

COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM

This plan also serves as the

- Desired outcomes,
- Self-Management Assessment and Plan,
- Individual Abuse Prevention Plan,
- Health Needs Assessment plan and protocols,
- Person Center Plan,
- Positive Support Strategies, and
- Data Sheet.

The CSSP Addendum will be reviewed at least annually and revised as needed. All support staff must receive training on the plan before they work with the individual and if revisions are made.

Name of Person Served: Kevin LaFrance

Address: 4760 Berkeley Road, Hermantown, MN 55811

Period From: 5/1/2022 to 4/30/2023 (Annual Period)

Review Date: 4/12/2022

Person Completing Plan: Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC

Members of Support Team: Britt Miller, SLC Case Manager; Mary Holschuh, Guardian; Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC; Ann Ogg, sister

Day Program/Employment:

Guardianship/Conservatorship Status: Mary Holschuh

SLC Case Manager: Britt Miller

Dates of development:

The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum*.

Services and supports

The scope of the services to be provided to support the person's daily needs and activities include:

Residential Supports and Services: Intensive Services provided by EBI, Inc. will include supported living services in an Adult Foster Care home or supervised living facility. The facility will operate 24 hours per day and will have trained staff onsite during this time. Trained staff may include EBI direct support professionals, EBI program director, EBI Designated Manager, and EBI Designated Coordinator. Services will be available 24 hours per day, with 24 hour awake staff..

EBI will deliver services and supports as indicated and authorized in the person's Person Centered Plan, Coordinated Service and Support Plan, Coordinated Service and Support Plan Addendum (IAPP, SMA, Health Needs, Outcomes, Positive Support Strategies, Health Protocols), and any behavior management plans, as applicable. EBI staff will also provide ongoing training services to the person served to promote growth toward independence and to enable the person to live in the least restrictive environment as safely as possible.

EBI will provide trained support staff that can provide supervision and assistance needed to assist the person with their personal

goals, internal programming, daily living skills, medical and safety protocols and needs, and with behavior management and problem solving. EBI will regularly identify preferences through observation and feedback and provide support according to the persons wants, needs, and preferences.

Transportation services, assistance, and supervision will be available for activities, outings, and medical appointments.

EBI will provide a menu/diet plan in the home that will meet any specialized dietary and nutritional needs.

EBI will offer various community activities with EBI staff supervision ongoing.

Person responsible for overseeing the delivery and coordination of services: Sarah Hamilton

Desired Outcomes

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (Service Outcomes and Supports):

Person-Centered Outcome:

During person centered planning, it is observed that Kevin wants to be part of decision making and increase his communication skills. During this past year, Kevin has shown interest in learning new words and likes being read to.

It has also been observed that Kevin will try to express himself verbally, use push buttons, or will try to complete tasks on his own when support is needed.

Support staff like to ask Kevin questions about his daily needs such as if he needs help with something or wants something. Kevin does not actively use the words Yes or No when asked questions but seems to have the general understanding of what Yes and No mean. Kevin has been successful with using push buttons in the past that had recordable messages to help alert staff of Kevin's requests. Because Kevin is often asked Yes or No questions, EBI would like to help Kevin understand how to use push buttons so that he can respond to Yes or No questions.

- **Outcome #1-** I want to learn how to communicate, using talking buttons to answer, "yes" or "no" questions.
Criteria for Achievement: One time daily, I will participate in a learning session by using my communication device. After successful participation with learning how to select "yes" or "no", I will then be asked the same question and I will select "yes" or "no" to respond to the question being asked. I will have active participation at least one time daily, 90% of the time in trials provided for six consecutive months, through April 2023.

How will EBI provide services and support in response to this: See Kevin's outcomes for a description of how services will be provided.

Technology

A discussion of how technology may be used to meet the person's desired outcomes has occurred: Yes No

- Kevin will use talking buttons in his home to help him work on a outcome related to communication. During the last report year, EBI staff assisted Kevin with technology such as iPad use and push buttons to help him with activity engagement and communication needs. A specialist came to the home to work with Kevin, using various push button devices. Those services ended, Kevin did not show an active interest in using the technology that was offered at that time.

General and health-related supports

Describe the **general and health-related supports** necessary to support this person based upon each area of the *Self-Management Assessment (SMA)* and the requirements of person-centered planning and service delivery:

- The necessary support to be provided can be found in Kevin's Self-Management Plan, which is contained in this CSSP Addendum.
- The following is a list of general and health related needs that Kevin needs support with: caring/monitoring for seizures; monitoring and assisting with any incidents of choking; assisting with dietary needs; ensure monitoring and care is provided for chronic medical conditions; providing physical assistance with medication administration and management; providing physical assistance with all medical appointments, preventative screening, medical equipment/devices, following orders, and all medical follow up care;
- Kevin requires supervision and physical assistance with personal safety including, but not limited to, falling, mobility, regulating water temperature, community survival skills, water safety, sensory plans, using dangerous or hazardous items, communication, emergency drills, supervision plans, behavioral plans.

- Kevin requires regular physical assistance with hygiene and grooming; tasks related to eating, meal planning, and meal preparation, complete assistance with money management/safeguarding/paying bills, shopping for food/clothing/essential items; performing household tasks; communication; traveling/transportation.

See Kevin's Self-Management Assessment and Plan for a description of how services will be provided.

Preferences, positive support strategies, and control of their schedule

The person's **preferences** for how services and supports are provided including **positive support strategies** and how the provider will support the person to have **control of their schedule**:

- **Preferences for how services and supports are provided:**
Kevin prefers a routine schedule that he is familiar with and have trusting support that that know him well. Kevin likes to start his day early. Kevin seems to enjoy listening to music, going on car rides, being outside in the summer, and standing or sitting in the living room to observe his surroundings. He prefers to have familiar staff that work with him and know his wants and needs. He prefers a quiet and calm environment and does not care for large crowds.
- **Positive Supports:** Based on staff observations, Kevin may want support using calming techniques when he is experiencing a challenging activity and during transitional times.
- **Control of their own Schedule:** EBI staff will assist Kevin with having control of his own schedule. Kevin prefers a routine schedule and he does well when he is able to stay in his daily routine. His current morning routine is to shower, have breakfast, participate in sensory and take medications every morning. In the early afternoon, Kevin seems enjoys having a snack and participating in transitional activities. He prefers to eat dinner between 5pm-6pm and to go to bed after his evening medication and sensory time. Community activities are normally scheduled for the weekend or the late afternoon hours. Kevin prefers participating in community activities, going on car rides, spending time outdoors, listening to music, and receiving help with all of his needs.

How supports should be provided to meet Kathy's preferences: EBI staff will assist Kevin with his personal preferences, positive supports, and having control of his own schedule as much as possible. EBI staff will regularly observe Kevin to see what works for him, help him engage in things that he wants to do, and assist him when he is having difficulty. EBI staff will provide any necessary transportation, and supervision and support as needed.

See Kevin's Person Centered Plan, IAPP, SMA, Health Needs, and Positive Support Strategies for a description of how services will be provided.

Service Setting

Is the current service setting the **most integrated setting available and appropriate** for the person? If no, please describe what action will be taken to address this:

Yes No

Life-enriching skills, abilities, strengths, interests, and preferences

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

- Kevin demonstrates some basic life skills such a clearing his spot at the table, helping pick up his laundry, using basic communication skills through body language and some verbal expression, compliance with grooming and hygiene, feeds self, engages in activities and community events, and can assert some of his wants and needs. Kevin's strengths are that he is caring, accepting of receiving assistance, compliant, follows simple commands, and he is observant. Kevin shows interests in music, relaxation, car rides, snacking, and being around people he trusts. Kevin prefers structure and routine and to have trusting staff that can identify his wants and needs.
- EBI will continue to provide opportunities to Kevin to ensure that he maintains his current skills. Support services will be in place to help strengthen skills that he wants to learn, get better at, or maintain. Informal support, such as encouraging participating in daily responsibilities, offering roleplay or education during situations, and providing hand over hand assistance with tasks will be regularly offered. EBI will provide regular opportunities so that Kevin's interests are being met. Currently, EBI provides regular car rides for Kevin to go on, daily relaxation with music and sensory, regular snack times throughout the day, and trained staff to work with Kevin. EBI will continue to have semi-annual team meetings to reassess if new/additional opportunities should be provided. EBI staff provide regular encouragement from Kevin to participate in daily living skills. Kevin has identified tasks within his day that he is encouraged to participate in or receive hand over hand assistance with. Some of these activities are: hygiene and grooming tasks, clearing his spot at the table, putting his dirty

clothing in the laundry, washing his hands, listening to music, arts and crafts, games, car rides, and engaging in community events.

Community access, participation, and inclusion

What are the opportunities for **community access, participation, and inclusion** in preferred community activities

- EBI has a company van that support staff may use to transport Kevin in the community. Regular community opportunities are provided to Kevin such as shopping, car rides, going on errands, going out to eat or ordering out, and parties/gatherings.

Personal relationships

What are the **opportunities to develop and strengthen personal relationships** with other persons of the person's choice in the community?

- Kevin has a sister that will come visit him in the home and occasionally will take him for car rides. EBI will help as needed when Kevin's sister makes arrangements to visit him.
- Kevin has 3 other housemates that he likes to spend time with within his home and when in the community. Kevin is regularly observed standing near his housemates when he is home or observing them. When Kevin goes in the community, he prefers to be with familiar people. EBI staff will accompany him and help him be with other individuals that he knows.
- Kevin likes to attend small gatherings and parties. Kevin likes music activities but does not respond well to a lot of people or loud noises, or unfamiliar people. EBI will help Kevin attend regular opportunities and gatherings that are offered. EBI staff will bring Kevin to music events and other activities that he enjoys and help him maintain or develop personal relationships with others.

Competitive employment

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

Kevin is unable to follow current COVID safety protocols at this time; therefore, he is not attending day services with Lake County DAC at this time. Opportunities will be reintroduced when restrictions have been lessened.

Coordinated services across other 245D licensed providers and members of the expanded/support team

How will services be coordinated across other 245D licensed providers and members of the expanded/support team serving this person to ensure continuity of care and coordination of services?

NA

If there is a need for service coordination between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Worksite -

Contact Person -

Services -

Staff -

Services

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider (residential services).

- It is not in Kevin's best interest to move Kevin from EBI, AFC. Kevin's county case manager and legal guardian express that they are happy with services, Kevin is receiving the necessary support, and services should remain the same. A survey is provided to team members annually. If concerns or changes arise in this area, additional discussion will occur.

Provide a summary of the discussion of options for transitioning from day services to an employment service:

- None at this time.

Describe any further research or education that must be completed before a decision regarding this transition can be made:

- None

Staff

Does the person require the presence of staff at the service site while services are being provided?
 Yes No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

Community -

- Kevin requires 24 hour support and cannot be unsupervised at any time when in the community

Home -

- Kevin requires 24 hour support and cannot be left home alone. Kevin can be in areas of his home unsupervised. If Kevin is going to be outside, Kevin should spend his time in the fenced in part of the yard and support staff should check on him every 10-15 min. Kevin requires 24 hour awake staff.

Rights

Does the person require a **restriction of their rights as listed in 245D.04, subdivision 3** as determined necessary to ensure the health, safety, and well-being of the person? Yes No

If yes, please indicate what right(s) are restricted:
 If rights are being restricted the Rights Restrictions form must be completed.

Dangerous Items or equipment

Does the person use dangerous items or equipment: No

If yes, address any concerns or limitations:

EUMR

Has it been determined by the person's physician or mental health provider to be medically or psychologically contraindicated to use an emergency use of manual restraint when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety?
 Yes No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

Health Needs

Indicate what health service responsibilities are assigned to this license holder and which are consistent with the person's health needs. If health service responsibilities are not assigned to this license holder, please state "NA."

- EBI staff will assist Kevin with medical appointments, scheduling, transporting, accompany, and follow orders provided.
- EBI staff will assist Kevin with medication administration, storing medications, and reordering medications.
- EBI staff will Monitor health conditions and general health daily and seek any necessary treatment or follow up care, communicate on Kevin's behalf.
- EBI staff will regularly observe for seizure activity.

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here:

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

Also see Health needs Section, which is included in the CSSP Addendum.

Medication Administration

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:

Medication set up: Arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration. The license holder must document in the person's medication administration record: dates of setup, name of medication, quantity of dose, times to be administered, and route of administration at time of setup; and, when the person will be away from home, to whom the medications were given.

- If Kevin will be away from his home and requires medications to be set up for later administration, EBI staff will set these medications up, using a med minder and referring to Kevin's MAR to determine medications to be set up. After medications have been set up, medications will be provided to the responsible person caring for Kevin. EBI staff will document the medications set up on Kevin's Medication set up record. EBI staff will document - Date of set up, name of medication, quantity of dose, times to be administered, route of administration, and whom the medications were given to.

Medication assistance: NA

Medication administration: Medication administration" means: (1) checking the person's medication record; (2) preparing the medication as necessary; (3) administering the medication or treatment to the person; (4) documenting the administration of the medication or treatment or the reason for not administering the medication or treatment; and (5) reporting to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed. Adverse reactions must be immediately reported to the prescriber or a nurse.

- EBI staff will follow Kevin's Medication Administration Record to pass Kevin his daily and PRN medications according to the prescriber's instructions.
- Kevin needs his medications placed in applesauce and spoon fed to him. After Kevin has received his medications, EBI staff will sign off on Kevin's MAR.
- Kevin's medications are stocked in pill containers and stored in a locked area of the home. Weekly, a designated staff member fills Kevin's weekly med minder with his medications. When it is time for Medication Administration, EBI staff will use the med minder to pass the medication.
- Kevin requires complete assistance with administration, including storing, reordering, and administering. EBI staff will follow EBI's policy and procedures on medication administration.

Psychotropic medication monitoring and use

Is this person prescribed psychotropic medication? Yes No

Has the license holder been assigned responsibility for the medication administration of the psychotropic medication?

Yes No If yes, the following information will be maintained by the company:

Describe the target symptoms the psychotropic medication is to alleviate:

Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications? Yes No

If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions:

Permitted actions and procedures

On a continuous basis, does the person require the use of permitted actions and procedures that includes physical contact or instructional techniques:

- 1) To calm or comfort a person by holding that person with no resistance from the person. Yes No
If yes, explain how it will be used: Staff will gently hold Kevin's hand provided there is not resistance from Kevin in order to calm or comfort him.
- 2) To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition. Yes No
If yes, explain how it will be used: Staff will gently direct Kevin to walk forward and offer a guiding hand as needed to avoid falling.

- 3) To facilitate a person's completion of a task or response when the person does not resist or it is minimal: Yes No
If yes, explain how it will be used: Kevin has difficulty with task completion and may require hand over hand assistance or total assistance. With no resistance from Kevin, EBI support staff will provide hand over hand training or total assistance as needed.
- 4) To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff Yes No If yes, explain how it will be used: When Kevin is displaying behaviors that may result in an injury to others, staff will redirect his hands with less than 60 seconds of physical contact.
- 5) To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff Yes No If yes, explain how it will be used: When Kevin is displaying behaviors that do not pose a serious threat to himself or others, staff will redirect his hands with less than 60 seconds of physical contact
- 6) To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment. Yes No If yes, explain how it will be used: Per licensed health care provider's specific instruction
- 7) Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm. Yes No If yes, explain how it will be used: If Kevin was at imminent risk of harm, staff will guide Kevin for safe evacuation in an emergency situation.
- 8) Is a restraint needed as an intervention procedure to position this person due to physical disabilities? Yes No If yes, explain how it will be used:
- 9) Is positive verbal correction specifically focused on the behavior being addressed? Yes No If yes, explain how it will be used: Kevin occasionally demonstrates physically aggressive behaviors during transitional times and when experiencing challenging activities in the home and community. If observed, support staff will remain calm. Staff will encourage Kevin to end the behavior and offer reassurance that everything will be okay. Staff will compliment Kevin when he self corrects and accepts redirection.
- 10) Is temporary withholding or removal of objects being used to hurt self or others being addressed? Yes No If yes, explain how it will be used:
- 11) Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used? Yes No If yes, explain how it will be used: Kevin receives brushings, joint compressions. During sensory integration, staff will use a soft bristle sensory brush to brush his lower legs, arms, and back. Staff will do joint compressions by lightly grasping above and below the joint and moving the area held onto toward and away from the joint. Kevin can communicate if he does not want to participate with sensory integration by walking or running away from the area. A food blender will be used to cut up Kevin's food. He will use adaptive equipment assist with feeding himself. Kevin has a manual wheelchair with a seat belt to use as needed for mobility. Kevin has a gait belt that will be put around his waist if he will be in the community where he has to walk. EBI staff will remove the gait belt when not in use.

Staff information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?

Yes No If yes, please specify:

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present, and staff are required to be at the site to provide direct service? Yes No

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person's service recipient record:

1:4 1:8 1:6 Other (please specify): NA

Staff ratio needs: For residential services

1:4 or 2:4

Asleep overnight staff or Awake overnight staff

Frequency of reports and notifications

1. Frequency of *Progress Reports and Recommendations*, minimum of annually:

Quarterly Semi-annually Annually

2. Frequency of service plan review meetings, minimum of annually:

Quarterly Semi-annually Annually

3. Request to receive the *Progress Report and Recommendation*:

At the support team meeting At least five working days in advance of the support team meeting

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:

Quarterly Other (specify): NA - No monitoring required.

Revisions:

See highlighted sections

Supports and Outcome Methods for Intensive Support Services

Person name: Kevin LaFrance

Program name: EBI, Inc.

Completed by: Sarah Hamilton, DM; Lisa Sawyer, DC

Date developed (must be within 10 working days of team meeting): April 12, 2022

Projected starting date: May 1, 2022

Review schedule: Semi-Annually

Person-Centered Outcome: Communication

(What would improve this persons' quality of life? What is the rationale for developing this goal? Is this goal based on person-centered service planning?)

During person centered planning, it is observed that Kevin wants to be part of decision making and increase his communication skills. During this past year, Kevin has shown interest in learning new words and likes being read to. It has also been observed that Kevin will try to express himself verbally, use push buttons, or will try to complete tasks on his own when support is needed. Support staff like to ask Kevin questions about his daily needs such as if he needs help with something or wants something. Kevin does not actively use the words Yes or No when asked questions but seems to have the general understanding of what Yes and No mean. Kevin has been successful with using push buttons in the past that had recordable messages to help alert staff of Kevin's requests. Because Kevin is often asked Yes or No questions, EBI would like to help Kevin understand how to use push buttons so that he can respond to Yes or No questions.

Outcome #1- I want to learn how to communicate, using talking buttons to answer, "yes" or "no" questions.

Criteria for Achievement: One time daily, I will participate in a learning session by using my communication device. After successful participation with learning how to select "yes" or "no", I will then be asked the same question and I will select "yes" or "no" to respond to the question being asked. I will have active participation at least one time daily, 90% of the time in trials provided for six consecutive months, through April 2023.

Supports and Methods:

(How will staff support the person based on the information from the self-management assessment? How will staff persons support the person in achieving the outcome?)

Kevin requires assistance with communication.

Daily, EBI staff will work with Kevin to learn how to use his communication push buttons.

- Staff will find a desirable activity that Kevin enjoys such as snack time, car ride, outdoors, meal time, etc. Staff will then proceed with ask asking Kevin if he would like to complete the activity.
- Staff will ask a question related to the activity such as "Kevin, do you want a cookie"? Staff will push the button yes then will push the button no. Staff will explain what to do if yes is selected and what to do when no is selected. (Learning piece)
- After reviewing this with Kevin, staff will then approach Kevin again and say: "Kevin do you want a cookie"? Staff will wait for Kevin to push the "yes" or "no" button. EBI staff will provide any further instruction in what to do if Kevin is having difficulty or unsure in how to participate. Staff will then proceed with providing Kevin the activity or item that Kevin chose.

Criteria for achievement:

How will we know when the goal has been met?

Kevin will have active participation with using his communication device during practice sessions at least one time daily, and he will select "yes" or "no" when asked a question, 90% of the time in trials provided, for six consecutive months, through April 2023.

How will staff observe and measure success?

EBI staff will be working with Kevin daily on this skill. Staff will determine level of participation by seeing if Kevin pushed his communication button when asked a question by the support staff. Kevin is scheduled to participate in a practice session one time daily; however, Kevin can use his communication buttons as often as he would like throughout his day and will be encouraged to do so.

Describe how the data is to be collected and charted, including how often:

(How will staff collect the data?)

Frequency count: Staff will document one time daily if Kevin used his communication device to participate in a practice session. Staff

<p>will document the following:</p> <ol style="list-style-type: none"> 1. Did Kevin listen to staff when asking him a question and showing him how to select Yes and No 2. Did Kevin select Yes or No when asked a question after the teaching session? Yes or No <p>How often will staff collect data?</p> <p>Daily, preferably by dinner time</p>
<p>Identify any changes or modifications to the physical and social environments necessary:</p> <p><i>(How will staff persons adapt the physical or social environment based on what we know the persons needs in order to be successful in making progress toward their outcome?)</i></p> <p>No social or physical modification needed; Kevin will have push buttons available in his home. These buttons are not mounted to specific areas of the home. They can be found with Velcro and placed on table tops, counters, or at Kevin's desired locations.</p>
<p>Identify required equipment and materials:</p> <p><i>(How will staff assist the individual in gathering anything that they may need in order to make progress toward their outcome?)</i></p> <p>Kevin will use push buttons when working on this support. EBI staff will gather the push buttons that Kevin will be using and have them available for Kevin to easily use.</p>
<p>Identify the person's communication style:</p> <p><i>(How should staff communicate with the person or present information to the person in order to assist the person with making progress toward their outcome?)</i></p> <p>Kevin is non-verbal, but can vocalize some of his wants and needs through using loud tones, going over to the object or activity, and stating one word sentences.</p> <p>Kevin excites easily so using calm tones and expressions will be beneficial to keep Kevin calm also.</p> <p>Kevin can understand very simple requests or statements. When talking to Kevin, avoid using detailed instruction, loud tones, or shouting across the room. Talk directly to Kevin.</p> <p>If Kevin is feeling overly anxious or upset, Kevin will often display the behavior of yelling out and using loud tones. At this time, find a more calming activity for Kevin and offer Kevin reassurance in a calm manner, letting him know he is ok.</p>
<p>Identify the person's learning style:</p> <p><i>(How does this person learn best? How will staff support the person in way that the individual wants to be taught?)</i></p> <p>Kevin learns best in a calm environment, being provided with physical assistance or hand over hand assistance, following routine, being reassured, and by repetition.</p> <p>EBI staff will be aware of Kevin's preferences in how he wants to participate and receive support. EBI staff will allow time for Kevin to process information when it is provided to him and provide him with the necessary support. EBI staff will encourage Kevin to participate, but not be overly encouraging or use loud tones. Staff will be positive and will respect Kevin's overall decisions. EBI staff will be familiar with Kevin's learning style and provide assistance to him according to how he wants help.</p>
<p>Identify the person or position responsible for implementing the support and method:</p> <p>(Insert the name or position responsible)</p> <p>All EBI staff, who are assigned to work with Kevin will be responsible for assisting him. This may include EBI's DM, DC, Program Director, and Direct care staff.</p>
<p>Review Schedule:</p> <p>Semi-annual reports to county case manager, legal guardian and monthly review of data by EBI's DM or DC</p>

Sarah Hamilton, DM

4/12/2022

Name and signature of Designated Coordinator

Date

If you have questions you can contact the Designated Coordinator at: 218-624-3122

Self-Management Assessment and Plan - Section C

Name: Kevin LaFrance

Person Completing Plan: Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC

Members of Support Team: Terri LaFlamme , SLC Case Manager; Mary Holschuh, Guardian; Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC; Ann Ogg, sister

Last Modified / Reviewed: 4/12/2022

The following assessment must be based on the person's status within the last 12 months at the time of service initiation. An assessment based on older information must be documented and justified. Assessments must be conducted annually at a minimum or within 30 days of a written request from the person or the person's legal representative or case manager. The results must be reviewed by the support team or expanded support team as part of a service plan review.

The information produced as a result of this assessment must describe the person's overall strengths, functional skills and abilities, and behaviors or symptoms. The assessment information provides the basis for identifying and developing supports to be provided to the person and methods to be implemented to support the accomplishment of outcomes related to acquiring, retaining, or improving skills.

Overall strengths, functional skills and abilities: Identify the strengths, functional skills, and abilities that the person possesses for each assessment area and indicate their skills in managing the issue or concern.

Behaviors or symptoms effecting the person's ability to self-manage needs in this area: Identify what prevents or impacts the person from being able to take care of their own needs. If unable to or has difficulty, explain what challenges they experience that prevents them from doing so.

Staff Support: Identify how EBI staff will provide support to this person.

Health and Medical Needs

Assessment of the person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable:

Allergies

Kevin does not have allergies.

Able to Self-Manage: NA

Overall strengths, functional skills and abilities: NA

Behaviors and symptoms affecting the person's ability to self-manage needs in this area: NA

Does the person want support in this area: Yes, if a situation were to arise

Does the person want an outcome related to improving skills in this area: No

Seizures

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin complies with daily medication administration orders and medical visits to his neurologist. Kevin has not had a seizure during the past year.

Behaviors and symptoms affecting the person's ability to self-manage:

- Kevin is not able to independently identify and report seizure activity, he is unable to administer his daily prescribed seizure medication or attend visits to his neurologist without staff support.

Does the person want support in this area: Yes

- EBI support staff will administer Kevin's seizure medication and monitor for seizure activity daily. If Kevin displays seizure activity, staff will follow Kevin's seizure plan. EBI support staff are trained in Kevin's seizure protocol upon hire and annually thereafter.

Does the person want an outcome related to improving skills in this area: No

Choking

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin understands verbal cues to slow down while he is eating and will usually comply with those cues

Behaviors and symptoms affecting the person's ability to self-manage:

- Kevin eats fast and may not chew his food thoroughly. He is missing many teeth needed to aid in biting and chewing. Kevin would not sign for help if he were to choke and is unable to perform abdominal thrusts on himself.

Does the person want support in this area: Yes

- EBI support staff will follow the mechanical soft diet as approved by his primary physician.
- EBI support staff will supervise Kevin while eating.

<ul style="list-style-type: none"> EBI will provide first aid/CPR, and call 911, if needed, if Kevin is choking. EBI staff will follow EBI's incident reporting policies if a choking incident occurs that requires medical treatment. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Special dietary needs</p> <p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin accepts his staff support following his special dietary needs. He is willing to eat food that has been mechanically softened. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin eats fast and may not chew his food thoroughly. He is missing many teeth needed to aid in biting and chewing. . <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI support staff will follow the mechanical soft diet as approved by his primary physician. EBI support staff will supervise Kevin while eating. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Chronic medical conditions</p> <ul style="list-style-type: none"> Spastic Quadriplegia Seizure Disorder Mixed hyperlipidemia, History of abnormal results of liver function study Chronic drooling Vitamin D deficiency Advanced periodontal disease, missing several teeth- On Mechanical Soft Diet effective 1/9/2019 Pruritic dermatitis Sensory Defensiveness Vision impairment (Coloboma-left eye, Aphakia-left eye, Pseudophakia-right eye, Myopic Degeneration-both eyes)
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin is usually cooperative with receiving assistance from support staff and medical staff with monitoring and treating his medical conditions. Kevin generally follows doctor orders, given complete staff support. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin has a history of becoming anxious and overly excited during exams and has become physically aggressive. Kevin does not identify that he has medical conditions that require treatment and/or monitoring. Kevin cannot verbally report symptoms he is experiencing. Kevin has chronic medical conditions that he cannot independently manage on his own. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff will follow physician orders to physically assist Kevin with monitoring and treating his chronic medical conditions. Staff will set up, attend, and accompany Kevin to all medical appointments and communicate on his behalf. Staff will monitor and report to his physician new or changed medical symptoms that arise. Staff will write in Kevin's medical notes daily regarding if he is experiencing any medical symptoms. EBI staff will consult with EBI's DM, nurse online or his physician, as needed, for new or existing symptoms that are not improving. Staff will assist Kevin with calming techniques as needed. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Self-admin of meds or treatment orders</p> <p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin willingly takes his medications from staff and can swallow his medication whole with applesauce. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin does not have the skills required to self-administer medications or treatment orders. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff will administer Kevin his medication per his medication schedule as determined by his doctor. Staff will physically assist Kevin with his treatment orders. EBI staff will set up, administer, and reorder all of Kevin's medications. EBI staff will document when Kevin takes his medication and will monitor and document any concerns with medication and treatment orders. EBI staff will follow EBI's medical policies for administration of medication and treatments.

Does the person want an outcome related to improving skills in this area: No
Preventative screening
Able to Self-Manage: No
Overall strengths, functional skills and abilities:
<ul style="list-style-type: none"> Kevin is generally cooperative with preventive screening appointments.
Behaviors and symptoms affecting the person's ability to self-manage:
<ul style="list-style-type: none"> Kevin is unable to identify when and why preventative screening is needed. Kevin requires complete verbal and physical assistance with medical appointments. Kevin is unable to communicate his information and is unable to understand information provided to him.
Does the person want support in this area: Yes
<ul style="list-style-type: none"> EBI staff will set up, transport, and accompany Kevin to medical appointments for preventative screening. Staff communicate to the health care team any concerns. EBI staff will keep a record when Kevin is due for preventive screening and results of screening appointments. EBI staff will physically assist Kevin with following preventative screening orders. EBI staff will complete the documentation process for all medical appointments and will alert EBI house supervisor of any new or changed medical orders that are placed.
Does the person want an outcome related to improving skills in this area: No
Medical and dental appts
Able to Self-Manage: No
Overall strengths, functional skills and abilities:
<ul style="list-style-type: none"> Kevin is generally cooperative with medical and dental appointments.
Behaviors and symptoms affecting the person's ability to self-manage:
<ul style="list-style-type: none"> Kevin requires staff's physical assistance with transporting and attending medical and dental appointments. Kevin is unable to identify when and why medical appointments are needed. He may become overly excited and anxious during the exam and has displayed noncompliant and physically aggressive behavior. Kevin requires complete assistance with communicating and understanding information provided. Kevin cannot independently take care of his own medical needs.
Does the person want support in this area: Yes
<ul style="list-style-type: none"> EBI staff will set up, transport, and accompany Kevin to medical and dental appointments that are scheduled/needed. Staff will communicate to his health care team any ongoing concerns. EBI staff will keep a record of when Kevin is due for medical and dental appointments. EBI staff will physically assist Kevin with following medical and dental orders provided. Staff will observe Kevin daily and assess how he is feeling. If needed, staff will set up medical appointments for Kevin based on these assessments. Staff will write in Kevin's medical notes daily regarding if he is experiencing any medical symptoms. EBI Staff will consult with EBI's DM, nurse online or his physician, as needed, for new or existing symptoms that are not improving. EBI staff will complete the documentation process for all medical appointments and will alert EBI house supervisor of any new or changed medical orders that are placed.
Does the person want an outcome related to improving skills in this area: No
Medical equip, devices, or adaptive aides or technology
<ul style="list-style-type: none"> Gloves, briefs, under pad; grab bars; Hospital bed, Adaptive spoons, plates blender, and sippy cup; manual wheelchair; sensory brush; gait belt; Medication alarm
Able to Self-Manage: No
Overall strengths, functional skills and abilities:
<ul style="list-style-type: none"> Kevin is cooperative when he needs to use his medical equipment and adaptive aides, or technology. Kevin does well feeding himself independently with an adaptive spoon and scoop dish. Kevin is able to independently drink from a sipper cup.
Behaviors and symptoms affecting the person's ability to self-manage:
<ul style="list-style-type: none"> Kevin is completely dependent on staff's verbal and physical assistance. He lacks the skills necessary to use the equipment on his own. Kevin has difficulty feeding himself when not using adaptive aides.
Does the person want support in this area: Yes
<ul style="list-style-type: none"> EBI support staff will follow the protocols in place and provide Kevin with verbal and physical assistance when using his medical equipment, adaptive aides, and technology.
Does the person want an outcome related to improving skills in this area: Yes

Personal Safety - Assessment of the person's ability to self-manage personal safety to avoid injury or accident in the service

setting, including when applicable:
Risk of falling
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin can maintain a standing position and independently walk throughout the home. Kevin will usually accept staff's physical assistance when needed. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin has a diagnosis of spastic quadriplegia. He walks with a swaggering gait, frequently ambulates too fast, chooses to walk backwards, and has a tendency to trip or stumble. Kevin easily is excited when he goes in the community and falls easily. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> Staff will provide physical assistance while walking short distances in the community by interlocking arms and walking at a slow pace. Staff will give verbal prompts to step up/ down as needed and will allow time for Kevin to comply with these prompts. EBI staff will use a gait belt or wheelchair with Kevin when walking longer distances or if there are crowds in the community or attending community events. <p>Does the person want an outcome related to improving skills in this area: No</p>
Mobility issues, transferring and positioning
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin can maintain a standing position and independently walk throughout the home. Kevin does not need to be positioned. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin has a diagnosis of spastic quadriplegia. He walks with a swaggering gait, frequently ambulates too fast, chooses to walk backwards, and has a tendency to trip or stumble. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff will provide physical assistance while walking short distances in the community by interlocking arms and walking at a slow pace. Staff will give verbal prompts to step up/ down as needed and will allow time for Kevin to comply with these prompts. EBI staff will use a gait belt or wheelchair with Kevin when walking longer distances or if there are crowds in the community or attending community events. <p>Does the person want an outcome related to improving skills in this area: No</p>
Regulating water temperature
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin accepts staff's assistance regulating the water temperature. Kevin can independently turn on and off the faucet and shower. <p>Behaviors and symptoms affecting the person's ability to self-manage:</p> <ul style="list-style-type: none"> Kevin is unable to adjust/control water settings. He does not test the water temperature before walking into the shower. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI Staff will regulate the water temperature on Kevin's behalf anytime that he will be using water. <p>Does the person want an outcome related to improving skills in this area: No</p>
Community survival skills
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin goes on activities in the community with his staff. He normally stays next to staff during community outings and prefers to do so. Kevin will accept staff support with community survival skills. Kevin can recognize his name and will usually respond when his name is called by coming over to the appropriate person. <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <ul style="list-style-type: none"> Kevin lacks survival and self-preservation skills and does not independently recognize safety hazards. He cannot identify "safe" people in the community and cannot verbally communicate if he needs assistance. He does not read or write and would not be able to follow written communication or signs. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI support staff will accompany Kevin on activities in the community. <p>Does the person want an outcome related to improving skills in this area: No</p>
Water safety skills (swimming bathing)
<p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin complies with wearing a life jacket.

<p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <ul style="list-style-type: none"> Kevin does not know how to swim. Kevin does not identify that he needs to wear a life jacket when going into the water or on a boat. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff will put a life jacket on Kevin if he goes swimming or boating. EBI staff will be present at all times if Kevin is in or near the water. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Sensory disabilities (visual, auditory, tactile, etc.)</p> <p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin cooperates with sensory integration recommendations that are in place. Kevin will retrieve his sensory brush when directed and hand it to his staff. <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <ul style="list-style-type: none"> Kevin has a sensory disability. His last evaluation was in 2007. The treatment diagnosis was decreased ADL's and sensory defensiveness. Per the assessment, Kevin exhibits some difficulty with sensory integration, especially in the area of tactile and vestibular stimulation. Activities that involve lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin doesn't like, quick or rushed pace, interruptions, discomforts, and lots of different demands and requests are challenging for Kevin. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff will provide Kevin with sensory integration, deep pressure brushing and joint compressions, twice daily and as needed for challenging activities. During transition time, Kevin will be provided with activities involving movement and interaction with objects such as textured balls or music. Staff will avoid changes to Kevin's routine and challenging activities, when possible. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Toxic substances, chemicals, detergents or other hazardous materials</p> <p>Able to Self-Manage: Yes, Kevin does not have a history of seeking out toxic substances, chemicals, detergents, or other hazardous materials. _</p> <p>Overall strengths, functional skills and abilities:</p> <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <p>Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum.</p> <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Dangerous items or equipment</p> <p>Able to Self-Manage: Yes - Kevin does not have a history of seeking out dangerous items or equipment.</p> <p>Overall strengths, functional skills and abilities:</p> <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <p>Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum.</p> <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Communication (expressive and receptive)</p> <p>Able to Self-Manage: No</p> <p>Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> Kevin turns his eyes and head toward sounds, demonstrates understanding the meaning of several words and simple commands. Kevin has communicated signs of discomfort, pain, illness, anxiousness, anger, and frustration by yelling out, displaying aggression, pacing, running through the home and rocking his body. Kevin has communicated that he is happy and content by smiling, laughing, rocking, and contently standing or sitting in various areas of the home. <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <ul style="list-style-type: none"> Kevin cannot communicate his wants and needs, in a manner that most others would understand. Kevin has a very limited vocabulary and is unable to read or write. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> EBI staff are trained to look for nonverbal modes of communication and will communicate on Kevin's behalf to the best of their ability. EBI staff will regularly observe Kevin and will help and encourage him to communicate his wants, needs, and preferences. EBI staff will encourage Kevin to use communications devices (tiny talker, push buttons) within his home. <p>Does the person want an outcome related to improving skills in this area: No</p>
<p>Drills & emergencies</p>

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin participates in emergency drills.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- In the event of a true emergency, Kevin may have difficulty responding appropriately. He would require verbal and physical assistance. He is unable to call 911.

Does the person want support in this area: Yes

- EBI staff will perform drills with Kevin monthly and role play with him areas of concern. Staff will provide verbal instruction and physical assistance to Kevin if an emergency occurred. Staff will follow EBI's emergency procedure plan as outlined in EBI's policy manual.

Does the person want an outcome related to improving skills in this area: No

Ability to remain alone (include if person can have time alone w/o staff present, home and community, visual checks, awake and asleep)

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin enjoys spending time alone in his bedroom. He is compliant when staff enter his bedroom to perform visual checks and does not act out in aggression during visual checks.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not present the skills to remain alone in any environment. He requires at least one awake staff on duty while he is in the home. During the overnight hours, Kevin has a pattern of waking up and walking into the main living room area. He often requires verbal cues returning back into his bedroom.

Does the person want support in this area: Yes

- EBI staff will provide Kevin with a 24 hour awake care plan and provide supervision and necessary assistance.
- Staff will accompany Kevin in the community at all times.
- EBI staff will check on Kevin every 1-2 hours during sleep hours. When Kevin is outside, he will be in a fenced in area and will be checked on at least every 15 minutes.
- Kevin resides in an open concept home and can be easily seen or heard. Staff will ensure that Kevin is checked on at least every 15-30 minutes if chooses to sit in his bedroom where he can not be easily seen.

Does the person want an outcome related to improving skills in this area: No

Self-Management of Symptoms or Behaviors - Assessment of the person's ability to self-manage symptoms or behavior that may otherwise result in an incident, suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others:

Physical Aggression and Conduct: Hitting, grabbing, hair pulling

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin sometimes complies with verbal intervention to end physically aggressive behavior.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not always comply with verbal intervention to end physically aggressive behavior. Kevin may display this behavior as a way to gain attention or in response to challenging activities (activities that involve lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin does like, quick or rushed pace, interruptions, discomforts, and activities with lots of demands and requests.)
- Kevin seems to be aware of what he is doing and can recognize how to obtain additional attention from others by demonstrating physical aggression.

Does the person want support in this area: Yes

- EBI staff will provide Kevin with a structured day and minimize challenging activities when possible.
- During transition time between work and home, staff will provide transitional activities that have been successful in the past.
- EBI staff will provide sensory exercises to Kevin twice daily and as needed when he appears anxious or upset.
- Kevin will be provided with ongoing positive reinforcement. EBI staff will use approaches as outlined in Kevin's positive support strategies plan. EBI staff will follow EBI's incident reporting policies as appropriate.

Does the person want an outcome related to improving skills in this area: No

Verbal / Emotional Aggression (state behavior) Yelling out

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin sometimes complies with verbal intervention to end verbally aggressive behavior.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not always comply with verbal intervention to end verbally aggressive behavior. Kevin may display this behavior as a

way to gain attention or in response to challenging activities (activities that involve lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin does like, quick or rushed pace, interruptions, discomforts, and activities with lots of demands and requests.)

- Kevin seems to be aware of what he is doing and can recognize how to obtain additional attention from others by demonstrating verbal aggression._

Does the person want support in this area: Yes

- EBI staff will provide Kevin with a structured day and minimize challenging activities when possible.
- During transition time between work and home, staff will provide transitional activities that have been successful in the past.
- EBI staff will provide sensory exercises to Kevin twice daily and as needed when he appears anxious or upset.
- Kevin will be provided with ongoing positive reinforcement. EBI staff will use approaches as outlined in Kevin's positive support strategies plan. EBI staff will follow EBI's incident reporting policies as appropriate.

Does the person want an outcome related to improving skills in this area: No

Property Destruction

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin sometimes complies with verbal intervention to end property destruction.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not always comply with verbal intervention to end property destruction behavior. Kevin may display this behavior as a way to gain attention or in response to challenging activities (activities that involve lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin does like, quick or rushed pace, interruptions, discomforts, and activities with lots of demands and requests.)
- Kevin seems to be aware of what he is doing and can recognize how to obtain additional attention from others by demonstrating verbal aggression._

Does the person want support in this area: Yes

- EBI staff will provide Kevin with a structured day and minimize challenging activities when possible.
- During transition time between work and home, staff will provide transitional activities that have been successful in the past.
- EBI staff will provide sensory exercises to Kevin twice daily and as needed when he appears anxious or upset.
- Kevin will be provided with ongoing positive reinforcement. EBI staff will use approaches as outlined in Kevin's positive support strategies plan. EBI staff will follow EBI's incident reporting policies as appropriate.

Does the person want an outcome related to improving skills in this area: No

Self-injurious behaviors

Able to Self-Manage: Yes - Kevin does not have a history of this behavior

Overall strengths, functional skills and abilities:

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum.

Does the person want an outcome related to improving skills in this area: No

Suicidal Ideations, thoughts, or attempts

Able to Self-Manage: Yes - Kevin does not have a history of this behavior

Overall strengths, functional skills and abilities:

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum.

Does the person want an outcome related to improving skills in this area: No

Criminal or unlawful behavior

Able to Self-Manage: Yes - Kevin does not have a history of this behavior

Overall strengths, functional skills and abilities:

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum.

Does the person want an outcome related to improving skills in this area: No

Mental health crisis that requires the program to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate;

Able to Self-Manage: Yes - Kevin does not have a history of this behavior

Overall strengths, functional skills and abilities:

<p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area: Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum. Does the person want an outcome related to improving skills in this area: No</p>
<p>An act or situation involving a person that requires the program to call 911, law enforcement, or the fire dept;</p>
<p>Able to Self-Manage: Yes - Kevin does not have a history of this behavior Overall strengths, functional skills and abilities: Behaviors and symptoms affecting the person's ability to self-manage needs in this area: Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum. Does the person want an outcome related to improving skills in this area: No</p>
<p>A person's unauthorized or unexplained absence from a program</p>
<p>Able to Self-Manage: Yes - Kevin does not have a history of this behavior Overall strengths, functional skills and abilities: Behaviors and symptoms affecting the person's ability to self-manage needs in this area: Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum. Does the person want an outcome related to improving skills in this area: No</p>
<p>Symptoms or behaviors that may jeopardize the health and welfare of the person or others</p>
<p>Able to Self-Manage: Yes - Kevin does not have a history of this behavior Overall strengths, functional skills and abilities: Behaviors and symptoms affecting the person's ability to self-manage needs in this area: Does the person want support in this area: No. If a concern in this area arises, EBI will provide support and update Kevin's CSSP Addendum. Does the person want an outcome related to improving skills in this area: No</p>

<p>ADL's and Instrumental ADL's Assessment of the person's ability to self-manage activities of daily living.</p>
<p>Personal Hygiene and Grooming</p>
<p>Able to Self-Manage: No Overall strengths, functional skills and abilities:</p> <ul style="list-style-type: none"> • Shaving – Kevin is usually willing to accept assistance with shaving. Kevin can follow some simple step by step instructions and willingly participates in hand over hand assistance related to performing most personal hygiene cares. • Hand Washing – Kevin is willing to accept assistance thoroughly washing his hands. Kevin can follow some simple step by step instructions and willingly participates in hand over hand assistance related to performing most personal hygiene cares. • Dressing – Kevin is willing to accept assistance dressing himself. He is able to independently complete some tasks associated with dressing and undressing himself. EBI staff will provide Kevin with his clothing daily. • Applying deodorant – Kevin is willing to accept assistance applying deodorant daily. He will usually independently lift his arms up so that staff can apply his deodorant. • Glasses – NA • Hearing Aid – NA • Nail Care – Kevin usually accepts help from support staff with nail care. EBI staff will clip his fingernails and toenails. • Hair care and Bathing – Kevin accepts assistance following a daily showering schedule and he is familiar with his routine to shower every morning after he wakes up, given complete physical assistance from staff. • Care of teeth, gums, and oral prosthetic devices – Kevin will usually accept assistance with his oral hygiene care. Kevin will follow a AM and PM schedule of oral care (teeth brushing) <p>Behaviors and symptoms affecting the person's ability to self-manage needs in this area:</p> <ul style="list-style-type: none"> • Kevin does not independently identify good personal hygiene and grooming skills and does not demonstrate the skill to complete most of these tasks on his own. Kevin relies on staff support to care for his hygiene and grooming. Kevin may swat at others, run away, push you away, or yell out if he does not want assistance. Kevin has a history of stripping when he soiled his clothing. <p>Does the person want support in this area: Yes</p> <ul style="list-style-type: none"> • EBI staff will provide complete physical assistance with all hygiene and grooming needs. EBI staff will follow a hygiene schedule to complete grooming and hygiene needs. Kevin will receive physical assistance with the changing of incontinent products every 2 hours or sooner if needed during awake hours and as he awakes during night hours. EBI staff will order, purchase, and maintain

hygiene and grooming equipment that Kevin will need.

Does the person want an outcome related to improving skills in this area: No

Eating

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin can independently hold a spoon and feed himself bites of food from a bowl or lipped plate. Kevin is able to independently drink from a sipper cup.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin may eat too fast, or not properly chew his food before swallowing. He is missing many teeth needed to aid in biting and chewing. Kevin does not always comply with requests to slow down, or swallow his food. Kevin requires staff to cut his food into appropriate bite size pieces.

Does the person want support in this area: Yes

- EBI support staff will supervise all meal and snack times and prepare Kevin's meals according to the mechanical soft diet guidelines which have been approved by his primary physician.
- Kevin will be provided prompts to slow down and swallow his food when needed. EBI support staff are trained in CPR and Abdominal thrust procedures and will provide or seek emergency care that may be needed if Kevin were to choke.

Does the person want an outcome related to improving skills in this area: No

Toileting (identify concerns with incontinence /accidents / habits)

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin generally accepts staff's verbal and physical assistance when getting his brief and clothing changed.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin is incontinent of his bowel and bladder. Kevin generally does not communicate to others when he has to use the restroom.
- Kevin has a history of saying "potty" and stripping his clothing and briefs as a means to gain attention. This is also how he communicates that he is wet and wants to be changed.

Does the person want support in this area: Yes

- EBI will physically assist Kevin with his toileting needs following a toileting schedule (every 2 hours or sooner if needed during awake hours and as he awakes during sleep hours). This will include changing adult attends, clothing if soiled, and taking the steps to wash/wipe soiled areas.
- EBI staff will ensure incontinence products (attends, wipes) are stocked within the home and complete the steps of purchasing/ordering products.
- EBI staff will immediately change Kevin's clothing or bedding if it has become soiled.

Does the person want an outcome related to improving skills in this area: No

Meal planning & preparation

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin accepts staff support with meal planning and preparation. At times, Kevin will stand in the kitchen or sit at the table during meal preparation time and watch his staff and housemates complete meal preparation tasks.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not have the skills necessary to complete meal planning and preparation tasks. Kevin has chronic drooling and hand over hand assistance may result in an unsanitary and unsafe environment.

Does the person want support in this area: Yes

- EBI staff will encourage Kevin to stand in the kitchen or sit at the table during meal preparation if he looks interested in what is going on. Kevin's personal preferences will be included on the menu plan.
- EBI staff will complete all aspects of meal planning and preparation on Kevin's behalf.

Does the person want an outcome related to improving skills in this area: No

Money management, safeguarding, paying bills

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin accepts staff support with money management, safeguarding and paying bills.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not understand the concept of money management, safeguarding funds, and paying bills.

Does the person want support in this area: Yes

- EBI support staff will keep accurate records and documentation for all Kevin's incoming and outgoing money using his financial

log book. EBI support staff will obtain receipts for all purchases that are made with Kevin's money. EBI support staff will secure Kevin's money, checkbook, and debit card in a locked area and assist him with use.

- When Kevin has bills, EBI staff will physically assist Kevin with paying his bills.
- EBI support staff will follow EBI's safeguarding policies and report mismanagement of funds if it occurs or is suspected.

Does the person want an outcome related to improving skills in this area: No

Shopping for food, clothing, and other essential items

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin willingly accepts staff support with shopping for food, clothing, and other essential items. Kevin seems to enjoy walking and being pushed in his wheelchair throughout the store.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin does not understand the concept of determining wanted and needed items, budgeting, making a shopping list, price comparisons, locating items on a shelf, and providing a store clerk with money.
- Activities that involve lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin doesn't like, quick or rushed pace, interruptions, discomforts, and lots of different demands and requests are challenging for Kevin.

Does the person want support in this area: Yes

- EBI staff will provide Kevin with complete physical assistance with shopping and paying for items.
- When Kevin is participating in shopping outings, staff will walk arm and arm with him or push him in his manual wheelchair throughout the store.
- EBI support staff will obtain receipts for all of Kevin's purchases, and record each transaction in his financial logbook.

Does the person want an outcome related to improving skills in this area: No

Performing household tasks

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin is able to perform some basic household tasks given simple step by step instruction and hand over hand assistance. Kevin has been able to learn new household tasks.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin lacks self-preservation skills and is unable to perform most cleaning tasks. When given verbal cues and hand over hand assistance, Kevin has become overly stimulated and was unable to complete the task.

Does the person want support in this area: Yes

- EBI staff will provide supervision, verbal, and physical assistance when Kevin is completing any assigned household tasks and outcomes in this area. EBI staff will complete all remaining household tasks on his behalf.

Does the person want an outcome related to improving skills in this area: No

Communication by telephone and other media

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin accepts staff support with communication by telephone and other media.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin is nonverbal.

Does the person want support in this area: Yes

- EBI staff will communicate by telephone and other media on Kevin's behalf.

Does the person want an outcome related to improving skills in this area: Yes

Traveling, including to medical appointments and to participate in the community

Able to Self-Manage: No

Overall strengths, functional skills and abilities:

- Kevin enjoys going in the community and accepts staff support with traveling to medical appointments and community outings.

Behaviors and symptoms affecting the person's ability to self-manage needs in this area:

- Kevin lacks self-preservation skills and requires complete verbal and physical assistance in this area.

Does the person want support in this area: Yes

- EBI staff will provide Kevin with supervision and transportation to all activities and appointments.

Does the person want an outcome related to improving skills in this area: No

Revisions: See highlighted area

Individual Abuse Prevention Plan (IAPP)

Name: Kevin LaFrance

Last Modified / Reviewed: 4/12/2022

Person Completing Plan: Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC

Members of Support Team: Terri LaFlamme, SLC Case Manager; Mary Holschuh, Guardian; Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC; Ann Ogg, sister

Instructions: For each area, assess whether the person is susceptible to abuse by others and the person's risk of abusing other vulnerable people. If susceptible, indicate why by checking the appropriate reason or by adding a reason. Identify specific measures to be taken to minimize the risk within the scope of licensed services and identify referrals needed when the person is susceptible outside the scope or control of the licensed services. If the person does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, document this determination and identify the area of the program prevention plan that addresses the area of susceptibility.

Risk Area – Sexual Abuse	Is the person susceptible to abuse	Why is person at risk: Specific measures to minimize risk of abuse:
Lack of understanding of sexuality	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Why is Kevin at risk: Kevin does not have the skills to understand sexuality.</p> <p>Specific measures to minimize risk of abuse: EBI support staff will be trained in how to recognize, respond, and report incidents relating to sexual abuse on Kevin's behalf as he does not present the skills to understand sexuality.</p>
Likely to seek or cooperate in an abusive situation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Why is Kevin at risk: Kevin would not seek abusive situations but may unintentionally be placed in one.</p> <p>Specific measures to minimize risk of abuse: EBI staff will be trained in how to recognize, respond, and report incidents relating to sexual abuse on Kevin's behalf. If it is known or suspected that a sexually abusive situation has occurred, EBI support staff will follow the reporting protocol as outlined in the reporting section of this plan. Support staff will intervene and stop any abuse that is observed and contact the necessary authorities. Kevin will be supervised in the home and community. EBI support staff will provide ongoing education about respecting others boundaries.</p>
Inability to be assertive/defend self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Why is Kevin at risk: Kevin would not be able to defend himself if a situation were to occur.</p> <p>Specific measures to minimize risk of abuse: Kevin will receive supervision while in the home and community. If it is known or suspected that a situation occurred, EBI support staff will follow the reporting protocol as outlined in the reporting section of this plan. Support staff will intervene and stop any behavior that is observed and contact the necessary authorities</p>
Displays sexual activity involving force or coercion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA

Referrals made when the person is susceptible to abuse outside the scope or control of this program: No referrals have been made or occurred during the previous year.

Risk Area Physical/verbal abuse	Is the person susceptible to abuse	Why is person at risk: Specific measures to minimize risk of abuse:
Inability to identify potentially dangerous situations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Why is Kevin at risk: Kevin does not have the ability to identify dangerous and potentially dangerous situations.</p> <p>Specific measures to minimize risk of abuse:</p>

		EBI staff will physically and verbally intervene if Kevin is placing himself in a dangerous or potentially dangerous situation. Kevin will receive supervision while in the home and community. Support staff will report the situation if it meets reporting requirements. Reporting protocol is outlined in the reporting section of this plan.
Lack of community orientation skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin lacks community orientation skills. Specific measures to minimize risk of abuse: EBI staff will provide supervision and transportation to all outings that Kevin engages in. EBI support staff will regularly offer Kevin community offerings. EBI staff have policies and protocols in place that address what to do if an incident were to arise in the community and will follow those policies as appropriate, which can be found in EBI's policy manual in his home.
Inappropriate interactions with others	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin has a history of inappropriate interactions with others. He has grabbed others hair and clothing and refused to let go until a variety of calming techniques are tried. Specific measures to minimize risk of abuse: EBI staff will verbally intervene when Kevin is observed having inappropriate interaction with others. EBI support staff will regularly help Kevin identify how to have appropriate interactions with others. Support staff will report the situation if it meets reporting requirements. Reporting protocol is outlined in the reporting section of this plan.
Inability to deal with/ Defend self against others who are physically or verbally/emotionally aggressive	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin does not present the skills to protect himself in situations with others that could be physical or verbally aggressive. Kevin does not identify behaviors that can turn emotionally or physically aggressive and does not identify when problem solving is necessary. Specific measures to minimize risk of abuse: If a situation occurs that presents a risk, EBI support staff, will verbally and physically encourage Kevin to remove himself from the situation if it becomes unsafe. Support staff will report the situation if it meets reporting requirements. Reporting protocol is outlined in the reporting section of this plan.
Verbally/physically abusive to others -	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin might grab onto others hair and clothing and refuse to let go. Specific measures to minimize risk of abuse: EBI staff will verbally and physically intervene when Kevin is observed being physically aggressive with others. Support staff will report the situation if it meets reporting requirements. Reporting protocol is outlined in the reporting section of this plan.
Mental and emotional health symptoms and crisis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
"Victim" history exists	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
Referrals made when the person is susceptible to abuse outside the scope or control of this program: No referrals have been made or occurred during the previous year.		

Risk Area – Self-Abuse	Is the person susceptible to abuse	Why is person at risk: Specific measures to minimize risk of abuse:
Dresses inappropriately	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin does not have the ability to dress himself appropriately. Specific measures to minimize risk of abuse: EBI staff will provide ongoing physical assistance with dressing appropriately. In the event that Kevin suffers from frostbite or illness/injury, EBI staff will follow first aid procedures, seek medical attention if needed, and follow EBI's incident reporting policy as appropriate.
Refuses to eat	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA, Kevin generally has a good appetite and does not refuse to eat.

Inability to care for self and self-help needs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin does not have the ability to care for his self-help needs. Specific measures to minimize risk of abuse: EBI will provide a 24 hour support plan. EBI support staff will offer ongoing verbal assistance, training and education, encouragement, and physical assistance with self-help needs. Support services/outcomes will be in place to teach and assist with practical living and self-help skills. Support staff will provide physical assistance with self-help needs that Kevin is unable to complete. EBI staff will observe Kevin daily. Staff will document in Kevin's medical notes if any illnesses or injury occurred every day. Staff will follow first aid protocols if an illness or injury occurred and consult with EBI's DM, and nurse online or physician, as appropriate. Staff will follow EBI's emergency policies if a situation occurs.
Lack of self-preservation skills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin lacks self-preservation skills. Specific measures to minimize risk of abuse: EBI support staff will be staffed in Kevin's home to provide a 24-hour plan of care to meet his needs and offer physical and verbal assistance as it is needed.
Engages in self-injurious behaviors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA, Kevin does not engage in SIB
Neglects or refuses to take medications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA, Kevin does not refuse medication
Referrals made when the person is susceptible to abuse outside the scope or control of this program: No referrals have been made or occurred during the previous year.		

Risk Area - Financial Exploitation	Is the person susceptible to abuse	Why is person at risk: Specific measures to minimize risk of abuse:
Inability to handle financial matters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin does not have the skills and ability to handle financial matters. Specific measures to minimize risk of abuse: EBI support staff will secure all of Kevin's money in a locked office in the EBI home and provide funds to the support staff assigned to take Kevin shopping and on community outings. After purchases are made, support staff will secure his receipts and remaining money in his financial bag and return it to be locked in the office. EBI P.D., D.C., or D.M. will be knowledgeable about Kevin's upcoming bills and timely pay those bills on his behalf. EBI support staff will also physically assist Kevin with completing banking transactions, obtaining receipts, and documenting incoming and outgoing money. EBI's Designated Manager/Coordinator will review Kevin's financial book weekly to ensure that his money is being managed appropriately and that financial book documentation is without error. EBI staff are trained upon hire and annually thereafter regarding the policy for handling consumer funds and property and anti-fraud policies and will follow these policies as appropriate.
Recognizes/reports mismanagement of finances	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Why is Kevin at risk: Kevin would not recognize if others were mismanaging his money and cannot report it. Specific measures to minimize risk of abuse: EBI support staff are trained in how recognize, respond and report incidents relating to financial abuse. EBI support staff will document any incidents of financial abuse that occurs with Kevin. EBI's Designated Manager will review any documented incidents of financial abuse to determine additional safeguarding measures to take. EBI's Designated Coordinator/Manager will review Kevin's financial records weekly, which will be checked for calculation errors and financial mismanagement. Monthly, bank statements will be compared against the totals in Kevin's financial record keeping book. Copies of Kevin's financial book/log and checking statements will be sent to his case manager and guardian per their request for additional

		<p>review.</p> <p>EBI staff will document in Kevin's financial book all incoming and outgoing money and will also use receipts for all outgoing money. EBI staff will follow EBI's reporting guidelines in the event that mismanagement of Kevin's finances are observed or suspected. EBI staff are mandated reporters and are trained upon hire and annually thereafter in reporting procedures of a Vulnerable Adult, which includes financial abuse or exploitation and will follow the reporting procedures if mismanagement of Kevin's money is suspected or occurs.</p>
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Referrals made when the person is susceptible to abuse outside the scope or control of this program: No referrals have been made or occurred during the previous year.

Risk Area	Is the person susceptible to abuse	Why is person at risk: Specific measures to minimize risk of abuse:
Ability to report sexual, physical, verbal/emotional, financial, and/or self-abuse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Why is Kevin at risk: If Kevin was placed in a situation, he may try to defend himself by yelling out or trying to run away; however, Kevin does not have the ability to report any abuses.</p> <p>Specific measures to minimize risk of abuse: EBI support staff will monitor Kevin's interactions with others while under the care of EBI to the best of their ability. In the event that a situation occurs, support staff will intervene and stop any abuse observed. Support staff will verbally direct Kevin to remove himself. Support staff will contact proper authorities and complete reporting guidelines within 24 hours. EBI support staff will follow Vulnerable Adult reporting procedures as outlined in EBI's VA reporting policy if abuse is known or suspected. EBI support staff will receive Vulnerable Adult reporting training upon hire and annually thereafter.</p>

Referrals made when the person is susceptible to abuse outside the scope or control of this program: No referrals have been made or occurred during the previous year.

Is the program aware of this person committing criminal or unlawful behavior? ___ Yes ___x No
 Is the program aware of this person committing a violent crime or act of physical aggression toward others? _ Yes ___x No

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised: Kevin does not pose a risk to visitors to the program and persons outside the program.

Referrals made when the person is susceptible to abuse outside the scope or control of this program:
No referrals have been made regarding violent crime or act of physical aggression toward others.

Revisions: None

Health Needs Assessment and Plan

Name: Kevin LaFrance

Last Modified / Reviewed: 4/12/2022

Person Completing Plan: Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC

Members of Support Team: Terri LaFlamme, SLC Case Manager; Mary Holschuh, Guardian; Sarah Hamilton, EBI DM; Lisa Sawyer, EBI DC; Ann Ogg, sister

This program is responsible for meeting the health needs for the person as assigned in the coordinated service and support plan or the coordinated service and support plan addendum. It must be updated when changes occur in the coordinated service and support plan or coordinated service and support plan addendum.

Medication Administration and Assistance

Requirements for medication administration and assistance are found in Minnesota Statutes, sections [245D.05](#), subdivisions 1a, 1b, 2, and 4 and section [245.051](#). This program will meet any medication administration and assistance needs by: Check the boxes that apply

Medication Set up - Yes No

Medication setup - When the program is responsible for medication setup staff must document the following in the person's medication administration record:

- Dates of set-up;
- Name of medication;
- Quantity of dose;
- Times to be administered; and
- Route of administration at time of set-up.
- When the person receiving services will be away from home, the staff must document to whom the medications were given.

Plan: If Kevin will be away from his home and requires medications to be set up for later administration, EBI staff will set these medications up, using a med minder and referring to Kevin's MAR to determine medications to be set up. After medications have been set up, medications will be provided to the responsible person caring for Kevin. EBI staff will document the medications set up on Kevin's Medication set up record. EBI staff will document - Date of set up, name of medication, quantity of dose, times to be administered, route of administration, and whom the medications were given to.

Medication Assistance for self-administration of medication- Yes No

Medication assistance - When the program is responsible for medication assistance staff may:

1. Bring to the person and open a container of previously set up medications;
2. Empty the container into the person's hand;
3. Open and give the medications in the original container to the person;
4. Bring to the person liquids or food to accompany the medication; and
5. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct the care for the person.

Medication Administration Yes

"Medication administration" means Staff must complete the following when responsible for medication administration:

- a. Check the person's medication administration record (MAR);
- b. Prepare the medications as necessary;
- c. Administer the medication or treatment the person according to the prescriber's order;
- d. Document in the MAR:
 - 1) the administration of the medication or treatment or the reason for not administering the medication or treatment;
 - 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
 - 3) notation of when a medication or treatment is started, administered, changed, or discontinued;
- e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
- f. Adverse reactions must be immediately reported to the prescriber or a nurse.

Plan: EBI staff will follow Kevin's Medication Administration Record to pass Kevin his daily and PRN medications according to the prescriber's instructions. Kevin needs his medications placed in applesauce and spoon fed to him. After Kevin has received his medications, EBI staff will sign off on Kevin's MAR. Kevin's medications are stocked in pill containers and stored in a locked area of the home. Weekly, a designated staff member fills Kevin's weekly med minder with his medications. When it is time for Medication

Monitoring Health Conditions		
This program must document the procedures for monitoring health conditions according to the written instructions of a licensed health professional and as assigned in the coordinated service and support plan or coordinated service and support addendum.		
Health Condition	Written Instructions for Monitoring the Health Condition from Licensed Health professional (Insert or attach written plans)	Procedures the Program will Follow to Meet These Instructions
Seizure Disorder (controlled) (4/1991)	Take prescribed medication and complete lab visits as recommended by neurologist. Follow up with the neurologist annually or as directed. Follow written seizure protocol.	EBI staff will physically assist Kevin with daily medication administration, following medical orders, and attending medical visits. EBI staff will document any observed seizure activity and contact neurology if a seizure were to occur.
Tendency to be underweight (onset date unknown)	Encourage higher calorie snacks, monitor weight, call the doctor if Kevin gets down to 95 lbs.	EBI staff will follow up with physician at least annually. EBI staff will complete monthly weight checks, document weight, and contact Kevin's doctor if his weight is 95 pounds or less for further instructions. Previous orders have been for Kevin to drink Ensure if his weight falls below 95.
Health Service Appointments		
This program is assigned in the coordinated service and support plan or the coordinated service and support plan addendum to assist with or coordinate medical, dental or other health service appointments.		
<u>Type of Health Service Appointments Needed:</u>		
<ul style="list-style-type: none"> • Annual/Semi-Annual Physical Exam and Lab – Dr. Ruggle at Essentia Health Clinic-West Duluth • Quarterly to Semi-Annual Dental Exams – Central Lakes Community Dental Clinic • Annual Optical Exams – Relf Optical • Annual Neurology Exam: Essentia Health Clinic • Influenza shot (annually): Falk's, Walgreens Pharmacy or Essentia Health Clinic • Misc/other health care appointments needed: Dr. Ruggle, St. Luke's, St. Mary's, Essentia Health 		
Procedures the Program will Follow to Assist or Coordinate Health Service Appointment		
EBI staff will set up, attend, and transport Kevin to all scheduled medical and dental appointments. EBI staff will communicate on Kevin's behalf and stay with him when he is being seen. EBI staff will document in Kevin's medical notes and on the chronological/treatment log, if applicable, results of the examination and new or discontinued medication/treatments ordered. EBI staff will physically assist Kevin with carrying out orders or recommendations as prescribed.		
Results of appointments will be reported on Kevin's written progress reviews. ER visits or appointments considered more serious or that meet reporting guidelines will be reported within 24 hours to the legal guardian(s) and case manager. EBI staff will follow incident reporting guidelines per EBI's reporting policy.		
MEDICAL EQUIPMENT, DEVICES, AIDS, TECHNOLOGY		
This program is assigned in the coordinated service and support plan or coordinated service and support plan addendum to assist or administer the safe and correct use of any medical equipment, devices, adaptive aids or adaptive technology according to the written instructions of your licensed health professional.		
Type of Medical Equipment, Devices, Adaptive Aides, Adaptive Technology Used	Written Instructions from Licensed Health Professional (Insert or attach to this form the written instruction)	Procedures the Program will Follow to Meet These Instructions
Soft bristle brush for sensory integration	Sensory Integration – Complete brushings, using the sensory brush daily. Provide additional	EBI staff will follow the Sensory Diet Procedure for Kevin LaFrance.

	sensory as needed/tolerated.	
Manual Wheelchair w/lap restraint, and gait belt use 9/20/2011, 10/11/2018	Use as needed for travel, and to reduce risk of falling	EBI staff will have Kevin use his wheelchair when going in the community to attend shopping trips, appointments, walks, etc. This is a manual wheelchair and Kevin will be placed in it when outside of the vehicle. Kevin will sit in a regular seat when being transported in a vehicle. If Kevin is choosing to walk within the community, at appointments, shopping, etc. EBI staff will place a gait belt around Kevin. The gait belt will be removed when Kevin returns home.
Food Blender/ Food processor 1/9/2019	Blend food for mechanical soft diet	EBI staff will follow the instructions for mechanical soft diet, as approved by Dr. Ruggle.
Disposable protective pads; Pull up briefs Gloves	Use for Hygiene/Toileting Supplies	EBI staff will order a monthly supply of disposable under pads, briefs, and gloves from Lake Superior Medical Equipment on the first of each month. These supplies will be available in the home, in addition to wet wipes, for performing hygiene cares.
Talking Alarm / Buttons	None	EBI staff will be familiar with Kevin's medication times and plans. Staff will encourage Kevin to respond to talking alarms and sound buttons to communicate his wants and needs.

Revisions: See highlighted areas

EBI, Inc.

625 North 56th Ave West Duluth, MN 55807
218-624-3122

March 1, 2021

Dear Dr. Ruggle,

Kevin LaFrance is currently a patient of yours and has the following recommendations or protocols in place:

- **Mechanical Soft Diet Protocol** – Use a blender to blend food to a soft consistency and serve a mechanical soft diet for meals. Ok to serve soft foods.
- **Sensory Integration Protocol** – Use sensory brush to provide sensory integration daily.
- **Monthly weight check Protocol** – Monitor weight monthly, report to physician if weight is 95 or below.
- **Seizure monitoring Protocol** – Contact Neurology if a seizure activity is observed

- **Ordering of Monthly Incontinence Supplies Protocol** (gloves, disposable under pads, pull up style briefs)

Report:

Adverse reactions – report to physician

Yes No

Medication errors to physician or other health care professionals:

Yes No Medication was not given at scheduled time on one occurrence in a 24 hour period of time;

Yes No Medication was not given at the scheduled time on more than one occurrence in a 24hr period of time.

Yes No Wrong medications were given.

Medication refusals or difficulties to physician or other health care professionals: Yes No

Reporting procedures include: Contacting primary physician or health care professional within 24 hours.

If you feel changes need to be made to the attached protocols, please correct, and fax back to EBI. EBI's fax number is 218-628-1699. If no changes need to be made, please keep document for your records. If you have any questions or concerns, please feel free to contact me at 218-624-3122

Thank you,
Sarah Hamilton
Designated Manager

Manual Wheelchair Protocol

Name: Kevin LaFrance

Date of Review: 4/1/2022

Overview: A wheelchair is mobility assistive equipment used by people for whom walking is difficult or impossible due to illness, injury, or disability. Often people who have difficulty sitting and walking also need to use a wheelchair. The chair is propelled by the seated occupant turning the rear wheel by hand or by someone else pushing using the handles located behind the seat.

Protocol/Plan:

Kevin LaFrance received a Breezy EC Wheelchair 2000 Series on 9/20/2011. Kevin's primary physician ordered the manual wheelchair to be used as needed for travel, and to reduce the risk of falling. Kevin received a new wheelchair in 10/2018 from Lake Superior Medical Equipment, this wheelchair replaces his old wheelchair. It is also a 16" standard wheelchair with swing away detachable footrests. This wheelchair comes with a clasp type seat belt. Staff will push Kevin using the handles located behind the seat, he will not propel himself.

Unfolding the wheelchair:

- Place your right hand on the right wheel and grasp the wheel in your right hand.
- Place your left hand on the left wheel and grasp the wheel in your left hand.
- Pull your arms outward/apart and the seat will open as the chair unfolds. Do not unfold the chair by pulling on its arms because the arms are removable and could come off.
- When applicable, place the removable leg rests/footrest back onto the wheelchair by lining up the two holes on the footrest with the two knobs on the wheelchair. They are directly above the front wheels. If the leg rests/footrests have been removed, they will be stored in a bag that is hanging off the chair.

Folding the wheelchair:

- With both hands, gently pull up on the wheelchair seat and the chair will fold.
- Move the leg rests out of the way or fully remove them from the wheelchair. The chair will not be able to completely fold if the leg rests are in the way. If you remove the legs rests completely from the wheelchair, they must be placed in a bag and hung off the back of the wheelchair to avoid damage or becoming misplaced.

Pushing the wheelchair:

- Unlock the brakes by pulling both brake handles toward you.
- Hold onto the wheelchair push handles. They provide secure points for you to hold the rear of the chair and help prevent a fall or a tip over.
- Push Kevin on firm, even surfaces. Do not use the wheelchair in sand, loose soil, or over rough terrain. Use extra care on wet or slick surfaces.
- Begin pushing at a slow pace. This wheelchair does not have a seatbelt and Kevin could try to remove himself from the chair.

Warnings:

- Never leave Kevin sitting in his wheelchair while in a moving vehicle. Always secure him to an approved vehicle seat with proper seatbelts.
- If the wheelchair gets wet, dry it as soon as possible. Contact with water or excess moisture may cause the chair to rust or corrode.
- To prevent injury to your back, use good posture and body mechanics. When you support Kevin or tilt the chair, bend your knees slightly and keep your back as upright and as straight as you can.
- Always lock the rear wheel in place when Kevin is sitting in place and no longer being pushed. This will reduce the risk on a tip over.
- If the wheelchair is in need of repair, contact Lake Superior Medical Equipment at 218-727-0600 (Insurance will all a new wheelchair once every five years, Kevin will be eligible for a replacement chair in 10/2023.)

This protocol was approved by Dr. Ruggle and will remains approved unless there are changes to his protocol.

Monthly Weight Procedure

Name: Kevin LaFrance

Date of Review: 4/1/2022

Overview: The National Institutes of Health define healthy weight by BMI, which stands for body mass index. A healthy weight is considered to be one that is **between 19 and 25**. BMI is used to classify people as underweight, normal, overweight, or obese. It is a healthier way to measure a person’s weight because it takes into consideration a person’s height. An underweight person is a person whose body weight is considered too low to be healthy. Underweight people have a body mass index (BMI) of **under 18.5** or a weight **15% to 20%** below that normal for their age and height group.

Kevin’s primary physician has recommended for Kevin to be weighed on a monthly basis, and wants to be notified if Kevin weighs less than 95 pounds.

Procedure/Plan:

On the first day of each month. Kevin LaFrance will be weighed using the scale in the EBI Berkeley home. Kevin requires verbal and physical assistance to step onto the scale. Staff assistance will be provided to get an accurate weight. Assist Kevin with stepping onto the scale 2-3 times to recheck accuracy.

Notification:

Kevin LaFrance’s primary physician, **Dr. Ruggle** will be notified by telephone if Kevin’s weight is 95 pounds or less. **Essentia Health-Dr. Ruggle’s** phone number is 786-3500. If the first day of the month fall on a weekend, Dr. Ruggle will be notified on the following Monday. The EBI DM or DC will also be notified if Kevin’s weight is 95 pounds or less.

Documentation:

Record Kevin’s weight in his master files under the height and weight portion of his file. Kevin’s monthly weight will also be documented on the MAR. If notification is required due to Kevin’s weight becoming 95 pounds or less, staff will document the notification in Kevin’s medical notes including any follow-up information.

(Kevin may be prescribed Ensure based on the results of his weight check, or if he is currently drinking Ensure the order could be increased to multiple cans daily. EBI staff will record an new orders in medical notes and on the chorological medication list and obtain

Ensure from Falk's Pharmacy)
EBI DM: Sarah Hamilton
This protocol was approved by Dr. Ruggle and remains approved unless there are changes to the protocol.

Gait Belt Use	
Name: Kevin LaFrance	Date of Review: 4/1/2022
<p>Using the Gait Belt: Use as needed for walking long distances, shopping, at appointments, on uneven terrain</p> <ul style="list-style-type: none"> • Grasp the belt from its underside with your fingers pointing toward Kevin's head to assist with activities such as standing, turning and walking. • While walking with Kevin, walk behind and slightly to the side while holding onto the gait belt. • If Kevin loses his balance, use the belt to help him regain it. If you need to give more help with maintaining balance, use one hand on the shoulder as well as on the gait belt. • If Kevin begins to fall and you cannot prevent it, slowly lower him to the floor, using the gait belt to help control his decent. It is also helpful to let him "slide" down your leg if possible. • Use proper body mechanics to decrease the chance of hurting your back: bend your knees, keep back straight, tighten abdominal muscles to protect your back, lift using leg muscles, do not twist your body while moving or lifting • When you are done moving or walking with Kevin, remove the gait belt. 	
<p>Additional Information: Lake County DAC has requested that Kevin wear a gait belt every day to their program due to the difficulty he has transferring into and out of their van, into and out of the worksite, and as needed for mobility at the worksite. EBI staff will place a gait belt around Kevin's waist every morning before he leaves for Lake County DAC. Staff will assist Kevin with getting into and out of their vehicle. The gait belt will be removed when Kevin returns back to EBI. EBI staff can use the gait belt as needed for assistance with mobility and transferring into and out of the EBI vehicle, in the home, and in the community.</p>	
<p>EBI DM: Sarah Hamilton</p> <p>This protocol was approved by Dr. Ruggle and remains approved unless there are changes to the protocol.</p>	

Sensory Diet Protocol	
Name: Kevin LaFrance	Date of Review: 4/1/2022
<p>Overview: Sensory defensiveness is a term used to describe people who are over-responsive to sensory input and avoid or minimize their exposure to the sensations that are bothersome. Sensory Integration is the process your central nervous system goes through when it takes information in from your body's 8 senses, processes that information, and then responds accordingly. When one's central nervous system has difficulty processing any of this sensory information, the body's responses are atypical and can be observed in motor, language, or behavioral skill difficulties. Occupational therapists diagnose these atypicalities as Sensory Processing Disorder. A person who presents with SMD-SOR has a low threshold for sensory stimuli - meaning, it doesn't take much for him to be overwhelmed, overstimulated, irritated, or avoidant. This person is very sensitive to sensory stimuli. This over-responsivity can be referred to as "sensory defensiveness" because the person often <i>defends</i> himself (emotional or behavioral response), avoids, or tries to minimize the exposure to these sensations. Sensory defensiveness can be seen in any or all sensory systems and the person will avoid or become irritated by sensations, eliciting a physiological response that is referred to as "fight, fright, flight." The best way to address sensory defensiveness is with a comprehensive, well-designed sensory diet that proactively supports your child's sensory systems. It is best to consult your occupational therapist (OT) for a sensory diet plan that is tailored to the person's individual needs, especially surrounding sensory defensiveness. Within a sensory diet for sensory defensiveness, many occupational therapists will provide a recipe of deep touch pressure or proprioceptive activities that can include the Wilbarger Therapressure Protocol. This therapeutic brushing program applies deep pressure touch input (not light touch) using a specialized plastic bristle brush to the arms, legs, back, hands, and feet.</p>	
<p>Sensory Diet Protocol for Kevin LaFrance: Kevin will receive a sensory diet two times per day at 8am and 8pm. In addition, Kevin will receive a dose of pressure touch and joint compression before, during, and after challenging activities. Challenging activities involves lots of people, disorganization, confusion, noise, unpredictable sensations, sensations that Kevin doesn't like, quick or rushed pace, interruptions, discomfort, and/or lots of different demands/requests.</p>	

Directions for Brushing and Joint Compressions:

- Brush top of arm from shoulder to elbow, back and forth 10 times. Break contact each time.
- On the same arm, brush from elbow to wrist on top of the forearm, back and forth 10 times. Break contact each time. Avoid the underarms.
- Brush top of back, back and forth 10 times. Break contact each time. Avoid the lower back.
- Move to the other arm and repeat steps 1 and 2.
- Move to the outer thigh, brush from outer thigh to knee. Break contact each time. Avoid inner thigh.
- Move to other thigh and repeat.
- Follow with joint compressions. This is done by gently pushing together from both sides of where the targeted joint comes together. Pressure is never applied to the point of hurting in either brushing or joint compression, only to offer sufficient stimuli to the central nervous system
- 10 Joint compressions to both wrist
- 10 Joint compressions to both elbow
- 10 Joint compressions to both shoulders.

Documentation:

Record on Kevin’s MAR. Initial the front of Kevin’s MAR upon completion of sensory integration at 8am and 8pm. In addition, Kevin will receive a dose of pressure touch and joint compression before, during, and after challenging activities. Record additional sensory integration on the PRN side of the MAR. If Kevin refuses to complete sensory integration, document “R” for refuse on the MAR, and complete medical notes and a medication treatment error form and turn the form into your supervisor.

EBI DM: Sarah Hamilton

This protocol was approved by Dr. Ruggle and remains approved unless there are changes to the protocol.

Mechanical Soft Diet Policy & Procedure

Name: Kevin LaFrance

Date of Review: 4/1/2022

Overview:

If you’re on a **mechanical soft diet**, you will eat foods that require less chewing than on a regular diet. You can eat foods with different textures and thicknesses, including chopped, ground, and puréed foods.

Cooking and Preparation Tips:

- Use tools such as a blender, food processor, food chopper, grinder, or potato masher to prepare foods for this diet.
- Use gravies, sauces, vegetable or fruit juice, milk, half-and-half or water from cooking to moisten foods when blending, chopping, grinding, or mashing them.
- Serve foods with gravies or sauces to moisten them and to add flavor.
- Serve soft, moist casseroles and fish, meat, or egg salads without large chunks of meat or vegetables.
- Serve soups with small pieces of easy to chew and easy to swallow meats and vegetables.
- Cover bread products such as pancakes or bread slices with sauce, gravy, or syrup, then mix the two items until the bread product begins to dissolve into a slurry.
- Add dry milk powder to foods to increase the calories and protein in this diet.
- Prepare quantities of favorite food items and freeze them in portion sizes for use later.
- Reheat foods carefully so that a tough outer crust does not form on them.
- Avoid sticky foods such as peanut butter, and chewy candies such as caramel, toffee, and licorice.
- Vegetables should be cooked tender enough to be easily mashed with a fork.

How to Prepare Diced Meat and Vegetables:

- All food must be in pieces that are no larger than ¼ inch.
- Cut meat or veggies into strips that are ¼ inch or less.
- Turn and cut every ¼ inch or less.
- You will want to be sure that all cubes are smaller than ¼ inch.

Foods to avoid:

If a food is difficult to chew, you should avoid it when on a mechanical soft diet. Some of these include foods containing nuts or seeds, tough meats, hard and thick breads, raw fruits and vegetables and dried fruit.

Allowed foods:

Foods allowed on the mechanical soft diet include milk, yogurt, cottage cheese, ice cream, cheese, tender meats, tuna salad, meatloaf, meatballs, eggs and egg salad, smooth peanut butter, casseroles, juices, bananas, melons, applesauce, berries, soft, cooked or pureed vegetables, tomato soup and juice, soft breads, hot cereal, noodles, rice pancakes and waffles.

EBI DM: Sarah Hamilton

This protocol was approved by Dr. Ruggle and remains approved unless there are changes to Kevin's diet protocol

I, (print name) _____ have been trained on how to prepare a mechanical diet. I understand the written instructions above when and I will follow the above training information as written.

Staff Signature: _____ **Date:** _____

Trainer: Sarah Hamilton, CMA

Reviewed by: Dr. Ruggle, Essentia Health, 4/1/22

Protocols - Seizure Protocol			
Name: Kevin LaFrance		Date of Review: 3/1/2021	
My Seizure Response Plan			
Name: Kevin LaFrance		Date of Birth: 4/1/1955	
Address: 4760 Berkeley Road, MN 55811		Phone: 218-723-2308	
Emergency Contact: Sarah Hamilton		Phone: 218-624-3122	
Seizure Information			
Seizure Type	What Happens	How long it lasts	How Often
Unknown	Unknown	Unknown	Unknown
Triggers			
Unknown, History of seizures in 1963 and 1964 per admission data			
Daily Seizure Medicine			
Medication Name	Total Daily Amount	Amount of Tab/Liquid	How Taken Time of each dose and how much
Phenytoin (Dilantin)	230mg	100mg, 30mg	7:30pm total of 230mg
Seizure First Aid:			
Keep calm, provide reassurance, and remove bystanders. Keep airway clear, turn on side if possible, nothing in mouth. Keep safe, remove objects do not restrain. Time, observe, record what happens. Stay with the person until recovered from seizure.			
Post Seizure Care:			

Explain to Kevin what has happened, allow him to rest as needed. Administer First-Aid as necessary.

Call 911 if:

- ❖ Generalized seizure longer than 5 minutes
- ❖ Two or more seizures without recovering between seizures
- ❖ “As needed” treatments don’t work
- ❖ Injury occurs or is suspected, or seizure occurs in water
- ❖ Breathing, heart rate or behavior doesn’t return to normal
- ❖ Unexplained fever or pain, hours or a few days after a seizure

Documentation:

- ❖ Staff will fill out a seizure report form and submit the form to EBI house supervisor.
- ❖ Staff will document in Kevin’s Health Progress Notes information relating to the seizure activity observed or reported, including post care provided.
- ❖ If medical assistance is requested from outside of Kevin’s residence, staff will immediately complete an incident report with the required information and will notify the EBI PD, DM, and/or DC, and other members of Kevin’s support team immediately.

Health Care Contact

Neurologist: Essentia Health Phone: 218-786-3925

Preferred Hospital: St. Mary’s Hospital Phone: _____

Primary Care: Dr. Ruggle Phone: 218-786-3500

Pharmacy: Falk’s Pharmacy Phone: 218-740-2650

Special Instructions: Contact EBI’s DM, Sarah Hamilton if a seizure occurs or there was a report of Kevin having a seizure.

EBI DM: Sarah Hamilton

This protocol was approved by Dr. Ruggle and remains approved unless there are changes to Kevin’s seizure protocol

HEALTH CARE PROVIDER APPOINTMENT/IMMUNIZATION SCHEDULE –

Name: Kevin LaFrance **Date Completed:** 4/1/2022

Note - Also refer to Kevin’s progress reviews for most up to date schedule.

Appt Type: Physical and Lab **Frequency:** Annually or as scheduled
Most recent exam date: 12/17/21
Appt due: 6 months to 1 year
Appt date: 12/2022 TBD
Special instructions: Fasting for lab
Provider Contact: Dr. Ruggle Essentia Health-West Duluth 4212 Grand Ave Duluth, MN 55807 Tel: 218-786-3500

Appt Type: Dental Exam **Frequency:** Semi-Annually
Most recent exam date: 2/25/22
Appt due: 6 months
Appt date: 8/2022 TBD
Special instructions: Call in June or July to schedule next appt
Provider Contact: Central Lakes Community Dental Clinic 501 W College Dr Brainerd, MN 56401 (218) 855-8272

Appt Type: Ophthalmology **Frequency:** Annually or as recommended
Most recent exam date: 11/21/2019
Appt due: 1 year
Appt date: TBD due to mask mandate
Special instructions:
Provider Contact: Relf Optical, Dr. Graham 4413 Airbase Road Duluth, MN 55811 218-720-3553

Appt Type: Neurology **Frequency:** Annually or as recommended
Most recent exam date: 12/13/2021
Appt due: 1 year
Appt date: 12/2022
Special instructions:
Provider Contact: Linda Anderson 400 E 3rd St Duluth, MN, 55805 218-786-3233

Appt Type: Fecal Testing **Frequency:** Annually or as recommended
Most recent exam date: 6/5/2021
Appt due: 1 year
Appt date: 6/2022 TBD
Special instructions:
Provider Contact: Dr. Ruggle Essentia Health-West Duluth 4212 Grand Ave Duluth, MN 55807 Tel: 218-786-3500

Immunization Schedule

This is a list of immunizations that your clinic has on file for you.
Dr. Ruggle Tel: 218-786-3500

Influenza Unspecified Formulation	10/14/2020; 10/29/2021
Pneumovax 23	2/11/2003; 12/16/2020
TD >7yrs With Preservative	7/20/2018; 7/21/2008; 4/21/1998; 9/16/1994
Zoster Shingrix 2 Dose (Shingles)	02/19/2020; 8/12/2020
Moderna 015M20A	2/5/2021; 3/5/2021; 11/29/2021

One Page Profile – Section F
Kevin LaFrance



What people like and admire about me

- My energy
- My smile
- My laugh
- My strength
- My determination
- My ability to communicate, and learn new words and names
- My kindness
- Affectionate

What's important to me

- My family and my staff
- Staying healthy and taking my medications
- Going out in the community
- Having time to rest and relax
- Structure and routine
- Outdoors and sunshine
- Praise and affection
- Calm environments
- Caregivers that I am familiar with
- Having my washcloth
- Rides in the van
- Treats & Snacks

How to best support me

- Help me with calming techniques and provide a calm environment.
- Provide structure and routine
- Provide verbal and physical assistance
- Talk to me, sing to me, read to me
- Be knowledgeable of my medical needs, help me with medication and medical visits
- Provide me with opportunities to go outdoors, go on walks, go on van rides, and to get out in the community.
- Help me attend work each weekday, and give me a snack every day after work
- Keep me dry and clean
- Give me direction in a manner that I can understand
- Help me participate in activities that I enjoy such as playing catch, playing games, craft projects, listening to music, going outdoors.

Positive Support Strategies

Person's Name: Kevin LaFrance

What Are Positive Support Strategies

A strength based strategy based on an individual assessment that emphasizes teaching a person productive and self-determined skills or alternative strategies and behavior without the use of restrictive interventions.

Strengths:	Needs:	Preferences:
<ul style="list-style-type: none"> • Willing to accept assistance • Happy, easy to please, good spirited 	<ul style="list-style-type: none"> • Routine • Health & medical needs met • Personal safety needs met, • Assistance with activities of daily living, • Trusting support staff 	<ul style="list-style-type: none"> • Staff assistance, • Engaging in activities that he enjoys • Quiet and calm environment

How can we help Kevin day to day:

EBI staff can help Kevin with his day to day needs by providing Kevin a structured environment and having one staff assigned to him to meet his daily needs. Kevin likes to follow a typical schedule of getting up in the AM, having his hygiene and grooming needs met throughout his day, having 3 meals a day with snacks, having opportunities for community engagement, car rides, sitting outside in the summer, having material to hang onto, and having opportunities to stand in certain areas of his home to relax and observe. Kevin likes to end his day around 9pm and get tucked in by support staff. Staff will help Kevin follow his ideal schedule to help him.

Through out Kevin's day he may have situations that trigger him to become angry, excited, or demonstrate some anxiety. Kevin may be seen running through the home, grabbing others and not wanting to let go, yelling out, stripping his clothes, and non compliance to staff requests. Staff should always stay calm during this time. When addressing Kevin, talk to Kevin clearly, confidently and state expectations. Avoid loud environments or multiple people when in situations.

Crisis Planning

The crisis framework is comprised of five stages (calm or ideal, trigger, escalation, crisis, and recovery)

Stage:	What it looks like:	Positive Support Strategies to Try:
<p>Calm or Ideal Stage: This stage indicates what typical or calm functioning would look like for person. "Calm or ideal" varies for every person and/or event.</p>	<ul style="list-style-type: none"> • Smiling • Engaging in chosen activity • Sitting on couch • Resting in bed • Standing by window • Rocking body • Fidgeting 	<ul style="list-style-type: none"> • Continue to talk to Kevin and engage him in a chosen activity. • Offer activities for Kevin to participate in.
<p>Triggers This stage indicates situation, words, people, decisions, critical periods, biological event, or condition, etc. that can set a person toward a crisis. Triggers are antecedent events that lead to a behavior.</p> <ul style="list-style-type: none"> • Activities that Kevin enjoys coming to an end; • Transitional times between home and work; • Too much noise and 	<ul style="list-style-type: none"> • Rocking body • Repetitive pulling on shirt collar • Repetitive pulling on zipper and buttons of clothing. • Rubbing hands together • Rubbing saliva 	<ul style="list-style-type: none"> • Avoid loud noisy areas and areas with too much activity or too many people. • Avoid change in routine, if possible. • Give ample time to prepare for outings, appointments, and work. • Turn soothing music on, set out a small snack and/or drink at the table and redirect him to the table. • Offer to sit on the couch with Kevin and read him a book or sit next to him and hold hands. • Offer personal head phones. • Offer washcloth.

<p>activity, and multiple people;</p> <ul style="list-style-type: none"> • New caregivers; • Change in routine; • Soiled briefs; • Unable to locate hat; • Redirection, asking him to stop may trigger him to escalation; • Pain, illness, injury; • Hunger, thirst 		<ul style="list-style-type: none"> • Offer ball to hold onto.
Stage:	What it looks like:	Positive Support Strategies to Try:
<p>Escalation</p> <p>Behaviors that typically emerge after a trigger and before a crisis</p>	<ul style="list-style-type: none"> • Grabbing others hair and clothing. • Knocking objects over • Throwing objects • Slamming bedroom door • Stripping clothes • Stripping of bedding (blankets or sheets & blankets) • Stiffening body and refusal to move • Continue to grasp others hair and clothing and refuse to let go • yelling out 	<ul style="list-style-type: none"> • Remain calm, remind Kevin that he is okay. • If possible, direct Kevin to a quiet area, away from noise and activity. • Calmly ask Kevin to let go of others hair and clothing. • Offer an alternative item to grasp. • Brush Kevin's back and arms with his sensory brush • Offer reassurance • Ask Kevin to let go of others, offer him something else to hold onto in its place
<p>Crisis</p> <p>Crises often endanger someone's health and safety, an intervention is typically necessary.</p>	<p>EBI has not observed Kevin go into a crisis in which her health and safety was in danger. Kevin has not endangered other's health or safety. Kevin does not have a history of displaying regular physical aggression towards his staff or housemates.</p>	<ul style="list-style-type: none"> • When a crisis stage poses a risk of injury to Kevin and all intervention methods have failed, the crisis becomes an emergency safety situation. EBI does not use Emergency Use of Manual Restraint, staff are directed to call 911.
<p>De-escalation/Recovery</p> <p>Refers to the period just after a crisis as people or events are on their way back to calm or ideal phases. The goal of recovery stage is to assist a person in returning to calm or ideal stage.</p>	<ul style="list-style-type: none"> • Smiling, engaging in chosen activity • sitting on couch • resting in bed • standing by a window • rocking body 	<ul style="list-style-type: none"> • Keep noise level low. • Offer to participate in an activity that Kevin enjoys.
Semi-Annual Review		
<p>Revisions/updates: See highlighted areas, if any</p> <p>Person Completing review with : Sarah Hamilton, Lisa Sawyer</p> <p>Date Completed: 10/1/2022</p>		

Person Centered Plan
<p>Person's Name: Kevin LaFrance</p> <p>Date of Review: 10/1/2022</p>

Persons assisting the individual with supporting questions: Sarah Hamilton, Lisa Sawyer, direct care staff members

Getting to know me

Tell me a few things you would like people to know about you:

Staff observation: Kevin has lived at EBI since 1991, he likes being around familiar people. He loves music, car rides, and sitting in the sunshine. Kevin can say a few words and understands a lot of communication. Routine is important to him.

How do you like to spend your time: _

Staff observation: Kevin likes to spend his time being outside when possible. He likes meal and snack times, he enjoys going for van rides, and listening to music. Kevin enjoys having books read to him.

What are some things you are good at?

Staff observation: Kevin is good at following a routine, participating in art and music activities, following some directions, helping him with his hygiene cares, feeding himself, drinking from a sippy cup, bringing his dishes to the sink, learning new words, participating in medication administration.

What are things you are proud of?

Staff observation: Having good health, his room, his possessions, having the things he likes, and being able to participate in activities he enjoys, learning new words.

Housing Preference, Where I want to live

Do you like where you live:

Staff observation: Yes.

What would you change:

Staff observation: Kevin would most likely not want to make changes to his home. He may want to have a few new things in his room occasionally, new clothes, new bedding.

Do you want to continue to live here or do you want to move?

Staff observation: Kevin wants to continue living at EBI, it is his home, and he knows it well and likes his housemates.

If you want to move, what kind of help would you like to have:

Staff observation: NA

What I want my life to be like

What is important to you? What matters most to you?

Staff observation: Family, staff, people and places that Kevin is familiar with, staying healthy, going out in the community, time to rest and relax, structure and routine, outdoors and sunshine, praise and affection, calm environments, sensory, music, having my washcloth or sock to hold, van ride.

What is important for you? What is important for you regarding your health and safety?

Staff observation: taking medication, staying healthy, follow a healthy diet, having a familiar routine, calm environments, staff familiar to Kevin.

Describe a really good day for you:

Staff observation: A good day for Kevin would include being around people that he is familiar with, going on car ride, going to an event with music, having a good meal and deserts that are also easy to eat, having nice weather and sunshine and the ability to be outdoors, wearing clothing that he likes.

Describe a bad day for you:

Staff observation: A bad day for Kevin is when there is too much noise, when he feels overly stimulated, When the weather is bad and he can't go outside, pain, illness, injury, discomfort, hungry, feeling wet, not being changed in timely manner, not having his jeans.

How do you feel about having to make changes to your typical day, what kind of changes have you had to make:

Staff observation: Kevin can get upset, he may refuse to move his body or grab onto objects and not let go. He may yell out. Kevin may have to stop an activity, before he is ready to. Kevin may have to make changes to his environment or leave his home environment to attend an appointment or outing. He does not like when car rides come to an end and may refuse to leave the vehicle.

What are some activities that you enjoy doing at home or in the community, what are things you like to do for fun?

Staff observations: Sitting outdoors, going shopping, out to eat, going on rides, listening to upbeat music, looking out the window, being read to, sung to, playing games, sensory activities, drawing, interactive devices

Are there any new activities that you would like to try, or an activity that you use to do that you would like to try again?

Staff observation: Kevin really enjoyed Chester Bowl's Music in the Park and he would probably like to try it again next summer. Kevin may want to go on a boat ride (Vista) or on a train ride.

Do you have religious and/or cultural practices that are important to you?

Staff observation: Kevin seems to enjoy birthday and holiday celebrations, including food, gifts, holiday lights and décor. He has attended many holiday and birthday parties over the years.

Who are the people who are closest to you, people you rely on and know you the best (these are people you can hardly imagine living without, examples- family, housemates, caregivers):.

Staff observation: Kevin's staff, case manager, guardian, family members.

Who are the people who know you well (example - people who you can call on when you need them and people can call on you for help):

Staff observation: Kevin's staff, case manager, guardian, family members.

Who are the people in your life that you might see regularly that have similar interests or people in common with you:

Staff observation: Kevin's housemates, housemates from other EBI homes

What are some characteristics of people you like to spend time with:

Staff observation: Kind, respectful, polite, calm, upbeat tone of voice, friendly, trustworthy, compassionate, responsible, someone who follows routines, and establishes boundaries. Kevin does well with people he is familiar with.

Are you working in the community, if so, is this something you like doing or would you like to make a change?

Staff observation: Kevin is not working in the community.

If you are not working in the community, is this something that interests you or you would like to pursue? What would you like to do?

Staff observation: Kevin is not interested in working in the community. He would probably like to return to Lake County DAC, if given the opportunity.

My Health

How is your health, Do you have any health concerns? Or concerns not being addressed?

Staff observation: His health seems stable at this time, Kevin does a really good job taking his medications every day.

Are there any health goals that you are working on now or want to work on:

Staff observation: Kevin appears happy working on his current goals.

What type of help, if any, is needed to achieve your health goals:

Staff observation: Verbal cues to physical assistance with his daily routine.

My Dreams and Aspirations

What are your desires, wishes, and dreams for yourself:

Staff observation: Kevin's dreams and goals are to live a long life, stay healthy, and participate in events and activities that bring him pleasure. Kevin may want to return to Lake County DAC.

Are there any aspirations, wishes, and dreams that you are pursuing right now:

Staff observation: Kevin has goals that he is currently working on.

What is something that you would like to try or learn:

Staff observation: Kevin may want to continue to increase his communication skills, experience activities in the community.

Are there any dreams or aspirations that you would like to make into a goal:

Staff observation: Continue current goals

When considering new goals, is there anything in your history and/or cultural background that should be considered to assist you with accomplishing the new goals?

Staff observation: Kevin has lived at EBI since 1991.

People who help me

Who is helping you now:

Staff observation: Kevin's staff, family, case manager, legal guardian, housemates occasionally provide assistance.

Who do you want help from?

Staff observation: Kevin's staff, family, case manager, legal guardian.

Describe the qualities of a support person that you really like:

Staff observation: Kind, caring, supportive, patient, upbeat, positive attitude, dependable, and confident.

What do you need help with each day:

Staff observation: Kevin needs help with most all tasks throughout the day.

How do you want staff to help you with your daily needs? (For example: remind you, help make a check list, do it with you, etc.)and when would you like to receive this help?

Staff observation: Verbal to physical assistance.

How do you want staff/others to support you in having fun?

Staff observation: Bring Kevin places, spend one on one time with Kevin.

How do you want staff/others to support you in getting your dream life or what matters most?

Staff observation: Keep Kevin happy and comfortable.

How do you want staff/others to help you with your health and safety needs?

Staff observation: Give Kevin his medications, bring him to the doctors on a regular basis.

How do you want staff/others to help you in doing things in your community that you enjoy?

Staff observation: Find things that Kevin would enjoy and then bring him to those activities, continue to bring Kevin to the activities that he enjoys in his community.

How can staff/others help you stay in contact with the people in your life?

Staff observation: Help Kevin stay in contact with his family, make plans on his behalf.

How can staff/others help you learn something new?

Staff observation: Kevin learns best in a calm environment, being provided with physical assistance or hand over hand assistance, following routine, being reassured, and by repetition.

How can staff/others help you to have more good days than bad?

Staff observation: Provide Kevin with a calm environment, stay in routine, and avoid challenging activities when possible.

Offer activities that Kevin enjoys. Help Kevin stay clean, dry, and comfortable.

What does respect look like to you, how do you want to be treated?

Staff observation: Kevin wants to be treated with respect and dignity.

Team Review:

Based on the above responses please think about any recommendations that you have for the goals and outcomes for the individual based on their interests, preferences, daily needs, etc.

EBI is recommending for Kevin to continue his current goals.

He is doing very well participating in making art projects in his home environment with assistance from staff to play interactive games and listen to music.

Emergency Plan

Name	Kevin LaFrance
DOB	4/1/1955

Hospital:	St. Mary's
Primary physician:	Dr. Ruggle
Allergies:	None Known
Medical devices / protocols	<ul style="list-style-type: none"> • Seizure plan • Wheelchair/gait belt • Soft diet with adaptive spoon and plate
Medication List:	<ul style="list-style-type: none"> • Vitamin D3 50 MCG, 1 tablet daily, increase Vitamin D level • Glycopyrrol 2mg, 1 tablet twice daily, reduce secretions • Atorvastatin 40mg, 1 tablet daily, lower cholesterol • Phenytoin Ex Cap 100mg, Take two capsules by mouth at bedtime, take with 30mg Dilantin capsule. • Dilantin 30mg at bedtime, take one capsule by mouth daily, seizure control
Diagnosis:	<ul style="list-style-type: none"> • Advanced periodontal disease, missing several teeth- On Mechanical Soft Diet effective 1/9/2019 • Chronic drooling • Mixed hyperlipidemia, History of abnormal results of liver function study • Pruritic dermatitis • Seizure Disorder • Sensory Defensiveness • Spastic Quadriplegia • Vision impairment (Coloboma-left eye, Aphakia-left eye, Pseudophakia-right eye, Myopic Degeneration-both eyes) • Vitamin D deficiency
Level of Care:	Requires physical assistance with all cares
Mobility	Independent at home; Uses wheelchair with lap belt when in the community
Toileting:	Requires physical assistance; wears attends; toileting program every 2 hours
Diet:	Soft diet
Feeding:	Bite size, can feed self
Communication:	Non verbal
EUMR:	No restraint use
Legal Guardian:	Mary Holschuh, 218-525-6463
Group home staff contact:	Lisa Sawyer 218-355-1529 or 218-624-3122 Sarah Hamilton 218-393-8162 or 218-624-3122

ADMISSION FORM AND DATA SHEET – Section G

*This form will be updated as at least annually and when changes are made. Dated signatures are obtained at least annually.

Personal Information

Name: Kevin LaFrance

Middle

Date of birth: 4/1/1955

Initial: J

Address: 4760 Berkeley Road, Hermantown, MN 55811	Home telephone number: 218-723-2308
Cell phone number: NA	Email address: kf4155@yahoo.com
Date of admission or re-admission: 4/15/1991	Language(s) spoken: English
Guardianship type (self, private, public): State	Religious preference: Catholic Family
Marital status: Single	Employment/Day Program: Lake County DAC
Social Security Number (SSN): 468-66-8189	County of responsibility: St. Louis County
DNR order: No	Health Care Directive: No
Mother's Maiden Name: Chapinski	
Identifying characteristics	
Gender: Male	Race: White
Height: 4'6"	Weight: 110
Hair color: Gray	Eye color: Brown
Distinguishing characteristics/identifying marks: very limited vocabulary, missing several teeth, slightly crooked nose, short in stature	
Financial and insurance information	
Rep Payee: Sarah Hamilton SS Survivors; Medicare	Banking: SCCU
County of financial responsibility: St. Louis	Medicare #: 5J26-HV7-GK49 Hospital Part A - 5/1/92 Medical Part B - 5/1/92 MA ID # - 00513622
Funding source: SS Survivors Benefit	Medicare Beneficiary Program (QMB)
PMI number: 00513622	Waiver type: DD
Burial: Cremation Society of MN	Burial: MetLife; Policy: 550508592
Medical information	
Medication Orders	Allergies: No Known Allergies
<ul style="list-style-type: none"> Vitamin D3 50 MCG, 1 tablet daily, increase Vitamin D level Glycopyrrol 2mg, 1 tablet twice daily, reduce secretions Atorvastatin 40mg, 1 tablet daily, lower cholesterol Phenytoin Ex Cap 100mg, Take two capsules by mouth at bedtime, take with 30mg Dilantin capsule. Dilantin 30mg at bedtime, take one capsule by mouth daily, seizure control 	
Current Treatment Orders:	
<ul style="list-style-type: none"> Monthly weight monitoring, notify Dr. Ruggle if weight reaches 95 pounds or less; Sensory Integration; Manual wheelchair as needed for travel and mobility; Mechanical Soft Diet 	
Chronic medical conditions	
<ul style="list-style-type: none"> Spastic Quadriplegia; Seizure Disorder; Mixed hyperlipidemia, History of abnormal results of liver function study; Chronic drooling; Vitamin D deficiency; Advanced periodontal disease, missing several teeth- On Mechanical Soft Diet effective 1/9/2019; Pruritic dermatitis; Sensory Defensiveness; Vision impairment (Coloboma-left eye, Aphakia-left eye, Pseudophakia-right eye, Myopic Degeneration-both eyes) 	
Last Tetanus: 7/20/2018	
Protocols (seizure, diabetic, etc.): Seizure Monitoring; Monthly Weight Check; Sensory Integration; Manual Wheelchair Protocol; Gait Belt Protocol; Mechanical Soft Diet	
Surgical history: Rt eye cataract surgery 8/2002	
Medical equipment, devices, or adaptive aides or technology used: gloves; briefs; under pads; Grab Bar; Wheelchair; Adaptive Aids for Feeding self; Food Blender-For Mechanical Soft Diet; Medication Alarm; push buttons	
Specialized dietary needs: Mechanical soft diet	
Contact Information	
Name	Address and telephone numbers
Legal representative: Mary Holschuh	218-726-2074 320 W 2 nd Street Duluth, MN 55802

Primary Emergency contact: Mary Holschuh	218-525-6263- Emergency Cell Phone
Emergency contact: Sarah Hamilton	218-393-8162 625 North 56 th Ave West, Duluth, MN 55807
Case manager: Britt Miller	218-726-2198 320 W. 2 nd Street Floor 7E Duluth, MN 55802 218-269-0977 (cell) millerb@stlouiscountymn.gov
Financial worker: St. Louis County	218-733-2727 320 W. 2 nd Street Duluth, MN 55802
Residential contact: Amber Dumas	218-723-2308 4760 Berkeley Road Duluth, MN 55802
Financial Institution: SCCU	1-800-569-4167 4125 Grand Ave & 4161 Haines Road
Rep Payee: Sarah Hamilton	218-393-8162 625 North 56 th Ave West, Duluth, MN 55807
Vocational contact:	
Family Member: Ann Ogg (Sister)	218-969-8169 3831 Lauhala Road, Hibbing, MN 55746
Family Member: Jeanine Hubbard (Sister)	763-545-6314 3964 Virginia Ave N New Hope, MN 55427
HEALTH-RELATED CONTACT INFORMATION	
Name	Address and telephone numbers
Primary health care professional: Dr. Ruggle	218-786-3500 4212 Grand Avenue Duluth, MN 55807
Lab: Essentia Health West Duluth Clinic	218-786-3500 4212 Grand Avenue Duluth, MN 55807
Dentist: Central Lakes Community Dental	218-855-8272 501 West College Drive
Optometrist/Ophthalmologist: Relf Optical	218-722-3215 4413 Airbase Rd Hermantown, MN 55811
Neurologist: Essentia Health	218-786-3925 400 East 3 rd Street, Duluth, MN 55805
Primary Pharmacy: Falk's Nursing Services	218-740-2650 221 E 14 th Street, Duluth, MN 55811 fax 740-3443
Hospital of preference: St. Mary's	218-786-1619 407 E 3 rd Street, MN 55805
Urgent Care- St Luke's Denfeld Medical Clinic	218-249-6888 4702 Grand Ave Duluth, MN 55807
Urgent Care- St Lukes Miller Creek	218-249-5700 4190 Loberg Ave Hermantown MN 55811
Urgent Care- Essentia Health West Duluth (Sat-Sun)	218-786-3336 4212 Grand Avenue Duluth, MN 55807
Urgent Care- Essentia Health Downtown	218-786-8364 400 East 3 rd Street Suite A, Duluth, MN 55805
Lake Superior Medical Equipment: Monthly order: briefs, under pads gloves	218-786-8364 400 East Third Street, Duluth, MN 55805
MSHO Care coordinator: Amy.pacholsky@essentiahealth.com	218-576-0846

Person served and/or legal representative

Date

CSSP Addendum Signatures of those reviewing and/or participating in the development of this plan

This plan also serves as the

- CSSP Addendum
- Desired outcomes,
- Self-Management Assessment and Plan,

- Individual Abuse Prevention Plan,
- Health Needs Assessment plan and protocols,
- Person Center Plan,
- Positive Support Strategies, and
- Data Sheet.

Name	Signature	Title	Date
Kevin LaFrance		Person	
Mary Holschuh		Legal Representative	
Britt Miller		Case Manager	
Sarah Hamilton		Licensed Provider Contact:	
		Licensed Provider Contact:	
		Other Support Team Member (name and title):	

Coordinated Service and Support Plan Addendum Staff Review Sign Off

Date: 11/4/2022

CSSP Addendum Staff Review

Directions: Review the attached CSSP Addendum plan. Read the entire plan and sign below after your review. During the review, the following information was updated in the persons CSSP Addendum:

- ~~CSSP Addendum~~
- ~~Desired outcomes,~~
- ~~Self-Management Assessment and Plan,~~
- ~~Individual Abuse Prevention Plan,~~
- ~~Health Needs Assessment plan and protocols,~~
- ~~Person Center Plan,~~
- ~~Positive Support Strategies, and~~
- ~~Data Sheet.~~
- CSP / CSSP

Name	Signature	Date:
Sarah		
Lisa		
Amber		
Amanda		
Erron		
Jackie		
Kim		
Destiny		
Jennifer		

**CSSP Addendum Knowledge Test
Person - Kevin L**

1) How long can Kevin be unsupervised in his home for: _____

2) How do you serve Kevin a meal so that he does not choke or have eating difficulties: _____

3) Kevin has a risk for falling, what would you do if Kevin fell but did not require emergency services:

4) What time does Kevin take his medications: _____

5) It is medication time, how would you prepare Kevin's medication for administration: _____

6) You are going out in the community with Kevin, will you be using a gait belt, wheelchair or walker, is this correct: _____

7) Kevin requires assistance in the restroom and wears adult briefs, what kind of bathroom schedule should you follow: _____

8) Kevin has a tendency to strip his clothing. Kevin does best with leaving his clothes on daily when he is dressed in what type of clothing: _____

9) Kevin relies on staff support to keep his private space clean. What do you think your mandatory responsibilities are each morning and as needed: _____

10) Kevin likes to hold onto things everyday. What should you make sure Kevin has access to: _____

I have read Kevin's CSSP Addendum and have completed any assigned training. I understand my responsibilities related to caring for him.

Signature

Date