

OT Re-Evaluation : 05/15/2025 (1274983425)

Raposa, William (MA241202095203)

Date of Birth: 09/11/1952

☐ Patient identity confirmed

Time In: 14:30

Time Out: 15:10

Visit Date: 05/15/2025

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis:

OT Diagnosis: muscle weakness

Relevant Medical History:

Pt is a 72 yr old male who was referred to skilled Ot services to assess pts safety and independence in the home per pcp due to a decline in function secondary to Parkinsons Disease. s/p admission to St Annes hospital for elected back surgery. Pt had Lumbosacral Spondylosis with radiculopathy s/p L4-5 MI TLIF with Dr (Continued)

Prior Level of Functioning:

patient ambulated without ad, assistance needed for self care tasks.

Patient's Goals:

to be stronger.

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: Around the clock

Current Types of Assistance Received

Safety / Sanitation Hazards

☒ No hazards identified

☐ Steps / Stairs:

☐ 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 a multi apt home on the second floor with his wife.

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Vital Signs

Page 1 of 4
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Physician: Dr. MAINALI,
PRAJEEN ^

Clinician: Clinician, Agency

Signature:

Signature:

Date: 6/3/2025

Date: 5/30/2025

Electronically signed by Dr. MAINALI, PRAJEENA on 6/3/2025

Temperature:

Taken:

BP:Prior 122 / 68
Post /*Position**Side***Heart Rate:**Prior 87
Post**Respirations:**Prior
Post**O2 Sat:**Prior 97
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:

Good

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Evaluation of Cognitive and/or Emotional Functioning

A + 0 x 3 occasional forgetfulness

Pain Assessment

☐ No Pain Reported

Primary Site: *Location* *Intensity (0-10)* Secondary Site: *Location* *Intensity (0-10)*
Increased by:
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-
Elbow	Ext Rot	WFL	WFL	4-	4-	Finger	Ulnar Deviation	WFL	WFL	4-	4-
	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					Self Care Skills				
✓ Able to assume / maintain midline orientation					Assist Level Assistive Device				
Sitting	Static:	Good	Dynamic:	Good	Toileting / Hygiene		S		
Standing	Static:	Fair	Dynamic:	Fair	Oral Hygiene		S		
Deficits Due To / Comments:					Grooming		S		
Bed Mobility					Shaving				
Rolling	Assist Level		✓ L ✓ R		Bathing		MIN A		
	MOD I		Assistive Device		Dressing:		S		
Supine - Sit	MOD I				Upper Body		MIN A		
Sit - Supine	MOD I				Lower Body		MOD I		
Deficits Due To / Comments:					Manipulation of Fasteners		MIN A		
Transfer					Socks & Shoes				
Sit - Stand	Assist Level		Assistive Device		Feeding				
Stand - Sit	S				Swallowing				
Bed - Chair	S				Deficits Due To / Comments:				
Chair - Bed	S				Patient presents with decreased strength, standing				
Toilet or BSC	S				balance, activity (Continued)				
Shower	MIN A				Instrumental ADLs				
Tub						Assist Level Assistive Device			
Car / Van					Light Housekeep		MOD A		
Deficits Due To / Comments:					Light Meal Prep				
Patient presents with decreased strength, standing					Clothing Care		MOD I		
balance, activity (Continued)					Use of Telephone				
					Manage Money				
					Manage Medication				
					Home Safety Awareness				
					Deficits Due To / Comments:				
					FAMILY ASSISTS PT WITH IADLs				

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Page 2 of 4
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Motor Coordination		Cognitive Status / Perception		Deficits Due To
Prior to Injury Dominance	<input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	Memory: Short Term	WNL	
		Memory: Long Term	WNL	
Fine Motor	WNL	Safety Awareness	Impaired	
Gross Motor	WNL	Judgment	WNL	
Comments:		Visual Comprehension	WNL	
		Auditory Comprehension	WNL	
		Stereognosis	WNL	
		Spatial Awareness	WNL	
		Ability to Express Needs	WNL	
		Attention Span	WNL	
		Comments:		

Evaluation and Testing Description:

DME

Available

<input type="checkbox"/> Wheelchair	<input checked="" type="checkbox"/> Walker	<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Bedside Commode	<input type="checkbox"/> Raised Toilet Seat	<input type="checkbox"/> Tub / Shower Bench
<input type="checkbox"/> Splints	<input type="checkbox"/> Cane	<input type="checkbox"/> Reacher	<input type="checkbox"/> Sock Donner	<input type="checkbox"/> Dressing Stick	<input checked="" type="checkbox"/> Shower Chair
<input type="checkbox"/> Long-Handled Sponge					
Other:					

Needs

Evaluation Assessment

Evaluation Assessment Summary

Pt is a 72 yr old male who was referred to skilled Ot services to assess pts safety and independence in the home per pcp due to a decline in function secondary to Parkinsons Disease. PMH includes: Dementia, DM, depression, anxiety, HTN, osteoarthritis, falls, Parkinsons Disease. Pt presents alert and verbal, able to make needs known however very forgetful, pt with dx Dementia/Alzheimer's, Pt lives in a multi apt home on the second floor. Pt was seen this day for ot reassessment. Patient has (Continued)

Functional Limitations

<input checked="" type="checkbox"/> Decreased ROM / Strength	<input checked="" type="checkbox"/> Impaired Balance / Gait	<input checked="" type="checkbox"/> Increased Pain	<input checked="" type="checkbox"/> Decreased Endurance
<input checked="" type="checkbox"/> Decreased Transfer Ability	<input checked="" type="checkbox"/> Decreased Bed Mobility	<input checked="" type="checkbox"/> Decreased Self-Care	<input checked="" type="checkbox"/> Poor Safety Awareness
Comments:			

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OT Re-Evaluation w/Supervisory Visit : 05/15/2025

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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:

Name(s): Connie marques

Regarding: ot poc and goals

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther Discipline Recommendations: ☐ PT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

good due to pt motivated to return to ploc

Treatment / Skilled Intervention This Visit

ot eval

Discharge Plan☒ To self care when goals met ☐ To self care when max potential achieved ☐ To outpatient therapy with MD approval☐ Other:**Therapist Signature (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment**

Digitally signed by: JESSICA MELLO , OT

Date

05/15/2025

Physician Name

PRAJEENA MAINALI D.O.

Physician Phone: (508) 672-1838**Physician FAX:** (508) 672-5189**Physician Signature****Date**Physician: Dr. MAINALI,
PRAJEEN ^

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Date: 6/3/2025

Clinician: Clinician, Agency

Signature:

Date: 5/30/2025

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OT Re-Evaluation Addendum Page : 05/15/2025

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Relevant Medical History

Kanally. Pt has f/u appt with Surgeon
on 2/4/25.

PMH includes: Dementia, DM, depression, anxiety, HTN, osteoarthritis, falls, Parkinsons Disease.

Transfer - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Self Care Skills - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Evaluation Assessment Summary

made good progress with skilled ot services since soc. Patient presents with increased strength, standing balance and activity tolerance increasing pts ability to perform fxnl transfers and self care tasks. Although pt has made good progress cont services warranted to cont to increase independence and safety in the home. Patient presents well below baseline at this time and skilled OT services is warranted to increase independence through therex, theract, Neuro re-ed, adls retraining and Patient/caregiver training.
CLOF: B UE shoulder AROM wfl 4-/5 from 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient ambulates with use of RW with fair from fair - dynamic standing balance, increasing risk of falls. Patient requires multiple rests during fxnl tasks due to decreased activity tolerance. Patient requires seated rest after 4 minutes from 3 minutes of standing. MIN A to perform LB self care tasks and light meal prep tasks. Patient requires cues for safety and tech during self care tasks and IADLs. Barthel index score 65/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to ptof.

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Supervisory Visit : 05/15/2025 (1274983425)
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Phone: (508) 967-0761
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Visit Assessment

Supervision Date: 05/15/2025 Start: End:
Supervisor Name: JESSICA MELLO, OT
Clinician Name: MARQUES, CONNIEM
Name of person being supervised
Clinician Present at Time of Visit: ☐ Yes ☒ 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 (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment
Digitally Signed by: JESSICA MELLO , OT

Date
05/15/2025

Physician: Dr. MAINALI,
PRAJEEN ^

Clinician: Clinician, Agency

Signature:

Signature:

Date: 6/3/2025

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) patient will perform grooming tasks with mod i standing >10 minutes with no reports of fatigue within 8 weeks **Goal Term:** long **Target Date:** 06/03/25

(FT) patient will increase B UE shoulder ext, IR and add to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 06/03/25

(FT) patient will perform shower transfers with mod i and good safety tech within 8 weeks **Goal Term:** long **Target Date:** 06/03/25

(FT) Patient will increase Barthel index score to 80/100 indicating increased independence with self care tasks and IADLs **Goal Term:** long **Target Date:** 06/03/25

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