



HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order Number:

38031747

Patient's Medicare No. 2Q76FN4GC66	SOC Date 5/21/2025	Certification Period 5/21/2025 to 7/19/2025	Medical Record No. RLN00426061501	Provider No. 41-7059
Patient's Name and Address: CLAIRE ANDERSEN (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: 11/19/1939 Patient's Gender: FEMALE Order Date: 5/21/2025 8:41 AM Verbal Order: Y Verbal Date: 5/22/2025 Verbal Time: 2:00 PM	
Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) KRISTEL PEREZ, PT 5/19/2025				Date HHA Received Signed POC

Patient's Expressed Goals:

TO DECREASE PAIN TO BE ABLE TO MOVE BETTER

ICD-10**Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	M48.56XD	COLLAPSED VERT, NEC, LUMBAR REGION, SUBS FOR FX W ROUTN HEAL	EXACERBATION	05/20/2025
2	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	05/19/2025
3	E53.8	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	EXACERBATION	05/21/2025
4	F02.A3	DEM IN OTHER DISEASES CLASSD ELSWHR, MILD, WITH MOOD DISTURB	EXACERBATION	05/21/2025
5	F32.A	DEPRESSION, UNSPECIFIED	EXACERBATION	05/21/2025
6	F02.A4	DEMENTIA IN OTHER DISEASES CLASSD ELSWHR, MILD, WITH ANXIETY	EXACERBATION	05/21/2025
7	E87.1	HYPO-OSMOLALITY AND HYPONATREMIA	EXACERBATION	05/21/2025
8	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	EXACERBATION	05/21/2025
9	Z79.1	LONG TERM (CURRENT) USE OF NON-STEROIDAL NON-INFLAM (NSAID)	EXACERBATION	05/21/2025
10	M48.061	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUD	EXACERBATION	05/21/2025

Frequency/Duration of Visits:

PT 1WK1,2WK1,1WK5

OT 1WK3

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 TO PROVIDE BED MOBILITY TRAINING.

PHYSICAL THERAPY TO MONITOR AND PROVIDE INSTRUCTION REGARDING PAIN CONTROL METHODOLOGIES INCLUDING PHARMACOLOGIC AND NON-PHARMACOLOGIC METHODS.

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

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 05/20/2025.

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

Page 1 of 6

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. 2Q76FN4GC66	SOC Date 5/21/2025	Certification Period 5/21/2025 to 7/19/2025	Medical Record No. RLN00426061501	Provider No. 41-7059
Patient's Name CLAIRE ANDERSEN		Provider's Name NURSE ON CALL - LINCOLN		

Orders of Discipline and Treatments:

SOC CLINICAL SUMMARY PATIENT IS AN 85-YEAR-OLD FEMALE RESIDENT OF BROOKDALE ASSISTED LIVING FACILITY WITH PAST MEDICAL HISTORY OF HYPERTENSION, VITAMIN B12 DEFICIENCY, HYPERLIPIDEMIA, DEPRESSION, ANXIETY, COGNITIVE IMPAIRMENT, CHRONIC BACK PAIN STATUS POST LAMINECTOMY 2020. PATIENT WAS RECENTLY HOSPITALIZED AT SAINT ANNE'S HOSPITAL 4/25/20 5-5/1/25 DUE TO INCREASED BACK PAIN. MRI OF LUMBAR SPINE WAS DONE WHICH DID SHOW A NEW MILD COMPRESSION FRACTURE OF L1 VERTEBRAE. PATIENT WAS OFFERED KYPHOPLASTY BUT FAMILY AND PATIENT DECLINED PREFERRING TO TRY CONSERVATIVE MEDICAL MANAGEMENT FIRST. PATIENT WAS THEN TRANSFERRED TO CLIFTON FOR SHORT TERM REHAB AND STAYED THERE FROM 5/1/20 5-5/19/25. PATIENT WAS DISCHARGED BACK TO BROOKDALE ASSISTED LIVING ON 5/19/25 WITH REFERRAL TO NURSE ON-CALL HOME HEALTH FOR SKILLED PT AND OT SERVICES DUE TO OVERALL DECONDITIONING AND CONTINUE TO HAVE LOW BACK PAIN AND RIGHT LOWER EXTREMITIES PAINS, INCREASED ASSISTANCE NEEDED FROM CAREGIVERS AND HIGH RISK FOR FALLS. THE PATIENT'S PRIMARY FOCUS OF CARE IS MANAGING LOW BACK AND RIGHT LOWER EXTREMITIES RELATED TO OA ON RIGHT KNEE AND UTI. CURRENT PROCEDURES/TREATMENT WHICH CANNOT BE PERFORMED BY PATIENT /CAREGIVER DUE TO DOCUMENTED LACK OF KNOWLEDGE & OR, SKILL: PT/OT FOR SAFETY TRAINING WITH OVERALL MOBILITY AND ADLS, PAIN MANAGEMENT AND FALL PREVENTION. PATIENT LIVING SITUATION/CAREGIVER STATUS: THIS PATIENT LIVES WITH SPOUSE IN ALF APARTMENT ON 3RD FLR, WITH ELEVATOR ACCESS, NO STEPS FOR ENTRY. NO HOUSING CONCERNS IDENTIFIED. PATIENT DOES NOT EXPRESS CONCERNS OF FOOD INSECURITY OR ABILITY TO AFFORD MEDS/TREATMENT. ALF STAFF ADMINISTERS MEDS AND ASSIST WITH ADLS. 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 LOW BACK AREA, RIGHT THIGH AND KNEE, DYSPNEA, 2+ EDEMA ON B LE, INCONTINENCE, COGNITIVE IMPAIRMENT AND KNOWLEDGE DEFICIT RELATED TO DISEASE PROCESS THAT SHOW MEDICAL INSTABILITY. DURING INITIAL ASSESSMENT, PT ALERT AND ORIENTED X3. VS WNL. MMT OF 3-/5 ON B LE. PT CURRENTLY REQUIRES MOD TO MAX A WITH BED MOB AND CGA TO MOD A WITH TRANSFERS, PATIENT AMBULATED FOR 30 FT X 2 WITH RW WITH CGA ON EVEN SURFACES, INDOORS WITHIN APARTMENT WITH VCS FOR PACING, PROPER USE OF AD, SAFETY, INCORPORATING REST BREAKS AS

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

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 HOME SAFETY RECOMMENDATIONS. 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/DSCEND RAMPS AND/OR FUNCTIONAL AMBULATION TO NAVIGATE WITHIN THE HOME AND/OR COMMUNITY. PATIENT/CAREGIVER WILL ACHIEVE HIGHEST FUNCTIONAL LEVEL, AS OUTLINED IN THERAPY POC OBJECTIVE GOALS, WITH BED MOBILITY IN ORDER TO DECREASE RISK OF PRESSURE AREAS AND PERFORM FUNCTIONAL BED LEVEL TASKS. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF AND PROPER USAGE OF PHARMACOLOGIC AND/OR NON PHARMACOLOGIC PAIN CONTROL METHODOLOGIES AS EVIDENCED BY IMPROVEMENT IN PAIN LEVEL TO <3/10 ON 0-10 PAIN SCALE ON LOW BACK AREA AND RIGHT LE BY 7/1/25. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF RECOMMENDED SAFETY AND FALL RISK REDUCTION STRATEGIES BY 7/1/25.

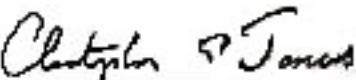
SIGNS AND SYMPTOMS OF UTI WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISK AND PREVENT HOSPITALIZATION. SIGNS AND SYMPTOMS OF CONSTIPATION WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED QUICKLY TO MINIMIZE ASSOCIATED RISK AND PREVENT HOSPITALIZATION.

Signature of Physician	Date
Optional Name/Signature Of KRISTEL PEREZ, PT	Date 5/19/2025

Page 2 of 6

Physician: Dr. Joncas, Christopher S.

Clinician: Agency, Clinician

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Patient's Name CLAIRE ANDERSEN		Provider's Name NURSE ON CALL - LINCOLN		

Goals/Rehabilitation Potential/Discharge Plans:

-
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/CAREGIVER WILL DEMONSTRATE IMPROVED HOME SAFETY THROUGH UNDERSTANDING OF RECOMMENDATIONS FOR IDENTIFIED SAFETY NEEDS BY 06/06/25.
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 7/1/25

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-RAISED TOILET SEAT; DME-SHOWER/TUB EQUIPMENT; DME-WALKER ROLLING (2 WHEELED ONLY)

Prognosis:

GOOD

Functional Limitations:

HEARING; ENDURANCE; AMBULATION

Safety Measures:

FALL PRECAUTIONS, HEARING IMPAIRED, HIGH RISK MEDICATIONS

Activities Permitted:

UP AS TOLERATED; EXERCISES PRESCRIBED; WALKER

Nutritional Requirements:

NAS

Advance Directives:

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

Mental Statuses:

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 (CUEING, 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 || SAFE/SANITARY HOME ENVIRONMENT

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:

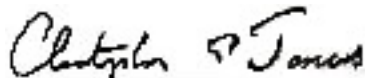
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Page 3 of 6

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Patient's Name CLAIRE ANDERSEN	Provider's Name NURSE ON CALL - LINCOLN
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Medications:

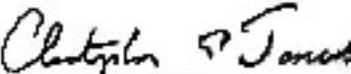
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
AMLODIPINE 5 MG TABLET 1 tablet	2 TIMES DAILY	ORAL	05/19/2025		
Instructions:					
ATENOLOL 50 MG TABLET 1 tablet	DAILY	ORAL	07/29/2024		
Instructions:					
CLARITIN 10 MG TABLET 1 tablet	BEDTIME	ORAL	05/19/2025		
Instructions:					
DEXTROMETHORPHAN-GUAIFENESIN 10 MG-100 MG/5 ML ORAL SYRUP 10 mL	EVERY 4 HOURS/PRN	ORAL	05/19/2025		
Instructions: FOR COUGH					
LOSARTAN 50 MG TABLET 1 tablet	DAILY	ORAL	05/19/2025		
Instructions:					
LOVASTATIN 40 MG TABLET 1 tablet	BEDTIME	ORAL	08/08/2024		
Instructions:					
MELOXICAM 15 MG TABLET 1 tablet	DAILY	ORAL	08/16/2024		
Instructions: FOR KNEE PAIN					
MIRALAX 17 GRAM/DOSE ORAL POWDER 17 gram	DAILY	ORAL	05/19/2025		
Instructions:					
NARCAN 4 MG/ACTUATION NASAL SPRAY 1 spray	AS NEEDED/PRN	NASAL	05/19/2025		
Instructions: FOR OPIOID OVERDOSE					
OXYCODONE 10 MG TABLET 1 tablet	EVERY 6 HOURS/PRN	ORAL	05/19/2025		
Instructions: FOR SEVERE PAIN					
OXYCODONE 5 MG TABLET 1 tablet	DAILY	ORAL	05/21/2025		
Instructions: SCHEDULED AT 7:30 AM FOR PAIN					
SENNALAX 8.6 MG TABLET 2 tablet	DAILY/PRN	ORAL	05/19/2025		
Instructions: FOR CONSTIPATION					
TYLENOL EXTRA STRENGTH 500 MG TABLET 2 tablet	3 TIMES DAILY	ORAL	04/22/2025		
Instructions: FOR LOWER BACK PAIN					

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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, PSYCHIATRIC CONDITION- REFUSAL OR
INABILITY TO SAFELY LEAVE HOME UNATTENDED, REQUIRES AID OF WALKER

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****BED MOBILITY (PT)**

SUPINE TO SIT

STG: CONTACT GUARD ASSIST

TARGET DATE: 6/10/2025

LTG: STANDBY ASSIST/SUPERVISION

TARGET DATE: 7/1/2025

SIT TO SUPINE

STG: STANDBY ASSIST/SUPERVISION

TARGET DATE: 6/10/2025

LTG: INDEPENDENT

TARGET DATE: 7/1/2025

TRANSFERS (PT)

SIT TO STAND

STG: CONTACT GUARD ASSIST

TARGET DATE: 6/10/2025

LTG: INDEPENDENT

TARGET DATE: 7/1/2025

GAIT (PT)

LEVEL SURFACE DEVICE

STG:

TARGET DATE:

LTG:

TARGET DATE:

LEVEL SURFACE DISTANCE (IN FEET)

STG: 150

TARGET DATE: 6/10/2025

LTG: 300

TARGET DATE: 7/1/2025

STRENGTH (PT)

RIGHT LOWER EXTREMITY

STG: 3+/FAIR+

TARGET DATE: 6/10/2025

LTG: 4-/GOOD-

TARGET DATE: 7/1/2025

LEFT LOWER EXTREMITY

STG: 3+/FAIR+

TARGET DATE: 6/10/2025

LTG: 4-/GOOD-

TARGET DATE: 7/1/2025

Discipline: OT**TRANSFERS (OT)**

TOILET

STG: INDEPENDENT

TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

BALANCE (OT)

STATIC STANDING

STG: GOOD+

TARGET DATE: 6/6/2025

LTG:

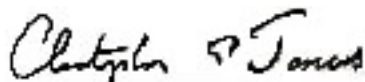
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Therapy Short Term/Long Term Goals:

Discipline: OT

BALANCE (OT)

DYNAMIC STANDING

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

LTG:

TARGET DATE: 6/6/2025

TARGET DATE:

SELF CARE (OT)

BATHING/SHOWERING ABILITY

STG: STANDBY ASSIST/SUPERVISION
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

TOILETING HYGIENE/CLOTHING MANAGEMENT

STG: INDEPENDENT
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

DRESS UPPER BODY ABILITY

STG: INDEPENDENT
TARGET DATE: 5/30/2025

LTG:

TARGET DATE:

DRESS LOWER BODY ABILITY

STG: STANDBY ASSIST/SUPERVISION
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

BARTHEL INDEX OF ADL'S

STG: 80
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

FUNCTIONAL MOBILITY (OT)

LEVEL SURFACE ASSISTANCE

STG: INDEPENDENT
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

STRENGTH (OT)

RIGHT UPPER BODY EXTREMITY

STG: 4/GOOD
TARGET DATE: 6/6/2025

LTG:

TARGET DATE:

LEFT UPPER BODY EXTREMITY

STG: 4/GOOD
TARGET DATE: 6/6/2025

LTG:

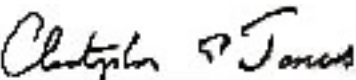
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