

PT Re-Evaluation : 05/23/2025 (1279539377)

Almas, Maria (MA210907113203)

Date of Birth: 11/15/1932

✓ Patient identity confirmed

Time In: 13:56

Time Out: 14:26

Visit Date: 05/23/2025

Diagnosis / History**Medical Diagnosis:** G20.C**PT Diagnosis:** R26.2**Relevant Medical History:**

Pneumonia, COVID, Parkinsonism, Chronic metabolic acidosis, Chronic metabolic acidosis, fall, hx of COVID-19, old MI, HTN, HLD, IDA, RA, OA, osteoporosis, other malaise, pan-lobular emphysema, Other specified anxiety disorders, GERD, CVA, Asthma, chronic HFpEF, severe PCM, gout, hx pna, vit B12 def anemia, Meniere's disease, (Continued)

Prior Level of Functioning:

(I) throughout home and community with RW.

Patient's Goals:

Regain PLOF; prevent falls.

Precautions: Falls.**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:

Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

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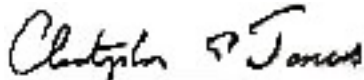
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Physician: Dr. Joncas, Christopher

Clinician: Clinician, Agency

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Signature:



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Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: Alone
 Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received

Family attempts (A) with shoooping etc.

Safety / Sanitation Hazards

- ☐ No hazards identified
☒ Steps / Stairs: 6
☐ 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 private home with 6 STE.

Vital Signs

Temperature:

97.7 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	124 / 74	Sitting	Left	Prior 80	Prior 17	Prior 98	Room Air	via
Post	/			Post	Post	Post		via

Comments:

Subjective Information

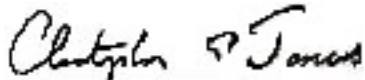
Pt reports satisfaction with current PT POC.

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Physical Assessment

	Level	Functional Impact
Orientation:	Impairment present but not impacting functional ability.	
Speech:	Impairment present but not impacting functional ability.	
Vision:	Impairment present but not impacting functional ability.	
Hearing:	Impairment present but not impacting functional ability.	
Skin:	Impairment present but not impacting functional ability.	
Muscle Tone:	Impairment present but not impacting functional ability.	
Coordination:	Impairment present but not impacting functional ability.	
Sensation:	Impairment present but not impacting functional ability.	
Endurance:	Impairment present.	
Posture:	Impairment present but not impacting functional ability.	

Edema

- ☒ Absent
☐ Present

Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)	Secondary Site:	Location	Intensity (0-10)
Primary Site:	Other BLE	6			
Increased by:					
Relieved by:					
Interferes with:					

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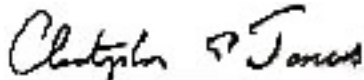
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Physical Assessment

ROM / Strength

		ROM		Strength				ROM		Strength	
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion					Hip	Flexion	WFL	WFL	4	4
	Extension						Extension	WFL	WFL	4	4
	Abduction						Abduction	WFL	WFL	4+	4+
	Adduction						Adduction	WFL	WFL	4-	4-
	Int Rot						Int Rot				
	Ext Rot						Ext Rot				
Elbow	Flexion					Knee	Flexion	WFL	WFL	4	4
	Extension						Extension	WFL	WFL	4	4
Forearm	Pronation					Ankle	Plantar Flexion	WFL	WFL	4-	4-
	Supination						Dorsiflexion	WFL	WFL	4+	4+
Finger	Flexion						Inversion				
Wrist	Extension					Neck	Eversion				
	Flexion						Flexion				
Trunk	Extension						Extension				
	Rotation						Lat Flexion				
	Flexion					Rotation					

Description of Functional Impact:

Functional Assessment

Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Independence Scale Key								
Bed Mobility				Gait				
	Assist Level			Assist Level		Distance/ Amount (Ft)	Assistive Device	
Rolling	SB (A)	<input type="checkbox"/> L <input type="checkbox"/> R		Level	CG (A)	X 100	RW	
Supine - Sit	SB (A)			Unlevel		X		
Sit - Supine	SB (A)			Steps / Stairs		X		
Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.				Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.				

Signature:

Chastyn & Jones

Signature:

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Transfer

	Assist Level	Assistive Device
Sit - Stand	CG (A)	RW
Stand - Sit	CG (A)	RW
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	Min (A)	RW
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:

Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

Wheelchair Mobility

Assist Level	Assist Level	Assist Level
Level	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

Weight Bearing Status

FWB

Balance

✓ Able to assume midline orientation
 ✓ Able to maintain midline orientation
 Sitting: Movement/mobility within position
 Standing: Maintain position

DME**Available**

☐ Wheelchair ☒ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench
 Other:

Needs**Clinical Statement of Assessment Findings and Recommendations**

Patient is a 91- yr old female who presents today for PT Reassessment in new certification following hospitalization and STR-stay secondary to Pneumonia, COVID, Parkinsonism. Pt's PMH includes: Chronic metabolic acidosis, Chronic metabolic acidosis, fall, hx of COVID-19, old MI, HTN, HLD, IDA, RA, OA, osteoporosis, other malaise, pan-lobular emphysema, Other specified anxiety disorders, GERD, CVA, Asthma, chronic HFpEF, severe PCM, gout, hx pna, vit B12 def anemia, Meniere's disease, b/l (Continued)

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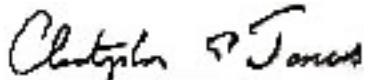
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Treatment Goals and Plan

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: Clinical Manager.

Name(s): Alex Cordeiro, PTA.

Regarding: PT Reassessment completed and Visit Schedule.

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other Discipline Recommendations: ☐ OT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

This patient has the potential to benefit from interventions provided by physical therapy

☒ Yes ☐ No

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 (FAUVELL , DANIELJ) & Date of Verbal Order for Start of PT Treatment

Digitally Signed by: DANIELJ FAUVELL , PT

Date

05/23/2025

Physician Name
 CHRISTOPHER JONCAS MD

Physician Phone: (508) 235-5445
Physician FAX: (508) 235-5594

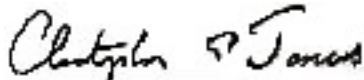
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (8)

Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert **Goal Term:** long **Target Date:** 06/17/25

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 06/17/25

Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with decreased risk for falls. **Goal Term:** long **Target Date:** 06/17/25

Pt will ascend/descend 6 Stairs (I) to safely access home/community. **Goal Term:** long **Target Date:** 06/17/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 06/17/25

Pt will adequately manage pain symptoms in 60 days. **Goal Term:** long **Target Date:** 06/17/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 06/17/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Goal Term:** long **Target Date:** 06/17/25

Goal Progress Summary For This Visit

Goals Addressed (8)

(1 of 8) Pt will ascend/descend 6 Stairs (I) to safely access home/community.

Progress: Unchanged

Progress Note:

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities to safely negotiate stairs.

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

Note:

(2 of 8) Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert

Progress: Improving

Progress Note:

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities to facilitate pt's PLOF.

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

Note:

(3 of 8) Pt will remain out of hospital throughout this episode of care.

Progress: Improving

Progress Note:

Interventions Performed (1)
 (Continued)

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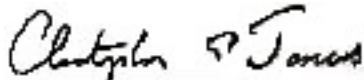
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PT Evaluation Addendum Page : 05/23/2025
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Relevant Medical History

b/l BPPV, mild dementia, hx peptic ulcer, depression, chronic hypoxic RF, rt knee traumatic OA, Parkinsonism.

Clinical Statement of Assessment Findings and Recommendations

BPPV, mild dementia, hx peptic ulcer, depression, chronic hypoxic RF, rt knee traumatic OA, Parkinsonism. Pt's PLOF includes being (I) throughout her home and community with RW. However, pt currently requires CG(A)/Min(A) to maintain safety. Pt has made functional gains since initial Eval, and requires further progressions to attain LTGs/PLOF. Pt continues to demonstrate Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls. Skilled PT is required to continue addressing impairments, increase strength, increase balance, increase functional activity tolerance, reduce pt's risk for falls, reduce pt's dependence on caregivers, facilitate pt's PLOF to resume safe community activity, restore pt's overall quality of life. Without skilled PT, pt is at risk for further decline, increased weakness, immobility, increased risk for falls/injury, and hospitalization.

Goals and Interventions

PT to perform ther-ex, ther-act, gait training, and/or pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

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

Note:

(4 of 8) Pt will not fall during this episode of care.

Progress:Improving

Progress Note:

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities and prevent falls.

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

Note:

(5 of 8) Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with decreased risk for falls.

Progress:Improving

Progress Note:

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's (I) with all Transfers.

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

Note:

(6 of 8) Pt will adequately manage pain symptoms in 60 days.

Progress:Improving

Progress Note:

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, neuro. re-ed., manual therapy, and pt ed. to reduce pt's pain symptoms.

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

Note:

(7 of 8) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk

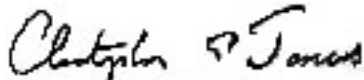
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PT Evaluation Addendum Page : 05/23/2025

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Goals and Interventions**Progress:**Improving**Progress Note:****Interventions Performed (1)**

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

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

(8 of 8) Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days.

Progress:Improving**Progress Note:****Interventions Performed (1)**

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's PLOF.

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

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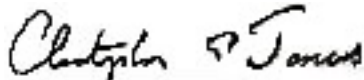
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