

**OT Evaluation** : 04/19/2025 (1275477925)

Finch, Darwin ( MA210304014206 )

Date of Birth: 01/21/1942

☐ Patient identity confirmed

Time In: 12:00

Time Out: 12:35

Visit Date: 04/19/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

## Diagnosis / History

### Medical Diagnosis:

**OT Diagnosis:** muscle weakness

### Relevant Medical History:

Patient is 83 year old male who was referred to skilled Occupational therapy to assess pts safety and independence in the home after recent hospitalization secondary to sepsis. Pmhx includes alzheimers, CAD, DM, HTN, GERD, OA.

### Prior Level of Functioning:

MOD I for self care tasks, ADLS and fxnl transfers

### Patient's Goals:

"I want to stay out of the hospitali."

**Precautions:** FALL RISK

### 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

Patient lives in a first floor apartment.

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### Vital Signs

Page 1 of 5  
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Clinician: Clinician, Agency

Signature:



Date: 6/2/2025

Signature:

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**Temperature:**

Taken:

**BP:**Prior /  
Post /*Position**Side***Heart Rate:**Prior  
Post**Respirations:**Prior  
Post**O2 Sat:**Prior  
Post*Room Air / Rate*via  
via*Route*

Comments:

**Physical Assessment****Speech:**

WNL

**Vision:**

WNL

**Hearing:**

WNL

**Edema:****Oriented:**

✓ Person ✓ Place ✓ Time

**Muscle Tone:**

Good

**Coordination:**

Good

**Sensation:**

Good

**Endurance:**

Fair

**Posture:**

Good

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**Evaluation of Cognitive and/or Emotional Functioning**

A + 0 x 3

**Pain Assessment**

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)  
Primary Site:  
Increased by:  
Relieved by:  
Interferes with:

**ROM / Strength**

		ROM		Strength				ROM		Strength	
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion	WFL	WFL	3+	3+	Forearm	Pronation	WFL	WFL	3+	3+
	Extension	WFL	WFL	3+	3+		Supination	WFL	WFL	3+	3+
	Abduction	WFL	WFL	3+	3+	Wrist	Flexion	WFL	WFL	3+	3+
	Adduction	WFL	WFL	3+	3+		Extension	WFL	WFL	3+	3+
	Int Rot	WFL	WFL	3+	3+		Radial Deviation	WFL	WFL	3+	3+
	Ext Rot	WFL	WFL	3+	3+	Finger	Ulnar Deviation	WFL	WFL	3+	3+
Elbow	Flexion	WFL	WFL	3+	3+		Grip	WFL	WFL	3+	3+
	Extension	WFL	WFL	3+	3+		Flexion	WFL	WFL	3+	3+
	Supination	WFL	WFL	3+	3+		Extension	WFL	WFL	3+	3=

Comments:  
R hand 19.2lb 1 hand 18.8lb

**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

Toileting / Hygiene mod a  
Oral Hygiene mod a  
Grooming mod a  
Shaving  
Bathing mod a  
Dressing: mod a  
Upper Body mod a  
Lower Body  
Manipulation of Fasteners MOD I  
Socks & Shoes mod a

Feeding  
Swallowing  
Deficits Due To / Comments:

**Bed Mobility**

Rolling Assist Level min a

✓ L ✓ R  
Assistive Device

Supine - Sit min a  
Sit - Supine min a

Deficits Due To / Comments:

**Transfer**

Assist Level Assistive Device

Sit - Stand min a  
Stand - Sit min a  
Bed - Chair min a  
Chair - Bed min a  
Toilet or BSC min a  
Shower mod a  
Tub  
Car / Van

Deficits Due To / Comments:

**Instrumental ADLs**

Assist Level Assistive Device

Light Housekeep  
Light Meal Prep  
Clothing Care  
Use of Telephone MOD I  
Manage Money  
Manage Medication  
Home Safety Awareness  
Deficits Due To / Comments:  
FAMILY ASSISTS PT WITH IADLs

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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  
Gross Motor  
Comments:

WNL  
WNL

**Cognitive Status / Perception**

Memory: Short Term  
Memory: Long Term  
Safety Awareness  
Judgment  
Visual Comprehension  
Auditory Comprehension  
Stereognosis  
Spatial Awareness  
Ability to Express Needs  
Attention Span  
Comments:

WNL  
WNL  
Impaired  
WNL  
WNL  
WNL  
WNL  
WNL  
WNL  
WNL

**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**

Patient is 83 year old male who was referred to skilled Occupational therapy to assess pts safety and independence in the home after recent hospitalization secondary to sepsis. Pmhx includes alzheimers, CAD, DM, HTN, GERD, OA. Patient lives in a first floor apartment, with roommate. Patient is A + O x3 with forgetfulness noted. Patient presents with decreased strength, standing balance, activity tolerance, safety and environmental modifications impacting pts ability to perform fxnl (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  
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**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): Connie marques

Regarding: ot poc and goals

☒ 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 due to pt motivated to return to plof

**Treatment / Skilled Intervention This Visit**

ot eval

**Discharge Plan**

☒ To self care when goals met

☐ To self care when max potential achieved

☐ To outpatient therapy with MD approval

☐ Other:

**Therapist Signature ( MELLO , JESSICA ) & Date of Verbal Order for Start of OT Treatment**

Digitally Signed by: JESSICA MELLO , OT

**Date**

04/19/2025

**Physician Name**  
JOSEPH NAKDA M.D.

**Physician Phone:** (508) 679-1906  
**Physician FAX:** (508) 673-6630

**Physician Signature**

**Date**

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (4)**

(FT) patient will perform grooming tasks with cga while standing at sink x 5 minutes with no reports of fatigue within 8 weeks **Goal Term:** long **Target Date:** 06/12/25

(FT) patient will increase B UE shoulder strength to 4/5 to perform fxnl transfer with ease within 8 weeks **Goal Term:** long **Target Date:** 06/12/25

(FT) patient will perform UB dressing tasks with sba and cues for sequencing and initiation while seated at EOB within 8 weeks **Goal Term:** long **Target Date:** 06/12/25

(FT) patient will perform toilet transfer with cga and good safety tech within 8 weeks **Goal Term:** long **Target Date:** 06/12/25

**Goals and Interventions Updated This Visit**

**Goals Added (4)**

(FT) patient will perform toilet transfer with cga and good safety tech within 8 weeks **Target Date:** 06/12/25 **Goal Term:** long

(FT) patient will increase B UE shoulder strength to 4/5 to perform fxnl transfer with ease within 8 weeks **Target Date:** 06/12/25 **Goal Term:** long

(FT) patient will perform UB dressing tasks with sba and cues for sequencing and initiation while seated at EOB within 8 weeks **Target Date:** 06/12/25 **Goal Term:** long

(FT) patient will perform grooming tasks with cga while standing at sink x 5 minutes with no reports of fatigue within 8 weeks **Target Date:** 06/12/25 **Goal Term:** long

**Interventions Added (4)**

(FT) Occupational Therapy to instruct patient/caregiver in safe transfer training and provide instruction for equipment use and proper body mechanics

(FT) Occupational therapist to provide manual therapy techniques including PROM, stretching, joint mobilization and therapeutic massage to improve joint ROM required for I with ADL and IADL tasks

(FT) occupational therapy to provide ADL retraining focused on safety cues, environmental modifications, compensatory strategies to address decreased independence with self care tasks

(FT) Occupational therapy to provide patient and caregiver training and education on fall reduction strategies including home modifications, proper use of AD/AE and proper body mechanics to reduce overall risk of falls

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**Evaluation Assessment Summary**

transfers and self care tasks. PCA daily to assist with self care and iadls.  
CLOF: B UE shoulder AROM WFL 3+/5 impacting pts ability to perform fxnl transfers requiring S this day. Patient ambulates with fair - dynamic standing balance without use of AD in the home. Patient requires seated rest after <1 minute of standing during fxnl tasks. Mod A to perform LB self care tasks and cues for safety and tech. Mod A to perform sshower level tasks with cues for safety and tech. Patients grandson assists pt with shower level tasks. Barthel index score 50/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to pLOF

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