, strength and endurance

##### Assist Level

Supervision

Supervision

Supervision

Supervision

mod assist

min assist

min assist

min assist

min assist

Supervision

Supervision

##### Assistive Device

##### Bed Mobility

Rolling Assist Level  
Supervision

✓ L ✓ R  
Assistive Device

Supine - Sit Supervision

Sit - Supine Supervision

Deficits Due To / Comments:

##### Transfer

Sit - Stand Assist Level  
Supervision  
Stand - Sit Assist Level  
Supervision  
Bed - Chair Assist Level  
Supervision  
Chair - Bed Assist Level  
Supervision  
Toilet or BSC Assist Level  
Supervision  
Shower CGA  
Tub  
Car / Van

##### Assistive Device

Deficits Due To / Comments:

reduce balance, strength and endurance

##### Instrumental ADLs

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

reduce balance, strength and endurance

##### Assist Level

max assist

max assist

max assist

S

max assist

max assist

S

##### Assistive Device

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**Functional Assessment (Continued)**

<b>Independence Scale Key</b>	<b>Dep</b>	<b>Max Assist</b>	<b>Mod Assist</b>	<b>Min Assist</b>	<b>CGA</b>	<b>SBA</b>	<b>Supervision</b>	<b>Ind with Equip</b>	<b>Indep</b>
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**Motor Coordination****Cognitive Status / Perception**Prior to Injury  
Dominance
☒ Right handed    ☐ Left handed
**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

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 s 75 y/o, lives on first floor of multi family. Daughter lives upstairs. who was Admitted for med management, insulin BID from nursing patient was referred to OT evaluation in new episode. She was hospitalized after a fall. Non operable fracture to LFA. She skinned her knees when she fell and has a dressing OT evaluation recommended. PMH: end stage renal, dialysis MWF Left AV fistula, + B&T. Patient seen today for OT evaluation this afternoon daughter present patinet has (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:

Clinician: Clinician\_Agency

Signature:

Date: 7/3/2025

**OT Evaluation** : 05/29/2025

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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: ot plan of care

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther Discipline Recommendations: ☐ PT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

**Statement of Rehab Potential**

good potential

**Treatment / Skilled Intervention This Visit**

patient educated on Showe rroutine compensation technique moderate assist needed for shower routine, min assist dressing with icncreased time due to SOB

**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**

05/29/2025

**Physician Name**  
KARMINA BAUTISTA MD**Physician Phone:** (508) 996-3991  
**Physician FAX:** (508) 961-2982**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 perform HEP independently with good demonstration for upper body strengthening within 8 week **Goal Term:** long **Target Date:** 07/26/25

(FT) patient will perform tub transfer SBA level within 8weeks **Goal Term:** long **Target Date:** 07/26/25

(FT) Patient will perform UB and LB dressing mod I within 4 weeks **Goal Term:** short **Target Date:** 07/05/25

**Goals and Interventions Updated This Visit**

**Goals Added (3)**

(FT) Patient will perform HEP independently with good demonstration for upper body strengthening within 8 week **Target Date:** 07/26/25 **Goal Term:** long

(FT) Patient will perform UB and LB dressing mod I within 4 weeks **Target Date:** 07/05/25 **Goal Term:** short

(FT) patient will perform tub transfer SBA level within 8weeks **Target Date:** 07/26/25 **Goal Term:** long

**Interventions Added (3)**

(FT) OT to provide and manage HEP to focus on UB strength to improve functional transfers

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

(FT) OT to provide fall prevention education and functional transfer training to reduce risk of falls during adl routine

Signature:

Date: 7/3/2025

**OT Evaluation Addendum Page** : 05/29/2025  
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**Relevant Medical History**

recommended.  
PMH: end stage renal, dialysis MWF Left AV fistula, + B&T.

**Evaluation Assessment Summary**

made steady progress since start of care vitals stable Patient is now ambulating slow pace with FWW, patient demonstrates with 4 out of 5 ub strength poor activity tolerance on room air Borg scale 3 out of 10, patient is able to perform toilet routine independently, UB and LB Dressing with min assist ( max assist for socks and shoes ), mod assist for shower routine with DME including suction grab bars and standard shower chair, and CGA for shower transfer verbal cues for fall prevention awaiting on TUB RAIL to improve shower transfer to reduce falls Patient would benefit from skilled OT services to educate on self care management to educate on ADL compensation technique, educate on fall prevention education during functional mobility in home and transfers, and establish a HEP to improve patients UB strength to assist in ADL performance. OTR went over oT plan of care with patient and frequency verbal consent was given.

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