

OT Re-Evaluation : 05/19/2025 (1286119438)

Valerio, Ana (100995838)

Date of Birth: 06/06/1941

☐ Patient identity confirmed

Time In: 10:05

Time Out: 10:40

Visit Date: 05/19/2025

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 an 83 year old female who was referred to skilled ot services to assess pts safety and independence in the home per pcp due to a decline in function.

Prior Level of Functioning:

mod i for self care tasks and adls

Patient's Goals:

to be independent

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 second floor apartment, alone. Patient has PCA daily for shower level tasks and iadls

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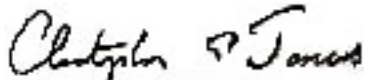
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Physician: Dr. Joncas, Christopher S.

Clinician: Agency-Clinician

S.

Signature:



Signature:

Date: 6/12/2025

Date: 5/30/2025

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Temperature:

Taken:

BP:Prior 132 / 76
Post /*Position**Side***Heart Rate:**Prior 78
Post**Respirations:**Prior
Post**O2 Sat:**Prior 97
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:

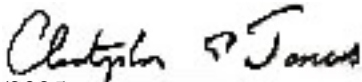
Good

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Motor Coordination		Cognitive Status / Perception		Deficits Due To
Prior to Injury Dominance	<input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	Memory: Short Term	WNL	
Fine Motor	WNL	Memory: Long Term	WNL	
Gross Motor	WNL	Safety Awareness	Impaired	
Comments:	Deficits Due To	Judgment	WNL	
		Visual Comprehension	WNL	
		Auditory Comprehension	WNL	
		Stereognosis	WNL	
		Spatial Awareness	WNL	
		Ability to Express Needs	WNL	
		Attention Span	WNL	
		Comments:		

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 an 83 year old female who was referred to skilled ot services to assess pts safety and independence in the home per pcp due to a decline in function. DME shower chair, grab bars, rw, hand held shower. Patient reports pain R shoulder and R hand pain approx starting approx 2 weeks ago, unknown origin of pain. No falls or injury to R UE. She reports a few days ago, experiencing swelling to R 5th digit > to MCP. No swelling noted this day. Arthritic changes noted to metacarpals. (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:

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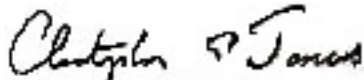
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OT Re-Evaluation w/Supervisory Visit : 05/19/2025
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Treatment Goals and Plan

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): 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

05/19/2025

Physician Name

CHRISTOPHER JONCAS MD

Physician Phone: (508) 235-5445

Physician FAX: (508) 235-5594

Physician Signature

Date

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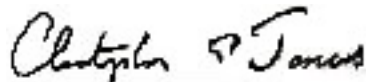
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OT Re-Evaluation Addendum Page : 05/19/2025

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Transfer - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Self Care Skills - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Evaluation Assessment Summary

Patient reports increased difficulty performing fine motor tasks such as opening containers and bottles. r hand strength 24.5lb, l hand strength 18.9lb well below norm PLOF: mod i for self care tasks and adls. Patient ambulated without use of ad. Patient presents well below baseline at this time and skilled OT services is warranted to increase independence through therex, theract, Neuro re-ed, adls retraining and Patient/caregiver training.

Patient presents with decreased strength, standing balance, activity tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks. CLOF: B UE shoulder AROM wfl 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient ambulates with use of RW with fair - dynamic standing balance, increasing risk of falls. Patient requires multiple rests during fxnl tasks due to decreased activity tolerance. Patient requires seated rest after 3 minutes of standing. MIN A to perform LB self care tasks and light meal prep tasks. Patient requires cues for safety and tech during self care tasks and IADLs. Barthel index score 60/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to plof.

Patient presents with decreased strength, standing balance, activity tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

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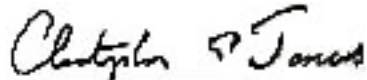
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Supervisory Visit : 05/19/2025 (1286119438)
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 Phone: (508) 967-0761
 Fax: (508) 967-0767

Visit Assessment

Supervision Date: 05/19/2025 Start: End:
 Supervisor Name: JESSICA MELLO, OT
 Clinician Name: MARQUES, CONNIEM
Name of person being supervised

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 (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment
 Digitally Signed by: JESSICA MELLO , OT

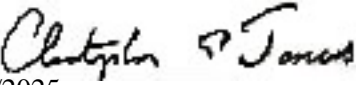
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Treatment Goals and Plan Audits**Goal Summary****Unmet Goals (4)**

(FT) Patient will increase B UE shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 06/09/25

(FT) patient will perform light meal prep tasks with mod i standing >10 minutes with no reports of fatigue and good use of ect and compensatory strategies within 8 weeks **Goal Term:** long **Target Date:** 06/09/25

(FT) Patient will perform lb dressing tasks with mod i at a sit to stand level with good dynamic standing balance to decrease risk of falls within 8 weeks **Goal Term:** long **Target Date:** 06/09/25

(FT)) Patient will perform shower transfers with mod i and good safety tech within 5 weeks **Goal Term:** long **Target Date:** 06/09/25

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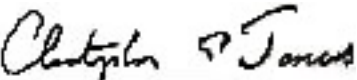
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