OT Evaluation : 07/01/2025 (1301101503)
Correia, Maria C. (MA200827105106)
Date of Birth: 10/15/1951
✓ Patient identity confirmed

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

Time In: 13:20 Time Out: 13:58 Visit Date: 07/01/2025

Diagnosis / History

Medical Diagnosis: Alzheimer's disease, DM type 2 Exacerbation 07/01/2025

OT Diagnosis: muscle weakness Exacerbation 07/01/2025

Relevant Medical History:
PMH: HTN, Alzheimer's disease, DM type 2 with insulin dependence, Neuropathy, CKD stage #2, TIAHyperlipidemia, Hypothyroidism, Depression, Anxiety, IBS Patient is a pleasent Portuguese speaking female who was referred to OT home care from PCP due to increased weakness.

Prior Level of Functioning:
patient lives in a first level apartment with 24 hour care by PCA< daughter lives upstairs on second floor (camaras in rooms for safety) , pateint requires max assist for ADLS, set up for self feeding.

Patient's Goals:
caregiver goal is to improve patient strength

Precautions: fall risk

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: Around the clock

Current Types of Assistance Received
patient has 24 hour care

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:
97.4 Taken: Temporal

	BP:	*Position*	*Side*	**Heart Rate:**	**Respirations:**	**O2 Sat:**	*Room Air / Rate*	*Route*
Prior	128 / 82	Sitting	Left	Prior 79	Prior 19	Prior 98	via	
Post	/			Post	Post		via	

Comments:

Physical Assessment

Speech:	Impaired	**Muscle Tone:**	Good
Vision:	Impaired wears glasses	**Coordination:**	Fair
Hearing:	Impaired	**Sensation:**	Fair
Edema:		**Endurance:**	Fair
Oriented:	☑ Person ☐ Place ☐ Time	**Posture:**	Fair

Clinician: Agency, Clinician

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:			Secondary Site:		

Increased by:

Relieved by:

Interferes with:

ROM / Strength

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

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: Dynamic:
Standing Static: Dynamic:
Deficits Due To / Comments:

Bed Mobility

	Assist Level	**Assistive Device**
Rolling	☐ L ☐ R	
Supine - Sit		
Sit - Supine		

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:

Self Care Skills

	Assist Level	**Assistive Device**
Toileting / Hygiene		
Oral Hygiene		
Grooming		
Shaving		
Bathing		
Dressing:		
Upper Body		
Lower Body		
Manipulation of Fasteners		
Socks & Shoes		
Feeding		
Swallowing		

Deficits Due To / Comments:

Instrumental ADLs

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

Deficits Due To / Comments:

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

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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

Prior to Injury Dominance ☐ Right handed ☐ Left handed

Deficits Due To

Fine Motor
Gross Motor
Comments:

Cognitive Status / Perception

Deficits Due To

Memory: Short Term
Memory: Long Term
Safety Awareness
Judgment
Visual Comprehension
Auditory Comprehension
Stereognosis
Spatial Awareness
Ability to Express Needs
Attention Span
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 evaluation, PCA present for OT assessment patient has 24 hour care from PCA. patient reports no pain. patient is dependent for cognition on this date able to follow 1 step simple tasksorientaed times 1 only Patient has full ROM of her UB, reduce standing balance Fair dynamic with FWW , patient was able to ambulate with hand held assist CGA 50 feet improvements with no device with CGA hand held due to client cognition increased confusion with FWW, patient as able to (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

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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):
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, fall prevention and toilet transfer trainin

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	**Date**
Digitally Signed by: Ashleylynn Machado , OT	07/01/2025

Physician Name	**Physician Phone:** (508) 996-3991
KARMINA BAUTISTA MD	**Physician FAX:** (508) 961-2982
Physician Signature	**Date**

Clinician: Agency Clinician

Signature:

Date: 7/3/2025

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) PT will perform toilet transfer SBA level within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

(FT) Patient will participate in toilet routine with min assist of 1 person within 8 weeks **Goal Term:** long **Target Date:** 08/23/25

Goals and Interventions Updated This Visit

Goals Added (3)

(FT) Patient will participate in toilet routine with min assist of 1 person within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

(FT) PT will perform toilet transfer SBA level within 8 weeks **Target Date:** 08/23/25 **Goal Term:** long

Interventions Added (3)

(FT) Patient will be provided with self care management to educate on ADL compensation technique

(FT) Patient will be provided with therex to focus on UB ROM and strengthening routine

(FT) Patient will perform all functional transfers with good safety. Independently within 8 weeks

Clinician: Agency, Clinician

Signature:

Date: 7/3/2025

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Evaluation Assessment Summary

ambulate to bathroom with CGA / min assist with cues for safety max assist needed for toilet routine for hygiene and clothing management, max assist of 2 people for shower routine with walk in shower , max assist for UB and LB dressing, patient is able to self feed with set ups seated in kitchen. Patient would benefit from skilled OT services to educate on ADL compensation technique, functional transfer training, and establish a HEP to focus on UB strength to assist in ADLS , patient educated on nightingale home care folder, agency contact information. OTR went over ot plan of care with patient verbal consent given.

Clinician: Agency Clinician

Signature:

Date: 7/3/2025