

PT Evaluation : 04/24/2025 (1275520097)

Oliveira, Kathleen (100991041)

Date of Birth: 04/06/1945

✓ Patient identity confirmed

Time In: 14:33

Time Out: 15:03

Visit Date: 04/24/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis: I11.0

PT Diagnosis: R26.2

Relevant Medical History:

SLURRED SPEECH, ATAXIA, ACUTE DIASTOLIC CHF, ACUTE HYPOXEMIC RESPIRATORY FAILURE, AKI, ACUTE PANCREATITIS, ALKALOSIS, C-DIFF ENTERITIS, HYPONATREMIA, UTI, ASCENDING AORTIC DILATION, COLITIS, ANXIETY, DEPRESSION, HTN, HLD, INSOMNIA, SEIZURE DO, MIGRAINE, AORTIC STENOSIS, A FIB, BICUSPID AORTIC VALVE, BILATERAL SENSORINEURAL (Continued)

Prior Level of Functioning:

(I) throughout home and community with RW.

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.

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Physician: Dr. Singla, Raju

Clinician: Clinician, Agency

Signature:



Signature:

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Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: With other person(s) in the home
Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received

Pt's daughter attempts occasional (A) with household tasks.

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 in multi-level home with FOS to access.

Vital Signs

Temperature:

96.2 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route
Prior	128 / 70	Sitting	Left	Prior	72	Prior	18	Prior	97	Room Air	via
Post	/			Post		Post		Post			via

Comments:

Subjective Information

Pt/daughter report motivation to continue Home PT services.

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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

- ☒ Absent
☐ Present

Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)		Location	Intensity (0-10)
Primary Site:	Other flank	8	Secondary Site:	Other LBP	4
Increased by:					
Relieved by:					
Interferes with:					

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Transfer

	Assist Level	Assistive Device
Sit - Stand	CG (A)	RW
Stand - Sit	CG (A)	RW
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	CG (A)	RW
Tub or Shower		
Car / Van		

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

Wheelchair Mobility

Assist Level	Assist Level	Assist Level
Level	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

Weight Bearing Status

FWB

Balance

☒ Able to assume midline orientation
☐ Able to maintain midline orientation
Sitting: Maintain position
Standing: Attain 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 A 79 YR. OLD FEMALE who presents today for PT Evaluation in new certification following hospitalization secondary to A-Fib with RVR. Pt with previous hospitalization secondary to SLURRED SPEECH, ATAXIA, ACUTE DIASTOLIC CHF, ACUTE HYPOXEMIC RESPIRATORY FAILURE, AKI, ACUTE PANCREATITIS, ALKALOSIS, C-DIFF ENTERITIS, HYPONATREMIA, UTI. Pt's PMH includes: ASCENDING AORTIC DILATION, COLITIS, ANXIETY, DEPRESSION, HTN, HLD, INSOMNIA, SEIZURE DO, MIGRAINE, AORTIC STENOSIS, A FIB, BICUSPID (Continued)

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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: Clinical Manager.

Name(s): Tammy Bienvenue, PTA.

Regarding: PT Evaluation completed and Visit Schedule.

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

Other 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
04/24/2025

Physician Name
RAJU SINGLA MD

Physician Phone: (508) 679-5888
Physician FAX: (508) 679-1059

Physician Signature

Date

Physician: Dr. Singla, Raju

Clinician: Clinician, Agency

Signature:



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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (8)

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 06/07/25

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:** 06/07/25

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:** 06/07/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Goal Term:** long **Target Date:** 06/07/25

Pt will adequately manage pain symptoms in 60 days. **Goal Term:** long **Target Date:** 06/07/25

Pt will ascend/descend 1 FOS (I) to safely access home/community. **Goal Term:** long **Target Date:** 06/07/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 06/07/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 06/07/25

Goal Progress Summary For This Visit

Goals Addressed (8)

(1 of 8) Pt will not fall during this episode of care.

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, Caregiver

Note:

(2 of 8) Pt will remain out of hospital throughout this episode of care.

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 Reinforcement **Performed On:** Patient, Caregiver

Note:

(3 of 8) Pt will ascend/descend 1 FOS (I) to safely access home/community.

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, Caregiver

Note:

(4 of 8) Pt will adequately manage pain symptoms in 60 days.

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, neuro. re-ed. (Continued)

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Relevant Medical History

HEARING LOSS, , ASTHMA, COPD, DYSLIPIDEMIA, DYSPHAGIA, EPILEPSY, FATTY LIVER, GERD, GI BLEED, HYPERCHOLESTEROLEMIA, HYPERTENSIVE HEART DISEASE WITH HEART FAILURE, HYPOTHYROIDISM, IBS, MIGRAINE, NON RHEUMATIC MITRAL VALVE REGURGITATION, OSTEOPOROSIS, RENAL CYST ACQUIRED LEFT, SCOLIOSIS, SEASONAL ALLERGIC RHINITIS, SLEEP DO, STABLE ANGINA, SUBCLINICAL HYPERTHYROIDISM, AORTIC ANEURYSM OF UNSPECIFIED SITE, ASCENDING AORTA DILATATION, THORACIC AORTIC ANEURYSM, VITAMIN DEF, IDA, GLAUCOMA, ANEMIA. PSH: AVR.

Clinical Statement of Assessment Findings and Recommendations

AORTIC VALVE, BILATERAL SENSORINEURAL HEARING LOSS, , ASTHMA, COPD, DYSLIPIDEMIA, DYSPHAGIA, EPILEPSY, FATTY LIVER, GERD, GI BLEED, HYPERCHOLESTEROLEMIA, HYPERTENSIVE HEART DISEASE WITH HEART FAILURE, HYPOTHYROIDISM, IBS, MIGRAINE, NON RHEUMATIC MITRAL VALVE REGURGITATION, OSTEOPOROSIS, RENAL CYST ACQUIRED LEFT, SCOLIOSIS, SEASONAL ALLERGIC RHINITIS, SLEEP DO, STABLE ANGINA, SUBCLINICAL HYPERTHYROIDISM, AORTIC ANEURYSM OF UNSPECIFIED SITE, ASCENDING AORTA DILATATION, THORACIC AORTIC ANEURYSM, VITAMIN DEF, IDA, GLAUCOMA, ANEMIA. PSH: AVR. Pt's PLOF includes being (I) throughout her home and community with RW. However, pt currently requires CG(A) to maintain safety. Pt has made functional gains since initial Eval, yet requires further progressions to attain LTGs/PLOF. Pt with recent Fall resulting in Ruib Fx's. Pt continues to demonstrate impairments re: pain, 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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Goals and Interventions

, manual therapy, and pt ed. to reduce pt's pain symptoms.

Result: Needs Reinforcement **Performed On:** Patient, Caregiver

Note:

(5 of 8) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk

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, Caregiver

Note:

(6 of 8) Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert

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, Caregiver

Note:

(7 of 8) 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.

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, Caregiver

Note:

(8 of 8) Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days.

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, Caregiver

Note:

Goals and Interventions Updated This Visit

Goals Added (8)

Pt will not fall during this episode of care. **Target Date:** 06/07/25 **Goal Term:** long

Pt will remain out of hospital throughout this episode of care. **Target Date:** 06/07/25 **Goal Term:** long

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Goals and Interventions

Pt will ascend/descend 1 FOS (I) to safely access home/community. **Target Date:** 06/07/25 **Goal Term:** long

Pt will adequately manage pain symptoms in 60 days. **Target Date:** 06/07/25 **Goal Term:** long

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Target Date:** 06/07/25 **Goal Term:** long

Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert **Target Date:** 06/07/25 **Goal Term:** long

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. **Target Date:** 06/07/25 **Goal Term:** long

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Target Date:** 06/07/25 **Goal Term:** long

Interventions Added (8)

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.

PT to perform ther-ex, ther-act, gait training, and/or pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

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.

Physical Therapy to utilize ther-ex, ther-act, neuro. re-ed., manual therapy, and pt ed. to reduce pt's pain symptoms.

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

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.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's (I) with all Transfers.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's PLOF.

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