

VISITING NURSE HOME AND HOSPICE  
438 EAST MAIN ROAD SUITE 100  
MIDDLETOWN, RI 02842-7273  
Phone: (401) 682-2100  
Fax: (401) 293-0739

## PHYSICIAN:

CHARLES CUMMINGS, MD  
821 MAIN ROAD  
TIVERTON, RI 02878

Phone: (401)625-1001

Fax: (401)625-1584

2nd Physician:

Send to Physician: Y

Verbal Order: Y

Verbal Date: 4/15/2025 Time: 4:38 PM

## CLIENT:

MUZACA, LOUISE  
140 NORTH COURT  
TIVERTON, RI 02878-

SSN: XXX-XX-

DOB: 7/31/1935 MR#: HH100005311201

CERT: 4/10/2025 to 6/8/2025

Order Read Back to Physician/Agent of Physician?: Y

ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	DAWN HILL HOME FOR REHAB & HEALTHCARE	3/9/2025	4/9/2025	SYNCOPE, HEART BLOCK

Order Date:	4/15/2025 12:34 PM	Order Type:	ADD ON DISCIPLINE
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## Order Description:

OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN.

OCCUPATIONAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.

OCCUPATION THERAPY TO PROVIDE TECHNIQUES DESIGNED TO IMPROVE BED MOBILITY.

OCCUPATIONAL THERAPY TO INSTRUCT IN SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT.

OCCUPATIONAL THERAPY TO EVALUATE FUNCTIONAL MOBILITY/AMBULATION AND PROVIDE TRAINING USING APPROPRIATE ASSISTIVE DEVICES TO ENSURE PATIENT SAFETY

OCCUPATIONAL THERAPIST TO EDUCATE PATIENT / CAREGIVER ON SAFETY RECOMMENDATIONS FOR HOME ENVIRONMENT, TO REDUCE FALL RISK.

OCCUPATIONAL THERAPIST TO PROVIDE INSTRUCTION REGARDING PAIN CONTROL METHODOLOGIES INCLUDING PHARMACOLOGIC AND NON-PHARMACOLOGIC METHODS.

OCCUPATIONAL THERAPIST TO PROVIDE PATIENT / CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE.

OCCUPATIONAL THERAPIST TO PROVIDE PATIENT / CAREGIVER WITH IADL TRAINING TO INCREASE INDEPENDENCE.

OCCUPATIONAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S TOLERANCE DURING ADL'S/IADL'S.

OCCUPATIONAL THERAPY TO PROVIDE BALANCE TRAINING TO REDUCE FALL RISK DURING FUNCTIONAL ACTIVITIES. GOAL TO BE ACHIEVED BY 5/15/25

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 4/15/25.

PT IS A 89 YO FEMALE WHO HAS BEEN ADMITTED TO VNHHS SERVICE AFTER MULTIPLE HOSPITALIZATIONS FOR SYNCOPAL EPISODES AND A FALL RESULTING IN A R HUMERAL FRACTURE IN NOVEMBER OF 2024. PMHX INCLUDING

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

ABIGAIL WALSH, OT RI-OT01287 MA-8628

DATE: 04/15/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

PAMELA WAI-HA LAM, OT, RI01175/MA9638

DATE: 04/16/2025

PHYSICIAN SIGNATURE:

DATE:

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PHYSICIAN: CHARLES CUMMINGS, MD

CLIENT: MUZACA, LOUISE

CAD, CHF, OBESE, ANXIETY, DEPRESSION, COVID, ASPIRATION PNEUM, NOROVIRUS, AFIB, HYPOTHYROID, FX HUMERUS/FALLS, PACEMAKER, HTN, HLD, MACULAR DEGENERATION LEFT EYE. PT SEEN FOR SKILLED OT EVALUATION TODAY. PT LIVES ALONE IN A SINGLE LEVEL HOME WITH 3 STEPS TO ENTER. PT REPORTS BEING INDEPENDENT WITH ADLS, MOBILITY AND LIGHT IADL TASKS. PTS SON LIVES IN MARYLAND AND STAYS WITH PT ONE MONTH ON AND ONE MONTH OFF. PTS SON GROCERY SHOPS AND DOES OTHER HEAVY IADL TASKS WHILE HE IS IN TOWN. PT HAS 4WW, RW, STANDARD WC, BEDRAIL, TRANSFER TUB BENCH, GRAB BARS, HAND HELD SHOWER HOSE, TOILET SAFETY FRAME AND BEDSIDE COMMODE AT HOME. TODAY, PT AMBULATING IN HOME WITH RW WITH CGA/MINIMAL ASSIST. PT HAS NEW LIFT CHAIR BUT IS NOT USING LIFT MECHANISM. PT DEMO DECREASED ENDURANCE, REQUIRING SEATED REST BREAK AMBULATING FROM LIVING ROOM TO BEDROOM. PT REQUIRES CGA FOR TOILET TRANSFERS AND TOILETING TASKS. PT REQUIRING MIN/MODA FOR TUB TRANSFER. PT CURRENTLY REQUIRES ASSIST FOR ADLS UB: CGA, LB: MOD. PT ALSO NOTED TO HAVE DECREASED STRENGTH AND AROM OF R SHOULDER IMPACTING ABILITY TO PARTICIPATE IN ADL AND IADL TASKS. PT MOTIVATED TO RETURN HOME ALONE AT INDEPENDENT LEVEL. PT WILL BENEFIT FROM SKILLED OT INTERVENTION TO IMPROVE SAFETY AND INDEPENDENCE WITH ADLS/IADLS AND MOBILITY AT HOME AND TO IMPROVE ROM OF R SHOULDER TO ASSIST WITH ADLS AT HOME. PT AND SON IN AGREEMENT WITH PLAN OF CARE. PTS FAMILY DECLINING HHA SERVICES AT THIS TIME, OT TO FOCUS ON ADL RETRAINING.

**Goals:**

OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED. PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY OCCUPATIONAL THERAPIST. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.

PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING. GOAL TO BE ACHIEVED BY 5/16/25.

PATIENT WILL DEMONSTRATE IMPROVED BED MOBILITY.

PATIENT / CAREGIVER WILL DEMONSTRATE SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT.

PATIENT WILL DEMONSTRATE USE OF SAFETY PRECAUTIONS AND IMPROVED FUNCTIONAL MOBILITY/AMBULATION WITH USE OF ASSISTIVE DEVICE AS NEEDED TO MINIMIZE RISK OF INJURY

PATIENT / CAREGIVER TO DEMONSTRATE INCREASED SAFETY IN HOME ENVIRONMENT AS EVIDENCED BY DECREASED FALL RISK. GOAL TO BE ACHIEVED BY 5/16/25

PATIENT / CAREGIVER WILL VERBALIZE EFFECTIVE PAIN CONTROL AND UNDERSTAND BOTH PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL METHODS. GOAL TO BE ACHIEVED BY 5/16/25

PATIENT WILL DEMONSTRATE INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING. GOAL TO BE ACHIEVED BY 5/15/25

PATIENT / CAREGIVER WILL DEMONSTRATE INCREASED INDEPENDENCE IN IADL'S.

PATIENT / CAREGIVER TO DEMONSTRATE UNDERSTANDING OF AND COMPLIANCE WITH ENERGY CONSERVATION MEASURES, AS EVIDENCED BY INCREASED TOLERANCE DURING ADL'S/IADL'S.

PATIENT / CAREGIVER TO DEMONSTRATE DECREASED FALL RISK DURING FUNCTIONAL ACTIVITIES. GOAL TO BE ACHIEVED BY 5/15/25

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PHYSICIAN: CHARLES CUMMINGS, MD

CLIENT: MUZACA, LOUISE

## Therapy Short Term/Long Term Goals:

## Discipline: OT

## TRANSFERS (OT)

## TUB/SHOWER

STG: STANDBY ASSIST  
TARGET DATE: 5/16/2025LTG: STANDBY ASSIST  
TARGET DATE: 5/16/2025

## TOILET

STG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025LTG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025

## SELF CARE (OT)

## BATHING/SHOWERING ABILITY

STG: STANDBY ASSIST  
TARGET DATE: 5/16/2025LTG: STANDBY ASSIST  
TARGET DATE: 5/16/2025

## DRESS UPPER BODY ABILITY

STG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025LTG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025

## DRESS LOWER BODY ABILITY

STG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025LTG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025

## TOILETING

STG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025LTG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025

## MEAL PREPARATION

STG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025LTG: MODIFIED INDEPENDENT  
TARGET DATE: 5/16/2025

## ADLS (OT)

## BARTHEL INDEX OF DAILY LIVING

STG: 18  
TARGET DATE: 5/16/2025LTG: 18  
TARGET DATE: 5/16/2025

## ROM (OT)

## RIGHT SHOULDER FLEXION

STG: 90  
TARGET DATE: 5/16/2025LTG: 110  
TARGET DATE: 6/6/2025

## RIGHT SHOULDER ABDUCTION

STG: 65  
TARGET DATE: 5/16/2025LTG: 90  
TARGET DATE: 6/6/2025

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Diagnoses:

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PAMELA WAI-HA LAM, OT, RI01175/MA9638

DATE: 04/16/2025

PHYSICIAN SIGNATURE:

DATE:

Order Number: 326053

Printed: 5/30/2025 9:45 AM  
Eastern Time Zone

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PHYSICIAN: CHARLES CUMMINGS, MD

CLIENT: MUZACA, LOUISE

Order	Code	Description	Onset or Exacerbation	O/E Date	Type
1	I44.2	ATRIOVENTRICULAR BLOCK, COMPLETE	EXACERBATION	4/15/2025	D

Service Changes:

Calendar Frequency:

OT EFFECTIVE 04/13/2025 2WK2,1WK3  
HHA EFFECTIVE 04/13/2025 - NO VISITS REQUESTED/SCHEDULED

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