

OT Re-Evaluation : 06/16/2025 (1290583865)

Furtado, Manuel (MA220126074307)

Date of Birth: 07/13/1943

✓ Patient identity confirmed

Time In: 01:00

Time Out: 01:33

Visit Date: 06/16/2025

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** Syncope

Exacerbation 05/19/2025

OT Diagnosis: muscle weakness

Exacerbation 05/19/2025

Relevant Medical History:

Pt is an 81 year old male who was referred to OT evaluation due to home care referral due to recent hospitalization due to Scynope. PMH: MALIGNANT NEOPLASM OF URINARY NECK BLADDER, ADENOMATOUS POLYP OF COLON, LIPOMA OF SKIN AND SUBCUTANEOUS TISSUE OF NECK, TYPE 2 DM, MICROALBUMINURIC DIABETIC NEPHROPATHY, HLD, OBESITY BMI (Continued)

Prior Level of Functioning:

Patient lives in a first floor apartment with his wife, PLOF patient was independent for all ADL wife and family assist with IADLS, patient was driving locally only son also lives in home and assist with transportation to apt patient wife is currently In hospital also

Patient's Goals:

to be independent

Precautions: fall risk, diabetic**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: Occasional / short-term assistance

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**

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Vital Signs

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Clinician: Clinician, Agency

Signature:

Date: 7/2/2025

Temperature:

98.1 Taken: Temporal

BP:

Prior 120 / 78
Post /

Position

Sitting

Side

Right

Heart Rate:

Prior 70
Post

Respirations:

Prior 19
Post

O2 Sat:

Prior 98
Post

Room Air / Rate

Room Air

Route

via
via

Comments:

Physical Assessment

Speech:

WNL

Vision:

WNL

Hearing:

WNL

Edema:

Oriented:

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Good

Posture:

Good

Clinician: Clinician, Agency

Signature:

Date: 7/2/2025

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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: 0 None Secondary Site: 0 None
Increased by:

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: Dynamic:
Standing Static: Dynamic:

Deficits Due To / Comments:

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
S

Stand - Sit S
Bed - Chair S
Chair - Bed S
Toilet or BSC S
Shower S

Tub
Car / Van

Deficits Due To / Comments:
reduce balance, standing tolerance and strength

Self Care Skills

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

reduce balance, standing tolerance and strength

Instrumental ADLs

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

reduce balance, standing tolerance and strength

Signature:

Date: 7/2/2025

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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

WNL

Gross Motor

WNL

Comments:

Cognitive Status / Perception

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 an 81 year old male who was seen today for OT 30 day assessment. Patient Portuguese male, a&o x2 at baseline, early onset dementia who has been provided with OT services to focus on ADL compensation technique , all prevention education, HEP training and education on cognitive compensation technique in home ot reduce falls and improve his independence. .Patient reports no pain on this date patient demonstrates with reduce ub strength 4 out of 5 , patient is able to perform ADL dressing (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: 7/2/2025

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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 fall prevention patient is now receiving meals on wheels from coastline

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

06/16/2025

Physician Name
DILMA SILVA MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-0949

Physician Signature

Date

Clinician: Clinician_Agency

Signature:

Date: 7/2/2025

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Treatment Goals and Plan Audits
Goal Summary

Unmet Goals (3)

(FT) patient will improve uB strength from 4 to 5 to improve ADL performance within 8 weeks **Goal Term:** long **Target Date:** 07/13/25

(FT) patient will perform shower routine with good balance independently wihtin 8 weeks **Goal Term:** long **Target Date:** 07/13/25

(FT) patient will perform dressing routine mod I within 4 weeks **Goal Term:** short **Target Date:** 06/07/25

Signature:

Date: 7/2/2025

OT Re-Evaluation Addendum Page : 06/16/2025
Furtado, Manuel (MA220126074307)**Relevant Medical History**

30, ANTERIOR

Evaluation Assessment Summary

and toilet routine SBA level, SBA for dressing routine, patient requires CGA for shower transfer with supervision. min assist level for shower routine max assist meal prep patient scored 21 seconds on tug fall risk assessment patient demonstrates with reduce problem solving and short term recall and insight into his limitations increasing his risk of falls, patient would benefit from skilled OT services to establish a HEP to improve his overall strength to assist in transfers and educate on ADL compensation technique

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