

ST Evaluation : 06/05/2025 (1292274871)

Korab, Kevin A. (hcbr-MC-1342) 🏠

Date of Birth: 01/17/1962

✓ Patient identity confirmed

Time In: 11:15

Time Out: 12:15

Visit Date: 06/05/2025

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 06/05/2025

ST Diagnosis: R13.12 - Dysphagia, oropharyngeal phase

Exacerbation 06/05/2025

Relevant Medical History:

HTN, diarrhea, falls, fractures, depression, blood clots, pressure areas, anemia, urinary retention, BPH, frequent UTI, dysphagia, R HP, ICH, centrilobular emphysema, PCM, chronic pain, colostomy, smoker, implanted baclofen pump, IVC filter, PE, DVT BLE, TBI, muscle spasms, pressure ulcer, neurogenic bladder, GERD, (Continued)

Prior Level of Functioning:

puree solids and pudding thick liquids

Patient's Goals:

continue PO intake

Precautions: seizures, aspiration; safety, full code

Safe swallowing evaluation:

☐ Yes ☒ No

Video Fluroscopy:

☐ Yes ☒ No

Current Diet/Texture:

Purée


Liquids:

☐ Thin ☒ Thickened

(specify):

Pudding thick

Other (specify):

ST Evaluation : 06/05/2025Korab, Kevin A. (hcbr-MC-1342) **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:

Patient requires wheelchair to safely leave home, is dependent for wheelchair mobility and requires wheelchair van for transportation. Due to cognitive deficits, patient requires 24 hour supervision for safety.

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:

Patient requires wheelchair to safely leave home, is dependent for wheelchair mobility and requires wheelchair van for transportation. Due to cognitive deficits, patient requires 24 hour supervision for safety.

Vital Signs**Temperature:**

97.7 Taken: Temporal


BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	138 / 77	Sitting	Left	Prior 68	Prior 19	Prior 96	Room Air	via
Post	/			Post	Post	Post		via

Comments:

No medication changes, no MD/ED visits and no falls since the last agency visit.

Pain

- ☒ No Pain Reported

ST Evaluation : 06/05/2025Korab, Kevin A. (hcbr-MC-1342) **Speech/Language Evaluation**

4 - WFL(Within Functional Limits) 3 - Mild Impairment 2 - Moderate Impairment 1 - Sever Impairment 0 - Unable to Assess/Did Not Test

Auditory Comprehension

	Score
Conversation	3
Complex Sentences	2
One Step Directions	3
Speech Reading	
Two Step Directions	3
Word Discrimination	

Comments:

Cognition

	Score
Attention Span	3
Judgment	3
Long Term Memory	3
Organization	3
Orientation (Person/Place/Time)	3
Problem Solving	2
Short Term Memory	3

Other:

Comments:

Reading

	Score
Complex Sentences	
Letters/Numbers	
Paragraph	
Simple Sentences	
Words	

Comments:

Speech/Voice

	Score
Oral/Facial Exam	
Articulation	1
Prosody	1
Voice/Respirations	1
Speech Intelligibility	1


Other:

Comments:

Treatment Goals

	Time Frame
1: Pt. will tolerate puree/pudding with no overt signs/symptoms of aspiration/penetration in 90% of opportunities across 3 consecutive sessions.	6 weeks
2: Pt will participate in an MBS to determine safest least restrictive diet.	3 weeks
3: Pt. will utilize compensatory strategies (upright positioning, reduce rate, small bolus) in 95% of opportunities to improve swallowing safety.	4 weeks
4:	
5:	
6:	
7:	
8:	
9:	
10:	

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit

ST Evaluation : 06/05/2025Korab, Kevin A. (hcbr-MC-1342) **Treatment Plan**

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Evaluation | <input type="checkbox"/> Language treatment | <input checked="" type="checkbox"/> Food texture recommendations |
| <input type="checkbox"/> Arylaryngeal Speech | <input type="checkbox"/> Non-oral communication | <input type="checkbox"/> Speech dysphagia instruction program |
| <input type="checkbox"/> Care of Voice prosthesis | <input type="checkbox"/> Safe swallowing evaluation | <input type="checkbox"/> Exercise: lip, tongue, facial - to improve swallowing/vocal skills |
| <input type="checkbox"/> Dysphagia Treatments | <input type="checkbox"/> Speech articulation treatment | <input type="checkbox"/> Teach/development communication system |
| <input type="checkbox"/> Establish rehab program | <input type="checkbox"/> Trach instruction and care | <input type="checkbox"/> Therapy to increase articulation, proficiency, verbal expression |

Other (specify):

- | | | | |
|------------------|---|--|-------------------------------|
| Rehab potential: | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Establish HEP: | <input type="checkbox"/> Given to patient | <input type="checkbox"/> Attach to chart | |
| Establish HMP: | <input type="checkbox"/> Given to patient | <input type="checkbox"/> Attach to chart | |

Equipment Recommendations:

Small spoons, PWC

Safety Issues / Instructions / Education:

Education completed with pt./caregiver related to diet preparation and diet recommendations.

Comments / Additional Information:

This is an individual that resides in a group home with a complex hospitalization resulting in the individual being intubated and extubation. Pt with severe oropharyngeal dysphagia as evidenced by reduced oral acceptance and containment, poor oral bolus control and lingual (Continued)

Patient / Caregiver Response to Plan of Care:

Pt is in agreement with POC.

Care Coordination

Conference with:

☐ PT ☐ PTA ☐ OT ☐ COTA ☐ ST ☐ SN ☐ Aide ☐ Supervisor Other: caregiver

Name(s): michelle

Regarding: POC

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

Frequency and Duration

	Start Date	End Date	Effective Date	Frequency
Current Episode:	06/04/2025	08/02/2025	06/05/2025	1 time 1 week; 2 times for 2 weeks; 1 time for 3 weeks
Next Episode:				

Discharge Plan

- ☐ To self care when goals met ☐ To self care when max potential achieved ☐ To outpatient therapy with MD approval
- ☒ Other: To group home once goals are achieved

Therapist Signature (Thomasset , Kelly A)

Digitally Signed by: Kelly A Thomasset , SLP9016

Date

06/05/2025

Physician Name

Karmina Bautista MD

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

ST Evaluation Addendum Page : 06/05/2025

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Relevant Medical History

osteoporosis, OA B knees and hips, iron deficiency anemia, hyponatremia, diversion colitis, OSA, lymphocytopenia, vitamin D deficiency, upper respiratory infection, RLL PNA, fx metacarpal bone R side, spastic quadriplegia, rectal bleeding, skin cancer, chronic interstitial lung disease, aspiration PNA, kidney stones, gingivitis, non infectious gastroenteritis

Treatment Plan - Comments / Additional Information

manipulation, oral residue noted, suspected delay in onset of swallow and suspected reduced hyolaryngeal elevation and excursion. Caregiver/clinician directed compensatory strategies as the individual requires assistance with eating. Reducing distractions during intake was beneficial with improving attention to task. Given significance of swallowing impairments, discussion related to participate in an MBS . Purée solids and pudding thick liquids continues to be recommended. Further skilled ST is recommended to determine safest least restrictive diet.