



HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order Number:

38047866

Patient's Medicare No. 7H44RN4XX91	SOC Date 5/23/2025	Certification Period 5/23/2025 to 7/21/2025	Medical Record No. RLN00426642401	Provider No. 41-7059
Patient's Name and Address: PAULINE DUFOUR (401) 624-1880 1215 MAIN ROAD TIVERTON, RI 02878		Provider's Name, Address and Telephone Number: NURSE ON CALL - LINCOLN 640 GEORGE WASHINGTON HWY, BUILDING C LINCOLN, RI 02865- F: (401) 726-7774 P: (401) 726-7744		
Physician's Name & Address: P: (508)672-4590 CHRISTOPHER S. JONCAS, MD 191 BEDFORD STREET FALL RIVER, MA 02720			Patient's Date of Birth: 8/6/1930 Patient's Gender: FEMALE Order Date: 5/23/2025 11:23 AM Verbal Order: Y Verbal Date: 5/23/2025 Verbal Time: 3:00 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) KRISTEL PEREZ, PT 5/22/2025				Date HHA Received Signed POC

Patient's Expressed Goals:

TO BE AS INDEPENDENT AS POSSIBLE AND MOVE AROUND WITH LESS TO NO PAIN

ICD-10**Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	S72.114D	NONDISP FX OF GREATER TROCHANTER OF R FEMR, 7THD	EXACERBATION	05/22/2025
2	I48.91	UNSPECIFIED ATRIAL FIBRILLATION	ONSET	05/22/2025
3	I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	ONSET	05/22/2025
4	I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	ONSET	05/22/2025
5	F33.0	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	ONSET	05/22/2025
6	M19.90	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	ONSET	05/22/2025
7	M48.061	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	ONSET	05/22/2025
8	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	ONSET	05/22/2025
9	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	ONSET	05/22/2025
10	Z86.73	PRSNL HX OF TIA (TIA), AND CEREB INFRC W/O RESID DEFICITS	ONSET	05/22/2025

Frequency/Duration of Visits:PT 1WK8
OT 1WK5**Orders of Discipline and Treatments:**

PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY USE TELEHEALTH AND TELECOMMUNICATIONS TO PROVIDE SERVICES AS NECESSARY AND APPROPRIATE ACCORDING TO THE PATIENT'S CONDITION AND IN ACCORDANCE WITH THE PLAN OF CARE.

PHYSICAL THERAPY TO INSTRUCT PATIENT/CAREGIVER IN TRANSFER TRAINING FOR SAFE FUNCTIONAL TRANSFERS.

PHYSICAL THERAPY TO PROVIDE GAIT TRAINING FOR FUNCTIONAL AMBULATION

PHYSICAL THERAPY - NEED FOR THERAPEUTIC EXERCISES, DEVELOPMENT OF A HOME EXERCISE PROGRAM AND/OR MANUAL THERAPY TO ADDRESS LOWER EXTREMITY DEFICITS

PHYSICAL THERAPY TO PROVIDE THERAPEUTIC EXERCISE AND ESTABLISH HOME EXERCISE PROGRAM FOR IMPROVED ACTIVITY TOLERANCE

PHYSICAL THERAPY TO PROVIDE EDUCATION TO PATIENT/CAREGIVER ON HOME SAFETY AND FALL RISK REDUCTION STRATEGIES

CLINICIAN TO OBTAIN URINE AND TEST VIA REAGENT STRIP. IF RESULTS ARE POSITIVE URINE TO BE SENT TO THE LAB FOR UA WITH CULTURE AND SENSITIVITY OR OBTAIN PCR SWAB (IF CLINICALLY APPLICABLE) PRN SIGN AND SYMPTOMS OF UTI

IF PATIENT EXHIBITS SIGNS OR SYMPTOMS OF CONSTIPATION, ENSURE PATIENT IS TAKING ANY PRESCRIBED MEDICATIONS FOR CONDITIONS IF NOT ALREADY PRESCRIBED THEN INSTRUCT TO INITIATE 17G OF MIRALAX PO DAILY UNTIL NORMAL BOWEL REGIME RESUMES -AND/OR INSTRUCT PATIENT TO INITIATE 15 MG SENNA PO BID UNTIL NORMAL BOWEL REGIME RESUMES. IF NORMAL BOWEL MOVEMENTS DO NOT RESUME IN 2 DAYS, CONTACT PHYSICIAN FOR ADDITIONAL ORDERS

I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. I further certify that this patient had a Face-to-Face Encounter performed by a physician or allowed non-physician practitioner that was related to the primary reason the patient requires Home Health services on 05/15/2025.

Attending Physician's Signature and Date Signed

Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

Physician: Dr. Joncas, Christopher S.

Clinician: Agency, Clinician

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Signature:

Signature:

Date: 6/12/2025

Date: 5/30/2025

Electronically signed by Dr. Joncas, Christopher S. on 6/12/2025



Patient's Medicare No. 7H44RN4XX91	SOC Date 5/23/2025	Certification Period 5/23/2025 to 7/21/2025	Medical Record No. RLN00426642401	Provider No. 41-7059
Patient's Name PAULINE DUFOUR		Provider's Name NURSE ON CALL - LINCOLN		

Orders of Discipline and Treatments:

SOC CLINICAL SUMMARY THE PATIENT WAS RECENTLY HOSPITALIZED @ SAH AND WAS TRANSFERRED TO BROOKDALE SAKONNET BAY HEALTHCARE CENTER FROM 5/2/25 TO 5/21/25 DUE TO A FALL WITH RESULTING CLOSED NON DISPLACED FRACTURE OF GREATER TROCHANTER OF RIGHT FEMUR. THE PATIENT'S PRIMARY FOCUS OF CARE IS CLOSED NON DISPLACED FX OF R FEMUR AND SPINAL STENOSIS OF LUMBAR REGION. CURRENT PROCEDURES/TREATMENT WHICH CANNOT BE PERFORMED BY PATIENT /CAREGIVER DUE TO DOCUMENTED LACK OF KNOWLEDGE & OR, SKILL, PT/OT FOR SAFETY WITH OVERALL MOBILITY AND ADLS, PROPER USE OF AD AND DME'S. HEP. PATIENT LIVING SITUATION/CAREGIVER STATUS: THIS PATIENT LIVES IN AN APARTMENT, ON 3RD FLOOR THAT HAS NO STEPS FOR ENTRY AND HAS ELEVATOR ACCESS. NO HOUSING CONCERNS IDENTIFIED PATIENT DOES NOT EXPRESS CONCERNS OF FOOD INSECURITY OR ABILITY TO AFFORD MEDS/TREATMENT. PATIENT'S EDUCATION/LITERACY LEVEL DOES NOT IMPACT THE PLAN OF CARE. THE PATIENT DOES HAVE AN AVAILABLE, ABLE, AND WILLING CAREGIVER, HAS FAMILY OR FRIENDS THAT HELP INTERMITTENTLY. PATIENT'S HOME DOES NOT HAVE INDICATORS OF ABUSE/NEGLECT. THIS PATIENT IS FURTHER CONSIDERED UNSTABLE AS EVIDENCED BY: PAIN ON R SHOULDER, RIGHT HIP AND LOW BACK AREA, GENERALIZED WEAKNESS, INCONTINENCE, KNOWLEDGE DEFICIT RELATED TO DISEASE PROCESS THAT SHOW MEDICAL INSTABILITY. DURING INITIAL ASSESSMENT, PT ALERT AND ORIENTED X 3. VS WNL. MMT OF 3/5 ON B LE. 1+ EDEMA ON B ANKLES. PT CURRENTLY REQUIRES CGA WITH BED MOB, TRANSFERS, PATIENT AMBULATED FOR 30 FT X 2 WITH RW WITH CGA TO MIN A ON EVEN SURFACES, INDOORS WITHIN HOME SETTING WITH VCS FOR PACING, PROPER USE OF AD, SAFETY, INCORPORATING REST BREAKS AS NEEDED. MEDS ADMINISTERED BY ALF NURSING. PATIENT/CAREGIVER INSTRUCTIONS ON THE FOLLOWING: FALL PRECAUTIONS, EMERGENCY PROCEDURES, SAFETY WITH BED MOB, TRANSFERS AND AMB, PROPER USE OF AD. CALL US FIRST POLICY AND PT AND CAREGIVERS NEEDS FURTHER TRAINING. PT WILL BENEFIT FROM CONTINUED SKILLED PT SERVICES TO ADDRESS IMPAIRMENTS AND FUNCTIONAL LIMITATIONS AND REDUCE RISKS FOR FALLS.

OCCUPATIONAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP OCCUPATIONAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. MAY USE TELEHEALTH AND TELECOMMUNICATIONS TO PROVIDE SERVICES AS NECESSARY AND APPROPRIATE ACCORDING TO THE PATIENT'S CONDITION AND IN ACCORDANCE WITH THE PLAN OF CARE. OCCUPATIONAL THERAPY TO PROVIDE THERAPEUTIC EXERCISE, ESTABLISH &/OR UPGRADE HOME EXERCISE PROGRAM AND/OR MANUAL THERAPY TECHNIQUES DESIGNED TO RESTORE FUNCTIONAL STRENGTH, ROM, AND/OR ACTIVITY TOLERANCE. OCCUPATIONAL THERAPY TO PROVIDE PATIENT / CAREGIVER WITH ADL TRAINING FOR DRESSING POC ORDER: OCCUPATIONAL THERAPY TO PROVIDE PATIENT/CAREGIVER WITH ADL TRAINING FOR BATHING TECHNIQUES OCCUPATIONAL THERAPY TO PROVIDE PATIENT/CAREGIVER WITH ADL TRAINING FOR TOILET HYGIENE OCCUPATIONAL THERAPY TO PROVIDE BALANCE TRAINING TO REDUCE FALL RISK DURING FUNCTIONAL ACTIVITIES.

Goals/Rehabilitation Potential/Discharge Plans:

PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS WITH SAFE TRANSFER(S) WITH APPROPRIATE TECHNIQUE AND EQUIPMENT TO ALLOW FOR IN HOME AND/OR COMMUNITY ACCESS.
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH GAIT QUALITY, ABILITY TO ASCEND/DESCEND STEPS/RAMPS AND/OR FUNCTIONAL AMBULATION TO NAVIGATE WITHIN THE HOME AND/OR COMMUNITY.
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS WITH AROM, AND/OR MUSCLE STRENGTH AND PERFORMANCE OF HEP ORDER TO MAXIMIZE LOWER EXTREMITY FUNCTION
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH ACTIVITY TOLERANCE AND HEP IN ORDER TO SAFELY AND ACTIVELY PERFORM IN HOME AND/OR COMMUNITY ACTIVITIES.
PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF RECOMMENDED SAFETY AND FALL RISK REDUCTION STRATEGIES BY 7/3/25
SIGNS AND SYMPTOMS OF UTI WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISK AND PREVENT HOSPITALIZATION
SIGNS AND SYMPTOMS OF CONSTIPATION WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISK AND PREVENT HOSPITALIZATION

PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH AROM, MUSCLE STRENGTH AND/OR IMPROVED ACTIVITY TOLERANCE IN ORDER TO INCREASE PERFORMANCE AND SAFETY WITH ACTIVITIES OF DAILY LIVING
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH DRESSING
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH BATHING
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH TOILET HYGIENE
PATIENT WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, OF BALANCE IN ORDER TO DECREASE FALL RISK DURING FUNCTIONAL ACTIVITIES

Rehab Potential:

GOOD TO ACHIEVE GOALS BY 7/3/25

DC Plans:

DISCHARGE TO CARE OF FAMILY/CAREGIVER UNDER SUPERVISION OF PHYSICIAN WHEN ALL GOALS MET.

DME and Supplies:

DME-ELEVATED TOILET SEAT; DME-RAILS/GRAB BARS; DME-SHOWER/TUB EQUIPMENT; DME-WALKER ROLLING (2 WHEELED ONLY)

Prognosis:

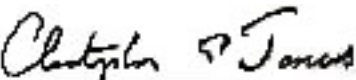
GOOD

Signature of Physician	Date
Optional Name/Signature Of KRISTEL PEREZ, PT	Date 5/22/2025

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Physician: Dr. Joncas, Christopher S.

Clinician: Agency, Clinician

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Date: 6/12/2025

Date: 5/30/2025

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Patient's Medicare No. 7H44RN4XX91	SOC Date 5/23/2025	Certification Period 5/23/2025 to 7/21/2025	Medical Record No. RLN00426642401	Provider No. 41-7059
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Patient's Name PAULINE DUFOUR	Provider's Name NURSE ON CALL - LINCOLN
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Functional Limitations:

BOWEL/BLADDER (INCONTINENCE); HEARING; ENDURANCE; AMBULATION; DYSPNEA WITH MINIMAL EXERTION

Safety Measures:

BLEEDING PRECAUTIONS, FALL PRECAUTIONS, HEARING IMPAIRED, HIGH RISK MEDICATIONS, RISK FOR HOSPITALIZATION

Activities Permitted:

UP AS TOLERATED; EXERCISES PRESCRIBED; WALKER; WEIGHT BEARING AS TOLERATED

Nutritional Requirements:

LOW FAT/LOW CHOLESTEROL DIET

Advance Directives:

DUR. POA/SURROGATE DECISION MAKER; FULL CODE (RESUSCITATE)

Mental Statuses:

ORIENTED; FORGETFUL

Supporting Documentation for Cognitive Status:

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

1 - REQUIRES PROMPTING (CUING, REPETITION, REMINDERS) ONLY UNDER STRESSFUL OR UNFAMILIAR CONDITIONS.

Supporting Documentation for Psychosocial Status:

PSYCHOSOCIAL STATUS FACTORS

ADEQUATE CAREGIVER SUPPORT || ADEQUATE RELATIONSHIPS WITH FAMILY, CAREGIVER, SIGNIFICANT OTHERS || NORMAL MOOD/AFFECT || SAFE/SANITARY HOME ENVIRONMENT || WELL GROOMED APPEARANCE

Supporting Documentation for Risk of Hospital Readmission:

(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)

1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 2 - UNINTENTIONAL WEIGHT LOSS OF A TOTAL OF 10 POUNDS OR MORE IN THE PAST 12 MONTHS || 3 - MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS || 4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION || 9 - OTHER RISK(S) NOT LISTED IN 1 - 8

THE PATIENT HAS THE SAME RISK FOR EMERGENT CARE THAT WAS IDENTIFIED AS A RISK FOR HOSPITALIZATION

Allergies:

(D)-LIMONENE FLAVOR

Medications:

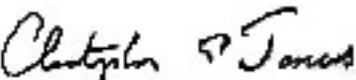
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ATORVASTATIN 20 MG TABLET 1 tablet	DAILY	ORAL	12/18/2024		
Instructions:					
CALCIUM 600 MG (AS CARBONATE)-VITAMIN D3 5 MCG (200 UNIT) TABLET 1 tablet	DAILY	ORAL	12/18/2024		
Instructions:					
CALMOSEPTINE 0.44 %-20.6 % TOPICAL OINTMENT Per instructions	2 TIMES DAILY/PRN	TOPICAL	02/12/2024		
Instructions: APPLY TO BUTTOCKS FOR REDNESS AS NEEDED 2X DAILY					
CARVEDILOL 3.125 MG TABLET 1 tablet	2 TIMES DAILY	ORAL	01/14/2025		
Instructions:					

Signature of Physician	Date
Optional Name/Signature Of KRISTEL PEREZ, PT	Date 5/22/2025

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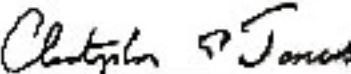


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Patient's Name PAULINE DUFOUR		Provider's Name NURSE ON CALL - LINCOLN		
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date New/ Changed
ELIQUIS 5 MG TABLET 1 tablet	2 TIMES DAILY	ORAL	03/17/2023	
Instructions:				
FERROUS SULFATE 325 MG (65 MG IRON) TABLET 1 tablet	DAILY	ORAL	12/18/2024	
Instructions:				
GABAPENTIN 300 MG CAPSULE 1 capsule	BEDTIME	ORAL	04/26/2024	
Instructions:				
GUAIFENESIN ER 600 MG TABLET, EXTENDED RELEASE 12 HR 1 tablet	DAILY	ORAL	02/06/2025	
Instructions:				
LASIX 40 MG TABLET 1 tablet	DAILY	ORAL	12/18/2024	
Instructions:				
LEVOTHYROXINE 25 MCG TABLET 1 tablet	DAILY	ORAL	01/28/2025	
Instructions:				
LEXAPRO 5 MG TABLET 1 tablet	DAILY	ORAL	05/01/2025	
Instructions:				
LIDOCAINE 5 % TOPICAL PATCH 1 adhesive patch, medicated	AS NEEDED/PRN	TOPICAL	05/01/2025	
Instructions: APPLY TO LOWER BACK TOPICALLY AS-NEEDED FOR PAIN AS NEEDED, LEAVE ON FOR 12 HOURS AND THEN REMOVE				
MICONAZORB AF 2 % TOPICAL POWDER Per instructions	2 TIMES DAILY/PRN	TOPICAL	04/25/2023	
Instructions: APPLY TO LEFT BREAST / GROIN 2X DAILY AS NEEDED FOR RASH				
MULTIVITAMIN TABLET 1 tablet	DAILY	ORAL	02/10/2024	
Instructions:				
NATURAL TEARS (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE 1 dropperette, single-use drop dispenser	3 TIMES DAILY	OPHTHALMIC (EYE)	01/09/2024	
Instructions:				
OMEPRAZOLE 40 MG CAPSULE, DELAYED RELEASE 1 capsule	DAILY	ORAL	03/17/2023	
Instructions:				
OXYCODONE 5 MG TABLET 1 tablet	EVERY 6 HOURS/PRN	ORAL	05/01/2025	
Instructions: FOR MODERATE TO SEVERE PAIN				
Signature of Physician				Date
Optional Name/Signature Of KRISTEL PEREZ, PT				Date 5/22/2025

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Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date New/ Changed
SACCHAROMYCES BOULARDII 250 MG CAPSULE 2 capsule	2 TIMES DAILY	ORAL	12/18/2024	
Instructions:				
SENNA LAX 8.6 MG TABLET 2 tablet	2 TIMES DAILY/PRN	ORAL	12/17/2024	
Instructions: FOR CONSTIPATION				
TRAZODONE 50 MG TABLET 0.5 tablet	BEDTIME	ORAL	03/17/2023	
Instructions:				
TYLENOL EXTRA STRENGTH 500 MG TABLET 2 tablet	2 TIMES DAILY	ORAL	04/30/2025	
Instructions:				

Supporting Documentation for Home Health Eligibility:

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO THE HOME DUE TO
NEEDING ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE, REQUIRES AID OF WALKER, REQUIRES AID
WHEELCHAIR

THE PATIENT ALSO HAS A NORMAL INABILITY TO LEAVE THE HOME AND WHEN LEAVING HOME, REQUIRES CONSIDERABLE AND TAXING
EFFORT AS EVIDENCED BY:
EASILY FATIGUED, PAIN IMPACTING MOBILITY, UNSTEADY GAIT, PHYSICAL LIMITATION AND/OR PARALYSIS IMPACTING MOBILITY ABILITY
AND EFFORT TO LEAVE HOME, WEAKNESS IN LOWER EXTREMITIES CAUSING BALANCE OR GAIT DISTURBANCES AND/OR FALLS

Therapy Short Term/Long Term Goals:

Discipline: PT

TRANSFERS (PT)

SIT TO STAND

STG: STANDBY ASSIST/SUPERVISION

TARGET DATE: 6/12/2025

LTG: INDEPENDENT

TARGET DATE: 7/3/2025

GAIT (PT)

LEVEL SURFACE DEVICE

STG:

TARGET DATE:

LTG:

TARGET DATE:

LEVEL SURFACE DISTANCE (IN FEET)

STG: 100

TARGET DATE: 6/12/2025

LTG: 250

TARGET DATE: 7/3/2025

LEVEL SURFACE ASSISTANCE

STG: STANDBY ASSIST/SUPERVISION

TARGET DATE: 7/3/2025

LTG:

TARGET DATE:

STRENGTH (PT)

RIGHT LOWER EXTREMITY

STG: 3+/FAIR+

TARGET DATE: 6/12/2025

LTG: 4-/GOOD-

TARGET DATE: 7/3/2025

LEFT LOWER EXTREMITY

STG: 3+/FAIR+

TARGET DATE: 6/12/2025

LTG: 4-/GOOD-

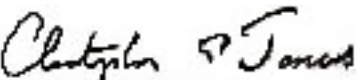
TARGET DATE: 7/3/2025

Signature of Physician	Date
Optional Name/Signature Of KRISTEL PEREZ, PT	Date 5/22/2025

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Physician: Dr. Joncas, Christopher
S.

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Patient's Name PAULINE DUFOUR		Provider's Name NURSE ON CALL - LINCOLN		

Therapy Short Term/Long Term Goals:

Discipline: OT

TRANSFERS (OT)

TOILET

STG: INDEPENDENT

TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

BALANCE (OT)

STATIC STANDING

STG: GOOD-MAINTAINS BALANCE W/O
SUPPORT, ACCEPTS MOD.
CHALLENGE; SHIFTS WT W/SOME
EVIDENCE OF LIMITATIONS

TARGET DATE: 6/13/2025

LTG:

TARGET DATE:

DYNAMIC STANDING

STG: GOOD-MAINTAINS BALANCE W/O
SUPPORT, ACCEPTS MOD.
CHALLENGE; SHIFTS WT W/SOME
EVIDENCE OF LIMITATIONS

TARGET DATE: 6/20/2025

LTG:

TARGET DATE:

SELF CARE (OT)

BATHING/SHOWERING ABILITY

STG: MINIMAL ASSIST

TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

TOILETING HYGIENE/CLOTHING MANAGEMENT

STG: INDEPENDENT

TARGET DATE: 6/13/2025

LTG:

TARGET DATE:

DRESS UPPER BODY ABILITY

STG: STANDBY ASSIST/SUPERVISION

TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

DRESS LOWER BODY ABILITY

STG: MINIMAL ASSIST

TARGET DATE: 6/13/2025

LTG:

TARGET DATE:

BARTHEL INDEX OF ADL'S

STG: 60

TARGET DATE: 6/20/2025

LTG:

TARGET DATE:

STRENGTH (OT)

RIGHT UPPER BODY EXTREMITY

STG: 3/FAIR

TARGET DATE: 6/20/2025

LTG:

TARGET DATE:

LEFT UPPER BODY EXTREMITY

STG: 3+/FAIR+

TARGET DATE: 6/20/2025

LTG:

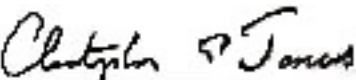
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