OT Re-Evaluation : 06/18/2025 (1287157868)
Lopes, Maria (MA250206063603)
Date of Birth: 06/25/1936
✓ Patient identity confirmed

Nightingale Visiting Nurses
125 County ST.
Taunton , MA 02780
Phone: (508) 967-0761
Fax: (508) 967-0767

Time In: 13:30 Time Out: 14:03 Visit Date: 06/18/2025

Diagnosis / History

Medical Diagnosis: CHF, AFIB

OT Diagnosis: Muscle weakness Exacerbation

Relevant Medical History:
PATIENT IS A 88 YR. OLD FEMALE ADMITTED TO HOSPITAL and rehab stay at Hathway Manor due to increased SOB and LE edema. Patient was admitted for heart failure and new onset of AFIB Diet: Soft and east to chew foods PMHHIGH GRADE PT1 TRANSITIONAL CELL CARCINOMA OF URINARY BLADDER S/P CYSTOSCOPY WITH RETROGRADE PYELOGRAMS AND
(Continued)

Prior Level of Functioning:
pt lives on 1st floor approx. 8 steps into the home. pt lives alone, pt daughter assists pt in am and pm with ADLs, meal prep

Patient's Goals:
to get stronger

Precautions: fall risk, fww

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: Alone
Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received
patient daughter visits daily to assist with adls and iadl in home

Safety / Sanitation Hazards
☐ No hazards identified
✓ Steps / Stairs:
☐ Narrow or obstructed walkway
☐ Cluttered / soiled living area
☐ 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
Other:

Evaluation of Living Situation, Supports, and Hazards

Vital Signs

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

Temperature:
98.7 Taken: Temporal

BP:		*Position*	*Side*	**Heart Rate:**	**Respirations:**	**O2 Sat:**	*Room Air / Rate*	*Route*
Prior	124 / 88	Sitting	Left	Prior 72	Prior 18	Prior 98	via	
Post	/			Post	Post	Post	via	

Comments:

Physical Assessment

Speech:	WNL	**Muscle Tone:**	Good
Vision:	WNL	**Coordination:**	Good
Hearing:	WNL	**Sensation:**	Fair
Edema:		**Endurance:**	Poor
Oriented:	✓ Person ✓ Place ✓ Time	**Posture:**	Fair

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

OT Re-Evaluation : 06/18/2025

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Evaluation of Cognitive and/or Emotional Functioning

reduce short term recall, safety and insight into her limitations increasing her risk of falls

Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)		Location	Intensity (0-10)
Primary Site:	back	7	Secondary Site:		
Increased by:	Standing				
Relieved by:	medication				
Interferes with:	mobility and adls				

ROM / Strength

		ROM		Strength				ROM		Strength	
Part	*Action*	*Right*	*Left*	*Right*	*Left*	*Part*	*Action*	*Right*	*Left*	*Right*	*Left*
Shoulder	Flexion			3	3	Forearm	Pronation			4	4
	Extension			3	3		Supination			4	4
	Abduction			3	3	Wrist	Flexion			4	4
	Adduction			3	3		Extension			4	4
	Int Rot			3	3		Radial Deviation			4	4
	Ext Rot			3	3		Ulnar Deviation			4	4
Elbow	Flexion			4	4	Finger	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:

Bed Mobility

	Assist Level	
Rolling	min assist	✓L ✓R
Supine - Sit	min assist	
Sit - Supine	min assist	

Assistive Device

Deficits Due To / Comments:

Transfer

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

Deficits Due To / Comments:

reduce balance, strength and endurance AND safety

Self Care Skills

	Assist Level	Assistive Device
Toileting / Hygiene	cga	
Oral Hygiene	set up	
Grooming	max assist	
Shaving	max assist	
Bathing	max assist	
Dressing:		
Upper Body	max assist	
Lower Body	max assist	
Manipulation of Fasteners	max assist	
Socks & Shoes	max assist	
Feeding	S	
Swallowing	S	

Deficits Due To / Comments:

reduce balance, strength and endurance AND safety

Instrumental ADLs

	Assist Level	Assistive Device
Light Housekeep	max assist	
Light Meal Prep	max assist	
Clothing Care	max assist	
Use of Telephone	s	
Manage Money	max assist	
Manage Medication	max assist	
Home Safety Awareness	s	

Deficits Due To / Comments:

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

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Motor Coordination

Prior to Injury Dominance: ☑ Right handed ☐ Left handed

	Deficits Due To
Fine Motor	WNL
Gross Motor	WNL

Comments:

Cognitive Status / Perception

	Deficits Due To
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:

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 seen today for OT 30 day assessment , patients vitals stable patient reports of increased back pain limiting her ability to perform standing tasks 7 to 8 out of 10. Patient demonstrated with reduce ub strength 3 out of 5 shoulder and 4 out of 5 elbow and hand strength. patient is able to perform toilet routine independent level, UB and LB dressing with max assist, shower routine with caregiver max assist needed due to reduce balance and endurance, Patient demonstrates with increased (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: Agency Clinician

Signature:

Date: 7/3/2025

OT Re-Evaluation w/Supervisory Visit : 06/18/2025
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Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

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

Treatment / Skilled Intervention This Visit
patient educated on ADL compensation technique and transfer training

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
06/18/2025

Physician Name
JONATHAN BIER MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-0803

Physician Signature

Date

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

OT Re-Evaluation Addendum Page : 06/18/2025
Lopes, Maria (MA250206063603)

Relevant Medical History

TRANSURETHRAL RESECTION OF MEDIUM BLADDER TUMOR WITH PLACEMENT IF RIGHT URETERAL TETHERED STENT.

Evaluation Assessment Summary

SOB during functional mobilty with FWW borg scale 4 out of 10, educated on pulmonary exercises to reduce SOB during ADLS and mobilty, TUG falls risk 29 seconds very high fall risk noted. Patient educated on fall prevention and home safety to reduce falls during functional mobilty ambulating from room to bedroom patient now has a hospital bed per daughter she will be moving to another room for patient to have more space. Patient would benefit from skilled OT services to focus on HEP to address UB strength, educate on dressing compensation technique and fall prevention education

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

Supervisory Visit : 06/18/2025 (1287157868)
Lopes, Maria (MA250206063603)
Date of Birth: 06/25/1936

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125 County ST.
Taunton , MA 02780
Phone: (508) 967-0761
Fax: (508) 967-0767

Visit Assessment

Supervision Date:	06/18/2025 Start: End:
Supervisor Name:	Ashleylynn Machado, OT
Clinician Name:	Garcia-Claflin, Brianna *Name of person being supervised*
Clinician Present at Time of Visit:	☐ Yes ☑ No
Notifies client/caregiver of schedule:	Excellent
Reports for duty as assigned:	Excellent
Cooperative with client and others:	Excellent
Courteous toward client and others:	Excellent
Maintains an open communication with client and others:	Excellent
Follows client plan of care as instructed:	Excellent
Demonstrates competency with assigned tasks:	Excellent
Documents appropriately:	Excellent
Timely notification to supervisor of client's needs or changes in condition:	Excellent
Adheres to organizational policies and procedures:	Excellent
Complies with infection prevention and control policies and procedures:	Excellent
Honors patient rights:	Excellent

Changes and/or Instructions

Comments

Therapist Signature (Machado , Ashleylynn) & Date of Verbal Order for Start of OT Treatment
Digitally Signed by: Ashleylynn Machado , OT

Date
06/18/2025

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

OT Re-Evaluation w/Supervisory Visit : 06/18/2025
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) Patient will improve UB strength from 3 to 5 to improve functional transfers to independent level within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

(FT) PT will perform UB and LB dressing routine SBA level within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

(FT) PT will perform toilet routine independently within. 4 weeks **Goal Term:** short **Target Date:** 06/07/25

Clinician: Agency Clinician

Signature:

Date: 7/3/2025