

ST Evaluation : 06/12/2025 (1294534321)

Kearney, William (MA201027053705)

Date of Birth: 05/12/1937

✓ Patient identity confirmed

Time In: 12:18

Time Out: 13:04

Visit Date: 06/12/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** pneumonia**ST Diagnosis:** dysphagia**Relevant Medical History:**

EMPHYSEMA, COPD, CHRONIC DIASOLIC CHF, P-AFIB, GERD WITH SCHATZKI'S RING, T2 DM, HTN, RESTLESS AND AGITATION, IDA, HLD, MOOD DO, BPH, ADJUSTMENT DO WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT, COGNITIVE COMMUNICATION DEFICIT, OROPHARYNGEAL PHASE DYSPHAGIA, PCM

Prior Level of Functioning:

Pt resides in high rise and receives services for ADLs/IADLs.

Patient's Goals:

To eat safely

Precautions: aspiration and falls.**Safe swallowing evaluation:**☐ Yes ☒ No**Video Fluroscopy:**☐ Yes ☒ No**Current Diet/Texture:**

soft

Liquids:☒ Thin ☐ Thickened **Other (specify):**

Signature:

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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 remains homebound secondary to weakness and fatigue related to pneumonia and weakness.

Vital Signs**Temperature:**

97.4 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	120 / 80	Sitting	Left	Prior 72	Prior 16	Prior		
Post	/			Post	Post	Post	via	via

Comments:

Pain

☐ No Pain Reported

Location:

Intensity: Impacts care therapy plan: ☐ Yes ☐ No

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Speech/Language Evaluation

4 - WFL(Within Functional Limits) 3 - Mild Impairment 2 - Moderate Impairment 1 - Sever Impairment 0 - Unable to Assess/Did Not Test

Auditory Comprehension

Conversation	3
Complex Sentences	3
One Step Directions	3
Speech Reading	3
Two Step Directions	3
Word Discrimination	3

Comments:

Cognition

Attention Span	2
Judgment	2
Long Term Memory	4
Organization	2
Orientation (Person/Place/Time)	2
Problem Solving	2
Short Term Memory	2

Other:

Comments:

Reading

Complex Sentences	0
Letters/Numbers	
Paragraph	
Simple Sentences	
Words	

Comments:

Speech/Voice

Oral/Facial Exam	4
Articulation	4
Prosody	4
Voice/Respirations	4
Speech Intelligibility	4

Other:

Comments:

Score**Swallowing**

Chewing ability	3
Oral Stage Management	3
Pharyngeal Stage Management	3
Reflex Time	3

Other:

Comments:

Score**Verbal Expression**

Appropriate <input type="checkbox"/> Yes <input type="checkbox"/> No	4
Augmentative Methods	4
Complex Sentences	4
Conversation	4
Naming	4

Comments:

Score**Writing**

Formulation	0
Letters/Numbers	
Sentences	
Simple Addition/Subtraction	
Spelling	
Words	

Comments:

ScoreReferral for: ☐ Vision ☐ Hearing ☐ Swallowing ☐ Other**Analysis of evaluation/test scores:**

Pt seen for assessment of swallowing function. Pt having difficulty with self (Continued)

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Treatment Goals and Plan*Refer to last page for patient goal and intervention documentation.*

Rehab potential:

☒ Good☐ Fair☐ Poor

Establish HEP:

☐ Given to patient☐ Attach to chart

Establish HMP:

☐ Given to patient☐ Attach to chart

Equipment Recommendations:

Safety Issues / Instructions / Education:
aspiration and falls.

Comments / Additional Information:

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:

Treatment / Skilled Intervention This Visit☒ Completion of the evaluation and development of the plan of care☐ Other**Discharge Plan**☒ To self care when goals met☐ To self care when max potential achieved☐ To outpatient therapy with MD approval☐ Other:**Therapist Signature (SANTOS , CHRISTINE)**

Digitally Signed by: CHRISTINE SANTOS , ST

Date

06/12/2025

Physician Name

PAMELA COURY

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

Signature:

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (1)

Patient will improve ability to comply with and safely tolerate soft and thin without signs or symptoms of aspiration with min provided by Patient **Goal Term:** short **Target Date:** 08/07/25

Goal Progress Summary For This Visit

Goals Addressed (1)

(1 of 1) Patient will improve ability to comply with and safely tolerate soft and thin without signs or symptoms of aspiration with min provided by Patient

Progress: Unchanged

Progress Note:

Interventions Performed (1)

Speech Language Pathologist to develop and manage a coordination program for pharyngeal exercises focused on swallowing to address dysphagia

Result: Needs Reinforcement **Performed On:** Patient,

Note:

Goals and Interventions Updated This Visit

Goals Added (1)

Patient will improve ability to comply with and safely tolerate soft and thin without signs or symptoms of aspiration with min provided by Patient **Target Date:** 08/07/25 **Goal Term:** short

Interventions Added (1)

Speech Language Pathologist to develop and manage a coordination program for pharyngeal exercises focused on swallowing to address dysphagia

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Speech/Language Evaluation - Analysis of evaluation/test scores

management since discharge from SNF. Pt awaiting all services to be set up. Pt demonstrating wet vocal quality post liquid trials. Pt required moderate verbal prompting to take single sips of thin liquids. Pt able to clear laryngeal vestibule when prompted to clear pharynx. Mastication is mildly extended but functional for bolus clearance. Pt warrants dysphagia management to ensure diet tolerance and teach compensatory swallowing strategies.

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Signature:

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