

**PT Re-Evaluation** : 04/30/2025 (1271413288)

Carvalho, Anthony ( MA250326077101 )

Date of Birth: 07/31/1971

✓ Patient identity confirmed

Time In: 14:35

Time Out: 15:05

Visit Date: 04/30/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History**

**Medical Diagnosis:** E11.9

**PT Diagnosis:** R26.2

**Relevant Medical History:**

Diabetes, oropharyngeal dysphagia, opioid overdose, CVA, CVA due to thrombosis of the rt MCA, left dominant side hemiplegia due to CVA, DM, chronic viral hepatitis, muscle wasting and atrophy of multiple sites, difficulty walking, opioid dependence with other opioid induced disorder, oropharyngeal dysphagia, obesity, hx (Continued)

**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.

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Physician: Dr. Mistikawy, Hany A.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/3/2025

Date: 5/30/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025

**PT Re-evaluation w/Supervisory Visit : 04/30/2025**

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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**

Partner attempts occasional (A) with household tasks.

**Safety / Sanitation Hazards**

- ☒ No hazards identified  
☐ Steps / Stairs: ☐ No running water, plumbing ☐ Insect / rodent infestation ☐ Pets  
☐ Narrow or obstructed walkway ☐ Lack of fire safety devices ☐ No gas / electric appliance ☐ Unsecured floor coverings  
☐ Cluttered / soiled living area ☐ Inadequate lighting, heating and/or cooling  
Other:

**Evaluation of Living Situation, Supports, and Hazards**

Pt lives in single-level apt.

**Vital Signs**

**Temperature:**

97.9 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route
Prior	140 / 72	Sitting	Left	Prior	68	Prior	18	Prior	95	Room Air	via
Post	/			Post		Post		Post			via

Comments:

**Subjective Information**

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

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**Physical Assessment**

	Level	Functional Impact
<b>Orientation:</b>	Impairment present but not impacting functional ability.	
<b>Speech:</b>	Impairment present but not impacting functional ability.	
<b>Vision:</b>	Impairment present but not impacting functional ability.	
<b>Hearing:</b>	Impairment present but not impacting functional ability.	
<b>Skin:</b>	Impairment present but not impacting functional ability.	
<b>Muscle Tone:</b>	Impairment present but not impacting functional ability.	
<b>Coordination:</b>	Impairment present but not impacting functional ability.	
<b>Sensation:</b>	Impairment present but not impacting functional ability.	
<b>Endurance:</b>	Impairment present.	
<b>Posture:</b>	Impairment present but not impacting functional ability.	
<b>Edema</b>		
<input checked="" type="checkbox"/> <b>Absent</b>		
<input type="checkbox"/> <b>Present</b>		
<b>Pain Assessment</b>		
<input checked="" type="checkbox"/> <b>No Pain Reported</b>		
Primary Site:	Location	Intensity (0-10)
Increased by:		
Relieved by:		
Interferes with:		

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**Physical Assessment****ROM / Strength**

<b>Part</b>	<b>Action</b>	<b>ROM</b>		<b>Strength</b>		<b>Part</b>	<b>Action</b>	<b>ROM</b>		<b>Strength</b>	
		<b>Right</b>	<b>Left</b>	<b>Right</b>	<b>Left</b>			<b>Right</b>	<b>Left</b>	<b>Right</b>	<b>Left</b>
Shoulder	Flexion					Hip	Flexion	WFL		4-	
	Extension						Extension	WFL		4-	
	Abduction						Abduction	WFL		4-	
	Adduction						Adduction	WFL		4-	
	Int Rot						Int Rot				
	Ext Rot						Ext Rot				
Elbow	Flexion					Knee	Flexion	WFL		4	
	Extension						Extension	WFL		4	
Forearm	Pronation					Ankle	Plantar Flexion	WFL		4-	
	Supination						Dorsiflexion	WFL		4-	
Finger	Flexion						Inversion				
	Extension					Neck	Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

Description of Functional Impact:

**Functional Assessment**

<b>Independence Scale Key</b>	<b>Dep</b>	<b>Max Assist</b>	<b>Mod Assist</b>	<b>Min Assist</b>	<b>CGA</b>	<b>SBA</b>	<b>Supervision</b>	<b>Ind with Equip</b>	<b>Indep</b>
<b>Bed Mobility</b>									

	Assist Level		Assist Level	Distance/ Amount (Ft)	Assistive Device	
Rolling	SB (A)	<input type="checkbox"/> L <input type="checkbox"/> R				
		Assistive Device				
Supine - Sit	SB (A)		Level	CG (A)	X 30	HW
Sit - Supine	SB (A)		Unlevel	CG (A)	X 85	HW
Factors Contributing to Functional Impairment:			Steps / Stairs		X	

**Factors Contributing to Functional Impairment:**

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

**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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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	SB (A)	HW
Stand - Sit	SB (A)	HW
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	SB (A)	HW
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**

<b>Assist Level</b>	<b>Assist Level</b>	<b>Assist Level</b>
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:  
HW

**Needs**

**Clinical Statement of Assessment Findings and Recommendations**

Patient is a 53 year old male who presents today for PT Reassessment following hospitalization and STR-stay secondary to Diabetes, oropharyngeal dysphagia, opioid overdose, CVA. Pt's PMH includes: CVA due to thrombosis of the rt MCA, left dominant side hemiplegia due to CVA, DM, chronic viral hepatitis, muscle wasting and atrophy of multiple sites, difficulty walking, opioid dependence with other opioid induced disorder, oropharyngeal dysphagia, obesity, hx COVID, hydronephrosis, calculus of (Continued)

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**PT Re-evaluation w/Supervisory Visit** : 04/30/2025

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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): Jordan Lopes, 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**

04/30/2025

**Physician Name**  
HANY MISTIKAWY MD**Physician Phone:** (508) 679-2265  
**Physician FAX:** (508) 646-0586**Physician Signature****Date**

Physician: Dr. Mistikawy, Hany A.

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Signature:



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**Relevant Medical History**

COVID, hydronephrosis, calculus of kidney, fatty liver, HTN, former smoker, obesity.

**Clinical Statement of Assessment Findings and Recommendations**

kidney, fatty liver, HTN, former smoker, obesity. Pt's PLOF includes being (I) throughout his home and community without AD. However, pt currently requires SB(A)/CG(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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**Supervisory Visit** : 04/30/2025 (1271413288)  
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**Visit Assessment**

Supervision Date:	04/30/2025 Start: End:
Supervisor Name:	DANIELJ FAUVELL, PT
Clinician Name:	LOPES, JORDANM
	<i>Name of person being supervised</i>
Clinician Present at Time of Visit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**  
04/30/2025

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**PT Re-evaluation w/Supervisory Visit** : 04/30/2025

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (6)**

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 05/26/25

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:** 05/26/25

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:** 05/26/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 05/26/25

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:** 05/26/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using LRAD for in-home mobility without fall risk **Goal Term:** long **Target Date:** 05/26/25

**Goal Progress Summary For This Visit**

**Goals Addressed (6)**

(1 of 6) 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, Caregiver

**Note:**

(2 of 6) 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, Caregiver

**Note:**

(3 of 6) 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, Caregiver

(Continued)

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**Goals and Interventions**

**Note:**

(4 of 6) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using LRAD 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, Caregiver

**Note:**

(5 of 6) 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, Caregiver

**Note:**

(6 of 6) 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 Reinforcement **Performed On:** Patient, Caregiver

**Note:**

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