

F2F assessment completed in pt's home. Pt greeted me at the door using a rollator. Gait was observed to be slow, unsteady with rigid leg movement. Pt lives alone; however caregiver and pt's children stop by daily to assist with activities and monitor needs. Home was cluttered, but pathways were clear, and no safety concerns noted. Pt reports bilateral knee replacement, severe RA & osteoarthritis, lupus, degenerative joint/disc disease. Both hands were observed to have limited function due to nodules and pt described them as "crippled" limiting many activities. Pt reports SOB when walking, severe pain, and past cracked ribs from routine movements like pulling up covers.

Cognition: Alert and responds to questions appropriately. Demonstrates understanding of medical conditions, needs and preferences. No concern with ability to self-direct.

Behavioral: No behaviors observed. No history of mental health concerns reported.

Bathing: Requires assistance getting in and out of the shower. A grab bar is available but still requires weight-bearing support to step over the tub. Uses a shower chair and is able to clean self once seated.

Dressing / Grooming: Pt requires assistance with washing and combing hair due to hand function. Pt can get a shirt on but cannot manage buttons or zippers. Pt requires weight-bearing support from her caregiver to stand up to pull up lower body clothing, as well as getting socks/shoes on.

Mobility: Pt uses a rollator and walking cane. If using the cane, caregiver assistance and gait belt are recommended per her physician. Reported that knees sometimes buckle during ambulation. Before helpers leave, pt often asks for assistance with needed tasks to minimize ambulation alone.

Eating: No special diet. Assistance needed to cut food up into small pieces. Uses fork by placing it between her fingers. Must take small bites and space out pills when swallowing.

Toileting: Pt reports using a raised toilet seat with arms and is doing well with transfers now that the accommodation is in place. Able to complete personal hygiene independently but needs assistance with clothing changes daily after incontinent episodes.

Meal Preparation: Pt reports being unable to open most items due to limited hand function. Caregiver prepares meals that can be reheated. Pt can prepare a sandwich only if items are pre-opened or set up and must lean against the counter for stability. Pt does not have a seat on her rollator and is unable to carry the meal to her eating area.

Medication Management: Children assist with setting up meds weekly. Pt has difficulty opening bottles and placing pills in organizer due to hand dexterity but is able to pop the lid off pill planner take meds independently once set up.

Safety: Pt reports increased near-falls in the past three months but was able to catch herself on furniture. Legs do not bend as needed, and pt requires support when sitting down or must hold onto a stable surface. Reported a short SNF rehab stay following her knee replacement 3 years ago.

Treatments: None reported.

Rehabilitation: No therapies currently in place.

Additional Support: Daughter takes pt shopping. Pt uses a rollator in the store while grandchildren assist with placing items into the cart. Laundry room on site.

HCBS utilization low in May due to illness, but care plan is appropriate and pt is satisfied with provider.