

OT Evaluation : 05/22/2025 (1288050108)

Moore, Helen D. (MA240508032702)

Date of Birth: 03/04/1927

☐ Patient identity confirmed

Time In: 13:30

Time Out: 14:05

Visit Date: 05/22/2025

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 a 96 year old female who was referred to skilled Occupational Therapy services to assess pts safety and independence in the home after a decline in function. Patient PMH: HTN, MIXED HLD, CAD, MACULAR DEGENERATION, STASIS DERMATITIS OF BOTH LEGS, VITAMIN D DEFICIENCY, LUMBAR BACK PAIN, FACIAL SKIN LESION, MITRAL (Continued)

Prior Level of Functioning:

PLOF: mod I for self care tasks and adls.

Patient's Goals:

"I want 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**

Moore, Helen D (MA240508032702)

Vital Signs

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Physician: Dr. Kabak, Jennifer A.

Clinician: Clinician, Agency

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1/7

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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

Physician: Dr. Kabak, Jennifer A.

Clinician: Clinician, Agency

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2/7

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

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

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			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:

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**

CGA

CGA

CGA

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

MIN A

Dressing:

Upper Body

S

Lower Body

MIN A

Manipulation of Fasteners

MOD I

Socks & Shoes

MIN A

Feeding

Swallowing

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

Instrumental ADLs

Assist Level **Assistive Device**

MOD A

MOD I

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

FAMILY ASSISTS PT WITH IADLs

Bed Mobility

Assist Level

MOD I

✓ L ✓ R
Assistive Device

Rolling

Supine - Sit MOD I

Sit - Supine MOD I

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand CGA

Stand - Sit CGA

Bed - Chair CGA

Chair - Bed CGA

Toilet or BSC CGA

Shower MIN A

Tub

Car / Van

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

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Page 2 of 5

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3/7

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Functional Assessment (Continued)

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
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Motor Coordination**Cognitive Status / Perception**Prior to Injury
Dominance☒ Right handed ☐ Left handed**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

WNL

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

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 a 96 year old female who was referred to skilled Occupational Therapy services to assess pts safety and independence in the home after a decline in function. Patient PMH: HTN, MIXED HLD, CAD, MACULAR DEGENERATION, STASIS DERMATITIS OF BOTH LEGS, VITAMIN D DEFICIENCY, LUMBAR BACK PAIN, FACIAL SKIN LESION, MITRAL VALVE PROLAPSE, OA, MI, C-DIFF COLITIS. patient lives in a single family home, alone. bathing/dressing, s for UB self care tasks and min a to perform lb self care tasks with (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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4/7

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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): Kim costa

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 ploff

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

05/22/2025

Physician Name
JENNIFER KABAK MD

Physician Phone: (508) 678-5633
Physician FAX: (508) 673-5605
Physician Signature**Date**

Physician: Dr. Kabak, Jennifer A.

Clinician: Clinician, Agency

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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:** 07/12/25

(FT) Patient will perform LB dressing tasks with mod I at a sit to stand level with good safety tech within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

(FT) Patient will perform light meal prep tasks with mod I standing >10 minutes with no reports of fatigue within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

(FT) patient will perform shower level tasks with mod I and good dynamic standing balance within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

Goals and Interventions Updated This Visit**Goals Added (4)**

(FT) Patient will perform light meal prep tasks with mod I standing >10 minutes with no reports of fatigue within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) patient will increase b UE shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) Patient will perform LB dressing tasks with mod I at a sit to stand level with good safety tech within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) patient will perform shower level tasks with mod I and good dynamic standing balance within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

Interventions Added (4)

(FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional tasks

(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 training to increase client's level of independence with ADL tasks

(FT) Occupational therapy to provide neuro reeducation and balance challenges to improve static and dynamic standing balance to restore independence and reduce risk of falls

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6/7

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OT Evaluation Addendum Page : 05/22/2025
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Relevant Medical History

VALVE PROLAPSE, OA, MI, C-DIFF COLITIS.

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

cues for safety and tech.
 IADLs mod a to perform light meal prep tasks, HHA 1x week for iadls
 ambulation patient ambulates without ad in the home although demonstrates furniture walking. patient ambulates
 with fair -dynamic standing balance, fair static standing balance.
 B UE AROM wfl 3+/5 impacting pts ability to perform fxnl transfers and self care tasks
 Patient would benefit from skilled OT services to increase independence and safety in the home through Therex,
 theract, neuro re-ed, ADL retraining. Patient in agreement to ot services 2x/wk to address above impairments
 and to return to plof.

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