

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

Valerio, Ana (100995838)

Date of Birth: 06/06/1941

✓ Patient identity confirmed

Time In: 12:55

Time Out: 13:25

Visit Date: 05/19/2025

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

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

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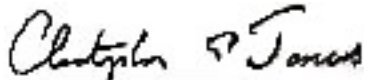
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Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: Alone
 Assistance is available: No assistance available

Current Types of Assistance Received

N/A.

Safety / Sanitation Hazards

- ☐ No hazards identified
☒ Steps / Stairs: 12
☐ 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 alone in second-level apt with FOS to access.

Vital Signs

Temperature:

97.8 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	132 / 70	Sitting	Left	Prior 68	Prior 16	Prior 98	Room Air	via
Post	/			Post	Post	Post		via

Comments:

Subjective Information

Pt reports satisfacton with current PT POC, requesting to continue as prescribed.

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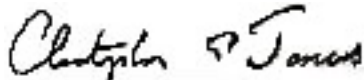
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Physical Assessment

	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		
<input checked="" type="checkbox"/> Absent		
<input type="checkbox"/> Present		
Pain Assessment		
<input checked="" type="checkbox"/> No Pain Reported		
Primary Site:	Location	Intensity (0-10)
Increased by:		
Relieved by:		
Interferes with:		

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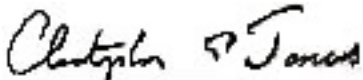
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Physical Assessment

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								
	Assist Level							
Rolling	SB (A)	<input type="checkbox"/> L <input type="checkbox"/> R						
		Assistive Device	Level	SB (A)		X 150		None
Supine - Sit	SB (A)		Unlevel			X		
Sit - Supine	SB (A)		Steps /	CG (A)		X 14		Rail
Distribution of Functional Impairment								

Factors Contributing to Functional Impairment:

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

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

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Chastyn & Jones

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Transfer		Wheelchair Mobility	
	Assist Level	Assistive Device	
Sit - Stand	SB (A)	None	Assist Level
Stand - Sit	SB (A)	None	Assist Level
Bed - Wheelchair			Assist Level
Wheelchair - Bed			Assist Level
Toilet or BSC	SB (A)	None	Assist Level
Tub or Shower			Assist Level
Car / Van			Assist Level
Factors Contributing to Functional Impairment:		Weight Bearing Status	
Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.		FWB	
		Balance	
		<input checked="" type="checkbox"/> Able to assume midline orientation <input checked="" type="checkbox"/> 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 an 83 year old female presents today for PT Reassessment following SN/MD Referral secondary to concerns re: Difficulty in Walking. Pt's PMH includes: 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. Pt's PLOF includes being (I) thoroughout her home and community (Continued)

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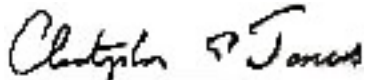
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PT Re-evaluation w/Supervisory Visit : 05/19/2025

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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: Clinical Manager.

Name(s): Alex Cordeiro, PTA.

Regarding: PT Reassessment completed and Visit Schedule.

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

05/19/2025

Physician Name
CHRISTOPHER JONCAS MD**Physician Phone:** (508) 235-5445
Physician FAX: (508) 235-5594**Physician Signature****Date**

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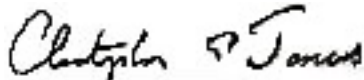
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PT Re-Evaluation Addendum Page : 05/19/2025

Valerio, Ana (100995838)

Clinical Statement of Assessment Findings and Recommendations

wihtout AD. However, pt currently requires SB(A) to maintain safety. Pt has made functional gains since initial Eval, yet 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.

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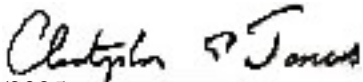
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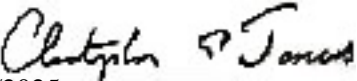
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Supervisory Visit : 05/19/2025 (1286033013)
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Nightingale Visiting Nurses
 125 County ST.
 Taunton , MA 02780
 Phone: (508) 967-0761
 Fax: (508) 967-0767

Visit Assessment

Supervision Date: 05/19/2025 Start: End:
 Supervisor Name: DANIELJ FAUVELL, PT
 Clinician Name: CORDEIRO, ALEX
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 (FAUVELL , DANIELJ) & Date of Verbal Order for Start of PT Treatment
 Digitally Signed by: DANIELJ FAUVELL , PT

Date
 05/19/2025

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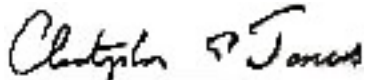
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Treatment Goals and Plan Audits

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 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,

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)

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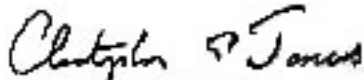
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Goals and InterventionsReinforcement **Performed On:** Patient,**Note:**

(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:**

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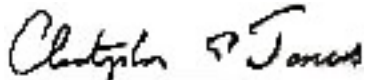
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