

OT Evaluation : 06/20/2025 (1300319679)

Diaz, Gloria J. (100994258)

Date of Birth: 04/09/1951

✓ Patient identity confirmed

Time In: 09:30

Time Out: 10:03

Visit Date: 06/20/2025

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

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Continued her 2 grown children living with her. Not much (Continued)

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Signature:

Date: 7/3/2025

Vital Signs

Temperature:

97.8 Taken: Temporal

BP:

				Position	Side
Prior	130	/ 78		Sitting	Left
Post		/			

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:

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

Clinician: Clinician-Agency

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. Pt is happy that the MD said that her LLE is fine and there is not blood clott.

Pain Assessment

☐ No Pain Reported

Primary Site: **Location** **Intensity (0-10)** **Location** **Intensity (0-10)**
L LE 8 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+		Ulnar Deviation	WFL	WFL	3+	3+
Elbow	Flexion	WFL	WFL	3+	3+	Finger	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 **Assist Level** **Assistive Device**
CG
S

Stand - Sit CG
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** **Assistive Device**
S

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:

Clinician: Clinician-Agency

Signature:

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Functional Assessment (Continued)

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
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Motor Coordination**Cognitive Status / Perception**Prior to Injury
Dominance

same

☒ Right handed ☐ Left handed**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

Memory: Short Term

WNL

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:

Deficits Due To**Evaluation and Testing Description:**

Pt was seen for her Occupational Therapy Recertification 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 recently 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 recently seen for her initial Occupational Therapy Evaluation and today was seen for her Recertification with having on treatment session in between. Pt was assess her increased SOB and fatigue that are limiting her functional independence (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

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

Reason:

Statement of Rehab Potential

Pt has 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 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****Date****Treatment**

06/20/2025

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:

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (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. **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

(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 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

Goal Progress Summary For This Visit

Goals Addressed (4)

(1 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:

(2 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:

(3 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:

(4 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:

Signature:

Date: 7/3/2025

OT Evaluation Addendum Page : 06/20/2025

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Evaluation of Living Situation, Supports, and Hazards

moving area in the living room,

Evaluation Assessment Summary

and the need for further Occupational Therapy services, and her status remained the same as listed. Pt lives in a second floor apartment with 14 steps to enter 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 Ox 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 continued 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 continues. Pt is in agreement with POC>

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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

Signature:

Date: 7/3/2025