PT Re-Evaluation: 05/19/2025 (1286033013)

Valerio, Ana (100995838) Date of Birth: 06/06/1941 Patient identity confirmed

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

Time Out: 13:25 Time In: 12:55

**Diagnosis / History** Medical Diagnosis: E11.22R26.2 PT Diagnosis:

Visit Date: 05/19/2025

**Relevant Medical History:** 

HTN, Persistent-AFIB, PNA, CKD stage 4, OAB, GERD, OA, elevated cholesterol, anxiety, VIT B 12 Def, overactive bladder, primary insomnia, osteoporosis, constipation, BLE edema, B hearing loss. PSH: hysterectomy, left ankle OCD debridement, permanent pacemaker implantation.

#### Prior Level of Functioning:

(I) throughout home and community without AD.

#### Patient's Goals:

Regain PLOF; prevent falls.

Falls. Precautions:

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.

☐ Patient has a condition such that leaving his or her home is medically contraindicated.

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.

Valerio, Ana (100995838)

Page 1 of 6

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

Physicianing no physicianing no physician phys

Signature:

Signature:

Date: 5/30/2025 Date: 6/12/2025

PT Re-evaluation w/Super Valerio, Ana (100995838)	visory V	isit : 05/19/2025				
Social Supports / Safety Ha	zards					
Patient Living Situation and Ava Patient lives: Alone						
	istance a	vailable				
Current Types of Assistance Rec $\mathbb{N}/\mathbb{A}$ .	eiveu					
Safety / Sanitation Hazards  No hazards identified Steps / Stairs: 12 Narrow or obstructed walkway Cluttered / soiled living area Other:	☐ Lack c	nning water, plum of fire safety devic quate lighting, hea	bing ☐ Insect / i les ☐ No gas / ating and/or cooling	rodent infestation electric appliance	☐ Pets e ☐ Unsecured floo	or coverings
<b>Evaluation of Living Situation, S</b> Pt lives alone in seond-leve			35.			
Vital Signs						
Temperature:						
97.8 Taken: Temporal  BP: Position  Prior 132 /70 Sitting  Post /	Side Left	Heart Rate: Prior 68 Post	Respirations: Prior 16 Post	O2 Sat: Prior 98 Post	Room Air / Rate	Route via via
Comments:						
Subjective Information						
Valerio, Ana (100995838)					ancar Saftwara Inc	Page 2 of 6

Physicianin Dr. n. Longis in Christon Phetient Task Key=128603 Solini Saprio Valuable Valuabl S.

Signature:

Signature:

Date: 5/30/2025

PT Re-Evalu Valerio, Ana (1	uation : 05/19/2025 00995838 )				
Physical Ass					
	Level		Fui	nctional 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 Assessme  ✓ No Pain Rep					
	Location	Intensity (0-10)	Secondary Site:	Location	Intensity (0-10)
Relieved by:					
Interferes with:					
Valerio, Ana (100	0995838)				Page 3 of 6

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

Physicianin Dr. nonconstruction the stem that the stem of the stem S.

Signature:

Signature:

Date: 6/12/2025 Date: 5/30/2025

Extension rearm Pronation Supination ger Flexion Extension Extension MFL WFL 4 4 A Dorsiflexion MFL WFL 4 4 A Dorsiflexion MFL WFL 4 4 A Dorsiflexion MFL WFL 4 4 A A Makle Plantar Flexion MFL WFL 4 4 A A A A A A A A A A A A A A A A A A	/25, 1:04 PM						Print F	Preview					
ROM Strength  Tot Action Right Left Right Left Part Action Right Left Right Left Part Action Right Left Right Left Part Action Right Left Right Left Right Left Part Action Right Left Right Right Left Right Rig	PT Re-eval	uation w/Sup	pervisory	Visit	: 05/19/2	025							
ROM Strength    ROM   Strength   ROM   Strength   ROM   Strength		,											
ROM Strength  rt Action Right Left Right Left Part Action Right Left Right Left Right Left Part Action Right Left Right Right Left Right Left Right Left Right Left Right Ri													
rt Action Right Left Right Left Part Action Right Left Right Left Oulder Flexion  Flexion Flexion Hip Flexion WFL WFL 4 4 4 Abduction WFL WFL 4	om / onong		POM		Strone	nth.				POM		Strong	th
oulder Flexion	)	A adia m		1 -64	_		Dowt	A atian			1 -64	_	
Extension WFL WFL 4 4 Abduction WFL WFL 4 4 Adduction WFL WFL 4 4 Adduction WFL WFL 4 4 Int Rot Ext Rot Int Rot Ext Rot  Dow Flexion Knee Flexion WFL WFL 4 4 Extension WFL WFL 4 Extension WFL WFL 4 Extension WFL WFL 4 Ex			Rigiit	Len	Kigiit	Leit				•		-	
Abduction Abduction Adduction WFL WFL 4 4 Extension WFL WFL 4 4 Adduction WFL WFL 4 4 Extension WFL WFL 4 4 Adduction WFL WFL 4 4 Anduction WFL WFL 4 4 Adduction WFL WFL 4 4	niouidei						Пір		1				
Int Rot Ext Rot Sow Flexion WFL WFL 4 4 4 Extension WFL WFL 4 4 4 Extension WFL WFL 4 4 4 Supination WFL WFL 4 4 4 Dorsiflexion WFL WFL 4 4 4 Supination WFL WFL 4 4 4 Dorsiflexion WFL WFL 4 4 Dorsiflexion WFL WFL 4 Dorsiflexion WFL WFL 4													
Ext Rot  Dow Flexion  Extension  Extension  Extension  Extension  Extension  Extension  Flexion  Extension  Extension  Flexion  Extension  Flexion  Extension  Extension  Extension  Flexion  Extension  Flexion  Extension  Flexion  Flexion  Extension  Flexion  Extension  Flexion  Flexion  Flexion  Flexion  Flexion  Extension  Flexion										WFL	WFL	4	4
Flexion Extension Froation Extension Frearm Pronation Supination Grear Flexion Extension Flexion Flexion Extension Flexion Fle		Int Rot						Int Rot					
Extension  Extension  Extension  Pronation  Supination  ger Flexion  Extension  Inversion  Extension  Extension  Extension  Extension  Extension  Inversion  Extension  Extensio													
rearm Pronation  Supination  Iger Flexion  Extension  E	lbow						Knee						
Supination	oroorm						Ankla						
Secription of Functional Impact:    Contributing to Final Secretarian Secretaria Secre	Dreami						Alikie						
Extension ist Flexion Extension Ink Extension Ink Extension Ink Extension Rotation Flexion  Escription of Functional Impact:  Inctional Assessment Rependence Scale Key Red Mobility  Assist Level Illing  Assist Level Illine  Assist Level Illing  Assist Level Illing  Assist Level Illine  Assist Level Illing  Assist Level Ill	nger								OII	****		-	•
Extension Rotation Rotation Rotation Flexion  Extension Rotation Rotation Flexion  Extension Rotation Rotation Rotation Rotation  Rotation  Rotation  Extension Rotation Rotation  Ind with Equip In  Gait  Assist Level  Distance/ Amount (Ft)  Assistive Dev  Amount (Ft)  Value  Prince - Sit SB(A)  Supervision Ind with Equip In  Cait  Assist Level  Distance/ Amount (Ft)  None  Unlevel  X  Steps / CG(A)  Stairs  Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional	90.												
Extension Rotation Flexion  Rescription of Functional Impact:  Inctional Assessment Rependence Scale Key Dep Max Assist Mod Assist Dependence Scale Key Dep Max Assist Mod Assist Dependence Scale Key Dep Max Ass	/rist	Flexion					Neck	Flexion					
Rotation Flexion  ascription of Functional Impact:  Inctional Assessment Dependence Scale Key Dep Max Assist Mod Assist Dependence Scale Key Dep Max Assist Level Distance/ Amount (Ft) Assistive Dev Dev Amount (Ft)  Level SB(A) Steps / CG(A) SB(A) Steps / CG(A) Steps / C		Extension											
Flexion escription of Functional Impact:  Inctional Assessment dependence Scale Key	unk								n				
Assist Level Distance/ Assistive Device  pine - Sit SB(A) - Supine								Rotation					
Inctional Assessment  dependence Scale Key  ed Mobility  Assist Level    Illing													
Assist Level  Assist Level  Assistive Device  pine - Sit SB(A) - Supine SB(A) - Supine SB(A) ctors Contributing to Functional Impairment: pairments re: strength, balance, and functional cline and increased risk for falls.  Min Assist CGA SBA Supervision Ind with Equip In  Gait  Assist Level  Assist Level  Distance/ Amount (Ft)  Assistive Dev  Amount (Ft)  SE(A)  V 150  None  V 150  Steps / CG(A)  Stairs  Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional activity tolerance, resulting in pt's functional activity tolerance, resulting in pt's functional	escription of	Functional Impa	ict:										
Assist Level    Assist Level	unctional /	Assessment											
Assist Level    SB(A)	dependence	e Scale Kev	Dep Ma	x Assi	st Mo	d Assist	Min Assis	t CGA SBA	Supervi	sion I	nd with	Equip	Ind
Assistive Device  pine - Sit SB(A) - Supine SB(A) -	Bed Mobility	•					Gait						
Assistive Device  pine - Sit SB(A) - Supine SB(A) - Supine SB(A)  ctors Contributing to Functional Impairment: pairments re: strength, balance, and functional tivity tolerance, resulting in pt's functional cline and increased risk for falls.  Level SB(A) X 150 None  Unlevel X  Steps / CG(A) X 14 Rail Stairs Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional				ı. 🗆 <b>-</b>			Α	ssist Level			As	sistive [	Devic
pine - Sit SB(A) - Supine SB(A) - Supine SB(A)  ctors Contributing to Functional Impairment: pairments re: strength, balance, and functional tivity tolerance, resulting in pt's functional cline and increased risk for falls.  Unlevel X Steps / CG(A) X 14 Rail Stairs Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional	olling	SB(A)				_	Level a	D (7)		ınt (Ft)	27 -		
- Supine SB(A)  ctors Contributing to Functional Impairment: pairments re: strength, balance, and functional tivity tolerance, resulting in pt's functional cline and increased risk for falls.  Steps / CG(A) X 14 Rail Stairs Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional	unine - Sit	SB(A)	А	SSISTIV	e Devic	е	-	B(A)			NO	ne	
ctors Contributing to Functional Impairment: pairments re: strength, balance, and functional tivity tolerance, resulting in pt's functional cline and increased risk for falls.  Stairs Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional	it - Supine							G(A)			Ra	i 1	
tivity tolerance, resulting in pt's functional Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional	actors Contri	buting to Functio	nal Impairme	ent:		_ 1	Stairs						
cline and increased risk for falls.  activity tolerance, resulting in pt's functional decline and increased risk for falls.	ctivity tol	lerance, resul	ting in pt	's fur	nctiona	1	Factors Co	ontributing to Fund	ctional Im	pairmen	t: nd fun	ctional	
decline and increased risk for falls.	ecline and	increased ris	k for fall	s.			activity	tolerance, res	sulting	in pt'	s func	tional	
							decline a	and increased	risk for	falls	•		

Valerio, Ana (100995838)

Page 4 of 6 © 2004-2025 Kinnser Software, Inc. All Rights reserved.

Physicianin Dr. n. Longist Christopherient TaskKey=128603 Solinisiani valencey=138613 S.

Signature:

Signature:

Date: 6/12/2025 Date: 5/30/2025

Transfer iit - Stand itand - Sit ied - Wheelchair			Whaalah	air Mobility	
tand - Sit				-	
ed - Wheelchair	Assist Level SB(A) SB(A)	Assistive Device None None	Level	ssist Level Ass Unlevel ontributing to Functional	ist Level Assist Level Maneuver Impairment:
Vheelchair - Bed					
oilet or BSC ub or Shower	SB(A)	None			
ar / Van			Weight E	Bearing Status	
actors Contributing to mpairments re: st ctivity tolerance	rength, balance , resulting in	and functional ot's functional	FWB		
ecline and increa	sed risk for fa	lls.	Balance		
				assume midline orienta maintain midline orienta Movement/mobili Maintain positi	ation ty within position
ME			3	1	
wailable ] Wheelchair   ✔ V other:	√alker □ Hospita	ll Bed ☐ Bedside Co	ommode	☐ Raised Toilet Seat	☐ Tub / Shower Bench
leeds					
LOF includes bein	g (I) thoruhgou	t her home and commu	nity (Conti	nued)	Referral secondary to KD stage 4, OAB, GERR, OA, osteoporosis, constipation, pacemaker implantation. Pt'

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

Physicianin Dr. n. Longis in Christon Phetient Task Key=128603 Solini Sapri van Language Lini Sian Cache Key=55347F86-F765-ABDB-48147A... 5/11 S.

Signature:

Signature:

Date: 5/30/2025

Reater 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	PT Re-evaluation w/Supervisory Visit : 05/19/2025 Valerio, Ana ( 100995838 )	
No Change to Plan of Care: physician signature is not required if no change to Plan of Care for therapy reassessment visit Zomments:   Correction	Treatment Goals and Plan	
Comments:  Care Coordination  Conference with:  VPT VPTA OT COTA ST VSN Aide Vsupervisor Other: Clinical Manager.  Name(s): Alex Cordeiro, PTA.  Regarding: PT Reassessesiment completed and Visit Schedule.  VPhysician Notled 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  Ves 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 (PROVELL, DANIELJ FAUVELL, PT  Physician Signature (PROVELL DANIELJ FAUVELL, PT  Physician Name OHRISTOPHER JONCAS MD  Physician Signature  Date	Refer to last page for patient goal and intervention documentation.	
Conference with: \[ \frac{1}{\text{PT \ PTA}} \] OT \  OTO \  COTA \  ST \  \frac{1}{\text{SN}} \  Alde \  \frac{1}{\text{Supervisor}} \] Other: Clinical Manager.  Name(s): Alex Cordeiro, PTA.  Regarding: PT Reassesament completed and Visit Schedule. \[ \frac{1}{\text{PNysician Ntified Re: Plan of Care, Goals, Frequency, Duration and Direction} \]  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 \[ \frac{1}{\text{Yes}} \] No  Troatment / Skilled Intervention This Visit \[ \frac{1}{\text{Completion of the evaluation and development of the plan of care} \] \[ \] Other \[ \frac{1}{\text{Other of Start of PT}} \] \[ \frac{1}{\text{Discharge Plan}} \] \[ \frac{1}{\text{To self care when max potential achieved}} \] \[ \frac{1}{\text{To outpatient therapy with MD approval}} \] \[ \frac{1}{\text{Discharge Plan}} \] \[ \frac{1}{\text{To self care when max potential achieved}} \] \[ \frac{1}{\text{To outpatient therapy with MD approval}} \] \[ \frac{1}{\text{Discharge Plan}} \		ange to Plan of Care for therapy reassessment visit
VPT YPTA □OT □COTA □ST □ST ◇SN □Adde ✓ Supervisor Other: clinical Manager.         Name(s): Alex Cordetro, PPTA.         Regarding: PT Reassessment completed and Visit Schedule.         V 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 max potential achieved       □To outpatient therapy with MD approval         □Other:         Dispitality Signature (*PADVELL*, DANZELJ*) & Date of Verbal Order for Start of PT       Date         Drightally Signed by: DANIELJ FAUVELL*, PT       Date         Physician Name       Physician Phone: (508) 235-5445         CHRISTOPHER JONCAS MD       Physician FAX: (508) 235-5994         Physician Signature       Date	Care Coordination	
Name(s): Alex CordeLro, 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:	Conference with:	rvisor Other Clinical Manager
✓ 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         Treatment Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Treatment       Date 05/19/2025         Digitally Signed by: DANIELJ FAUVELL , PT       Physician Phone: (508) 235-5445 Physician FAX: (608) 235-5445 Physician FAX: (608) 235-6894         Physician Signature       Date	Name(s): Alex Cordeiro, PTA.	Wisor Ottor. Crimical Hamager.
Other inscipline 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 □ Other □ Other □ Sizecharge Plan ✓ To self care when goals met □ To self care when max potential achieved □ To outpatient therapy with MD approval Other: □ Therapist Signature ( PAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Toreatment Digitally Signed by: DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Physician Signature  Date	Regarding: PT Reassessment completed and Visit Schedule.	21 . 15
Statement of Rehab Potential This patient has the potential to benefit from interventions provided by physical therapy  Ves No  Treatment / Skilled Intervention This Visit  Completion of the evaluation and development of the plan of care Other  Sto self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other  To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other  Therapist Signature ( PAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT To attended To outpatient therapy with MD approval Other To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other To self care when max potential achieved To outpatient therapy with MD approval Other To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Other To self care when goals met To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval To self care when goals met To self care when goals		
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 max potential achieved To outpatient therapy with MD approval Other:  Therapist Signature ( FAUVELL , DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Date  Date  Date  Physician Signature  Date	Reason:	
Treatment / Skilled Intervention This Visit  ✓ Completion of the evaluation and development of the plan of care  Other  Discharge Plan  Yo self care when max potential achieved □ To outpatient therapy with MD approval  Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Date	Statement of Rehab Potential	
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 Other  Discharge Plan To self care when max potential achieved Other  Date O5/19/2025  Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Date  Date  Date O5/19/2025  Date O5/19/2025  Date Dhysician Phone: (508) 235-5445 Physician FAX: (508) 235-5594  Date	This patient has the potential to benefit from interventions provided by ph	nysical therapy
Completion of the evaluation and development of the plan of care Other  Discharge Plan To self care when goals met Other  To self care when max potential achieved Other  Therapist Signature (FAUVELL, DANIELJ) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: DANIELJ FAUVELL, PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Date  Date  Date  Date	✓ Yes □ No	
Other  Discharge Plan To self care when goals met  To self care when max potential achieved  To outpatient therapy with MD approval  Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Date  Physician FAX: (508) 235-5594  Date	Treatment / Skilled Intervention This Visit	
Discharge Plan To self care when goals met To self care when max potential achieved To outpatient therapy with MD approval Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: DANIELJ FAUVELL , PT  Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date  Physician FAX: (508) 235-5445 Physician Signature  Date	✓ Completion of the evaluation and development of the plan of care	
To self care when goals met  To self care when max potential achieved  To outpatient therapy with MD approval  Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT  Treatment	☐ Other	
To self care when goals met  To self care when max potential achieved  To outpatient therapy with MD approval  Therapist Signature ( FAUVELL , DANIELJ ) & Date of Verbal Order for Start of PT  Treatment	Dischargo Plan	
Physician Name CHRISTOPHER JONCAS MD Physician Signature  Date		hieved $\square$ To outpatient therapy with MD approval
Physician Name CHRISTOPHER JONCAS MD  Physician Signature  Date	Treatment	r Start of PT Date 05/19/2025
Physician Signature  Date	Digitally Signed by. DANIELS FAUVELL, PI	
	Physician Name CHRISTOPHER JONCAS MD	
	Physician Signature	Date
		_
Turis Ass (100005000)		
Turis Ave (100005000)		
Turis Ave (400005000)		
Luis Ave (400000000)		
Page 6 of 6 © 2004-2025 Kinnser Software, Inc. All Rights reserved.	Valerio, Ana (100995838)	Page 6 of 6

Physicianin Dr. neonicas in Christopherient Taskkey=128603 Solitais Aprio Ascapey-rasidial Cachekey=55347F86-F765-ABDB-48147A... 6/17 S.

Signature: Clatala & Januar

Signature:

Date: 6/12/2025 Date: 5/30/2025

Clinical Statement of Assessment Findings and Recommendations  without AD. Novewer, pt. currently requires SR(A) to meigrate safety. Pt. hes made functional gains since initial  strength, beliance, 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, for falls, skilled PT is required to continue addressing impairments, increase strength, increase balance, for falls, skilled pt is required to continue addressing impairments, increase strength, increased balance, for falls, skilled pt is required to continue addressing impairments, increase strength, increased balance, for falls, skilled pt is required to continue addressing impairments, increased tisk for falls, skilled pt.	PT Re-Evaluation Addendum Page : 05/19/2025 Valerio, Ana ( 100995838 )	
I FI, DE 15 de 115k loi luicher decime, increased weakhess, immodificy, increased 115k loi laifs/injury, and	†	mendations
	I FI, Dt is at lisk for further decirine, increased	to maintain safety. Pt has made functional gains since initial n LTGs/PLOF. Pt continues to demonstrate Impairments re: ance, resulting in pt's functional decline and increased risk dressing impairments, increase strength, increase balance, t's risk for falls, reduce pt's dependence on caregivers, tivity, restore pt's overall quality of life. Without skilled weakness, immobility, increased risk for falls/injury, and

Valerio, Ana (100995838)

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

Physicianin Dr. Longish Christophetent TaskKey=128603 Solini Sippic And Capacity Control of the Control of the

Signature: Clather & Jones

Signature:

Date: 6/12/2025 Date: 5/30/2025

Physicianin Dr. Domos who briston phatent Task Key=128603 Solinisian in August S. 8/11 S.

Signature: Clatala & Jane

Signature:

Date: 5/30/2025

<b>Supervisory Visit</b> : 05/19/2025 (1286033013) Valerio, Ana (100995838) Date of Birth: 06/06/1941		Nightingale Visiting Nurses 125 County ST. Taunton , MA 02780 Phone: (508) 967-0761 Fax: (508) 967-0767
Visit Assessment		, ,
Supervision Date:	05/19/2025 <b>Start</b> : <b>End</b> :	
Supervisor Name:	DANIELJ FAUVELL, PT	
Clinician Name:	CORDEIRO, ALEX	
	Name of person being super	vised
Clinician Present at Time of Visit:	☐ Yes  ✓ No	
Notifies client/caregiver of schedule:	Excellent	
Reports for duty as assigned:	Excellent	
Cooperative with client and others:	Excellent	
Courteous toward client and others:	Excellent	
Maintains an open communication with client and others:	Excellent	
Follows client plan of care as instructed:	Excellent	
Demonstrates competency with assigned tasks:	Excellent	
Documents appropriately:	Excellent	
Timely notification to supervisor of client's needs or changes in condition:	Excellent	
Adheres to organizational policies and procedures:	Excellent	
Complies with infection prevention and control policies and procedures:	Excellent	
Honors patient rights:	Excellent	
Changes and/or Instructions		
Comments		
Therapist Signature (FAUVELL , DANIELJ ) & Date of Verbal Order for S Treatment Digitally Signed by: DANIELJ FAUVELL , PT	Start of PT Date 05/19/20	025
Valerio, Ana (100995838)		Page 1 of 2

Valerio, Ana (100995838)

Page 1 of 2

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

Physicianin Dr. neonicas in Christoph Stent Task Key=128603 Solinis i Apric Valence y a School Schoo

Signature: ( Ltab ? Jones

Signature:

Date: 6/12/2025 Date: 5/30/2025

PT Re-evaluation w/Supervisory Visit: 05/19/2025

Valerio, Ana (100995838)

**Treatment Goals and Plan Audits** 

### **Goal Summary**

### **Unmet Goals (7)**

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: 06/09/25

Patient will Improve gait capacity as evidenced by the ability to ambulate with LRAD for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 06/09/25

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: 06/09/25

Pt will not fall during this episode of care. Goal Term: long Target Date: 06/09/25

Pt will remain out of hospital throughout this episode of care. Goal Term: long Target Date: 06/09/25

Pt will ascend/descend 1 FOS (I) to safely access home/community. Goal Term: long Target Date: 06/09/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using no AD for in-home mobility without fall risk **Goal Term:** long **Target Date:** 06/09/25

#### **Goal Progress Summary For This Visit**

# Goals Addressed (7)

(1 of 7) Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with décreased 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,

Note:

(2 of 7) 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,

Note:

(3 of 7) Pt will remain out of hospital throughout this episode of care.

Progress:Improving

**Progress Note:** 

### Interventions Performed (1)

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 (Continued)

Valerio, Ana (100995838)

Page 2 of 2

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

Physicianing normal and the property of the physician of

Signature:

Signature:

Date: 5/30/2025

#### Supervisory Visit Addendum Page: 05/19/2025

Valerio, Ana (100995838)

#### **Goals and Interventions**

Reinforcement Performed On: Patient,

#### Note

(4 of 7) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using no AD for in-home mobility without fall risk

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,

#### Note:

(5 of 7) Pt will ascend/descend 1 FOS (I) to safely access home/community.

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 safely negotiate stairs.

Result: Needs Reinforcement Performed On: Patient,

#### Note:

(6 of 7) 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,

#### Note:

(7 of 7) Patient will Improve gait capacity as evidenced by the ability to ambulate with LRAD 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,

Note:

Valerio, Ana (100995838)

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

Physicianin Str. Long Str.

Signature: (letzle & Janus

Signature:

Date: 6/12/2025 Date: 5/30/2025