

OT Evaluation : 06/03/2025 (1291025057)

Mimoso, Serafim (MA250414053302)

Date of Birth: 05/08/1933

✓ Patient identity confirmed

Time In: 14:00

Time Out: 14:34

Visit Date: 06/03/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** COPD, DM

Exacerbation 04/23/2025

OT Diagnosis: muscle weakness

Exacerbation 04/23/2025

Relevant Medical History:

Pt is 91 y.o male referred for home services due to : COPD, DM hyperglycemia, hyponatremia, Asthma, Cdiff colitis.

Prior Level of Functioning:

patient lives in a third floor apartment with his wife, patient was independent for ADLS and mobility

Patient's Goals:

to be independent

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: With other person(s) in the home

Assistance is available: Around the clock

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**

Mimoso, Serafim (MA250414053302)

Vital Signs

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physician: Dr. Martin, Daniel J.

Clinician: Agency-Clinician

Page 1 of 5

<https://kinnser.net/AmPrintWrapper.cfm?PatientTaskKey=1291025057&IsApprovalWrapper=false&sessionIdCacheKey=219E578E-A448-D07F-32069C5...> 1/7

Signature:



Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

Temperature:

97.4 Taken: Temporal

BP:

Prior 130 / 78
Post /

Position
Sitting

Side
Left

Heart Rate:
Prior 69
Post

Respirations:
Prior 19
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:

Good

Endurance:

Fair

Posture:

Good

Physician: Dr. Martin, Daniel J.

Clinician: Agency, Clinician

https://kinser.net/Am/printwrapper.cfm?PatientTaskKey=1291025057&isApprovalWrapper=false&sessionCacheKey=219E578E-A448-D07F-32069C5... 2/7

Signature: 

Date: 7/11/2025

Signature:

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

OT Evaluation : 06/03/2025
 Mimoso, Serafim (MA250414053302)

Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

✓ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)

Primary Site:
Increased by:

Secondary Site:

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		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:

Self Care Skills

Assist Level Assistive Device

SBA

Toileting / Hygiene

SBA

Oral Hygiene

SBA

Grooming

SBA

Shaving

min assist

Bathing

Dressing:

min assist

Upper Body

min assist

Lower Body

min assist

Manipulation of Fasteners

min assist

Socks & Shoes

S

Feeding

S

Swallowing

Deficits Due To / Comments:

reduce balance, endurance and strength

Bed Mobility

Assist Level

SBA

Rolling

✓ L ✓ R

Assistive Device

Supine - Sit

SBA

Sit - Supine

SBA

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand

SBA

Stand - Sit

SBA

Bed - Chair

SBA

Chair - Bed

SBA

Toilet or BSC

SBA

Shower

CGA

Tub

Car / Van

Deficits Due To / Comments:

reduce balance, endurance and strength

Instrumental ADLs

Assist Level Assistive Device

max assist

Light Housekeep

max assist

Light Meal Prep

max assist

Clothing Care

S

Use of Telephone

max assist

Manage Money

S

Manage Medication

S

Home Safety Awareness

Deficits Due To / Comments:

reduce balance, endurance and strength

Mimoso, Serafim (MA250414053302)

Page 2 of 5

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physician: Dr. Martin, Daniel J.

Clinician: Agency - Clinician

<https://kinnser.net/Amphivrapper.cfm?PatientTaskKey=1291025057&IsApprovalVrapper=false&sessionCacheKey=219E578E-A448-D07F-32069C5...> 3/7

Signature:

Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

OT Evaluation : 06/03/2025

Mimoso, Serafim (MA250414053302)

Functional Assessment (Continued)

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
-------------------------------	------------	-------------------	-------------------	-------------------	------------	------------	--------------------	-----------------------	--------------

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**

Pt is 91 y.o male referred for home services due to : COPD, DM hyperglycemia, hyponatremia, Asthma, Cdiff colitis. patient was re sent back to hospital due to increased SOB, patient now returns home and is recommended for daily weights. Patient seen today for OT evaluation, vitals stable patient reports no pain. patient presents below baseline for his functional ADLS secondary to decline in his standing balance, endurance, UB strength and safety awareness. patient is orientated times 4 (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:

Mimoso, Serafim (MA250414053302)


Page 3 of 5

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physician: Dr. Martin, Daniel J.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

OT Evaluation : 06/03/2025

Mimoso, Serafim (MA250414053302)

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

Reason:

Statement of Rehab Potential

good potential

Treatment / Skilled Intervention This Visit

patient educated on EC technique, tub transfer training and fall prevention education

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

06/03/2025

Physician Name

Daniel Martin MD

Physician Phone: (508) 996-3991**Physician FAX:** (508) 213-3429**Physician Signature****Date**

Mimoso, Serafim (MA250414053302)


Page 4 of 5

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physician: Dr. Martin, Daniel J.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

OT Evaluation : 06/03/2025
Mimoso, Serafim (MA250414053302)

Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) Patient will perform HEP independently with good demonstration for upper body strengthening within 8 week **Goal Term:** long **Target Date:** 06/16/25

(FT) patient will perform tub transfer SBA level within 4 weeks **Goal Term:** short **Target Date:** 05/17/25

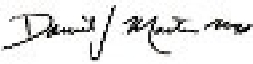
(FT) Patient will perform UB and LB dressing mod I within 4 weeks **Goal Term:** short **Target Date:** 05/17/25

(FT) Patient will perform shower routine with SBA level within 8 weeks **Goal Term:** long **Target Date:** 06/16/25

Physician: Dr. Martin, Daniel J.

Clinician: Agency - Clinician

<https://kinser.net/Am/printwrapper.cfm?PatientTaskKey=1291025057&isApprovalWrapper=false&sessionCacheKey=219E578E-A448-D07F-32069C5...> 6/7

Signature: 

Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

OT Evaluation Addendum Page : 06/03/2025
Mimoso, Serafim (MA250414053302)**Evaluation Assessment Summary**

forgetful at times, patient has support from his wife per wife she is assisting patient as needed for ADLS at this time due to a decline since his recent hospitalization patient demonstrates with 4/5 UB strength, functional fine motor and gross motor coordination. Patient was able to ambulate in home with FWW slow pace fair standing balance, patient states PLOF he used a cane in the home and no device outdoors. Patient now requires increased assistance for ADLS from his PLOF due to his physical limitations Patient requires supervision for ADL min assist dressing, toilet routine, minimal assist for shower routine patient requires increased assistance for light meal prep and laundry task max assist . Patient declines HHA at this time states his goal is to be independent . Patient would benefit from skilled OT services to focus on self care management to educate on ADL compensation technique, provide therapeutic activities to focus on fall prevention education and therex to provide and manage HEP to improve patients UB strength to assist in ADL performance.

Mimoso, Serafim (MA250414053302)


© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physician: Dr. Martin, Daniel J.

Clinician: Agency - Clinician

<https://kinnser.net/Am/printwrapper.cfm?PatientTaskKey=1291025057&IsApprovalWrapper=false&sessionCacheKey=219E578E-A448-D07F-32069C5...> 7/7

Signature:



Signature:

Date: 7/11/2025

Date: 7/3/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025