

OT Evaluation : 05/13/2025 (1284883091)

Ferris, Debra (MA241022015701)

Date of Birth: 01/04/1957

✓ Patient identity confirmed

Time In: 13:00

Time Out: 13:45

Visit Date: 05/13/2025

Diagnosis / History**Medical Diagnosis:** DM II**OT Diagnosis:** Muscle Weakness**Relevant Medical History:**

PATIENT IS A 67 YR. OLD FEMALE ADMITTED TO HOSPITAL WITH UTI AND DIABETIC WOUND L great toe., PMH: TYPE 2 DM, ANEMIA, SEVERE PCM, DYSPHAGIA, UNSPECIFIED FALL, ADJUSTMENT DO WITH DEPRESSED MOOD. WOUNDS POA: DIABETIC GARDE 1 ULCER TO LEFT GREAT TOE

Prior Level of Functioning:

Pt was mod I with ADLs and IADL's

Patient's Goals:

To increase self care skills

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: Occasional / short-term assistance

Current Types of Assistance Received**Safety / Sanitation Hazards**☐ No hazards identified

✓ Steps / Stairs: 3

☐ 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 with husband in 1 level home. No formal assistance in home. Husband assists with all aspects of ADL's and IADL's.

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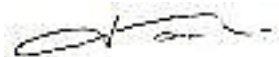
Vital Signs

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Clinician: Clinician, Agency

Signature:



Signature:

Date: 6/6/2025

Date: 5/30/2025

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Temperature:

97.5 Taken:

BP:Prior 122 / 74
Post /*Position*
Sitting*Side*
Right**Heart Rate:**Prior 91
Post**Respirations:**Prior 16
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:

Fair

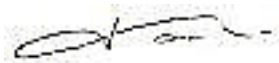
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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

Primary Site: *Location* *Intensity (0-10)* *Location* *Intensity (0-10)*
 Increased by: B LE 4 Secondary Site:

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	4-	4-	Forearm	Pronation	WFL	WFL	4-	4-
	Extension	WFL	WFL	4-	4-		Supination	WFL	WFL	4-	4-
	Abduction	WFL	WFL	4-	4-	Wrist	Flexion	WFL	WFL	4-	4-
	Adduction	WFL	WFL	4-	4-		Extension	WFL	WFL	4-	4-
	Int Rot	WFL	WFL	4-	4-		Radial Deviation	WFL	WFL	4-	4-
	Ext Rot	WFL	WFL	4-	4-	Finger	Ulnar Deviation	WFL	WFL	4-	4-
Elbow	Flexion	WFL	WFL	4-	4-		Grip	WFL	WFL	4-	4-
	Extension	WFL	WFL	4-	4-		Flexion	WFL	WFL	4-	4-
	Supination	WFL	WFL	4-	4-		Extension	WFL	WFL	4-	4-

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

Toileting / Hygiene

S

Oral Hygiene

S

Grooming

S

Shaving

Bathing

Min A

Dressing:

Upper Body

S

Lower Body

CGA

Manipulation of Fasteners

S

Socks & Shoes

Min A

Feeding

SET UP

Swallowing

MOD I

Deficits Due To / Comments:

Bed Mobility

Assist Level

Rolling

S

☐ L ☐ R

Assistive Device

Supine - Sit

S

Sit - Supine

S

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

CGA

Tub

CGA

Car / Van

CGA

Deficits Due To / Comments:

Instrumental ADLs

Assist Level Assistive Device

Light Housekeep

Max A

Light Meal Prep

Max A

Clothing Care

Max A

Use of Telephone

I

Manage Money

I

Manage Medication

I

Home Safety Awareness

S

Deficits Due To / Comments:

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Functional Assessment (Continued)

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Motor Coordination

Prior to Injury
 Dominance

WFL

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor

WNL

Gross Motor

WNL

Comments:

Cognitive Status / Perception

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

WNL

Judgment

Impaired

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

evaluation under new cert period. PATIENT IS A 67 YR. OLD FEMALE ADMITTED TO HOSPITAL WITH UTI AND DIABETIC WOUND L great toe.,PMH: TYPE 2 DM, ANEMIA, SEVERE PCM, DYSPHAGIA, UNSPECIFIED FALL, ADJUSTMENT DO WITH DEPRESSED MOOD. WOUNDS POA: DIABETIC GARDE 1 ULCER TO LEFT GREAT TOE. pt lives in 1 level home with husband and dog. Husband works daily. No formal assistance in home. Husband has been assisting with ADLs and IADL's. Pt sits on couch most of the day. Educated pt to shift weight (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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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):

Regarding:

☒ 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 rehab potential

Treatment / Skilled Intervention This Visit

covid screening negative evaluation completed

Discharge Plan

☒ To self care when goals met

☒ To self care when max potential achieved

☐ To outpatient therapy with MD approval

☐ Other:

Therapist Signature (RODRIGUES , SARA) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: SARA RODRIGUES , OT

Date

05/13/2025

Physician Name
 TAMIM HINEDI MD

Physician Phone: (508) 567-6065
Physician FAX: (774) 365-4082

Physician Signature

Date

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (6)

(FT) Pt will demonstrate HEP at mod I level **Goal Term:** long **Target Date:** 07/10/25

(FT) Pt will demonstrate a barthel index score = 70/100 increasing self care skills **Goal Term:** long **Target Date:** 07/10/25

(FT) Pt will demonstrate LB dressing and bathing tasks at mod I level **Goal Term:** long **Target Date:** 07/10/25

(FT) Pt will demonstrate tub transfer at mod I level with appropriate AE. **Goal Term:** long **Target Date:** 07/10/25

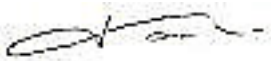
(FT) Pt will demonstrate B UE MMT = 4+/5 to complete ADL and IADI tasks **Goal Term:** long **Target Date:** 07/10/25

(FT) Pt will demonstrate standing tolerance > 5 min to complete light IADLs **Goal Term:** long **Target Date:** 07/10/25

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OT Evaluation Addendum Page : 05/13/2025
Ferris, Debra (MA241022015701)**Evaluation Assessment Summary**

every hour. House is cluttered and dirty. Husband is able to complete all aspects of IADL's and assist with ADL's. Pt has a tub/shower combo with shower chair, Pt is ambulating in home with r/w with CGA. Multiple falls reports since last episode. Continues with L foot drop > reports wearing AFO with ambulation. Pt has made great gains toward goals. Increased out of bed activities however continues to be limited by balance. Pts status can fluctuate based on glucose and pts compliance with medication management.

BUE ROM = WFL

B UE MMT = 4-/5

completes toilet transfers with CGA

completes tub/shower transfers - CGA

completes LB dressing and bathing tasks with Min A

Barthel index = 45/100

Recommending skilled OT services to focus on strength, endurance, safety, transfers, ADL's. Emergency care plan reviewed, d/c ongoing, pt is homebound due to taxing effort to leave home.

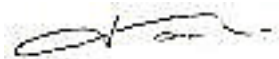
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