



SUPPORT PLAN ADDENDUM – INTENSIVE SUPPORT SERVICES

Name of person served: Ramona (Mona) Bassett

Date of development: 10/04/22

For the annual period from: October 2022-2023

Name and title of person completing the *Support Plan Addendum*: Leah Ference, Designated Coordinator

Legal representative: Jessica (Meyer) Rahn / Guardian

Case manager: Sarah Maurice, Southwest Health and Human Services

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 *Support Plan Addendum*.
- Before providing 45 days of service or within 60 calendar days of service initiation

Annually, the support team reviews the *Support Plan Addendum*.

Services and supports

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

Hope Haven provides residential services, including activities of daily living, community activities, assistance with learning appropriate behavior management skills

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*):

Outcome #1: At least one time daily, Mona will participate in a household chore of her choice, for 50% of opportunities in the review period.



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

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made: The team does not wish to pursue additional technology for Mona at this time.



Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment (SMA)* and the requirements of person centered planning and service delivery. For each area a person is not able to self-manage as assessed in the SMA, please write a description of how staff will support them:

Allergies (state specific allergies): pyrazolones, salicylates, ASA (aspirin) and Ansaid (flurbiprofen): These allergies are noted in Mona's file. Staff will share this information with medical personnel.

Seizures (state specific seizure types): generalized tonic-clonic - last one was in 2004; also has staring spells that may not be seizure-related: Staff will follow Mona's seizure protocol: call 9-1-1 for any generalized tonic-clonic seizure or if Mona is unresponsive during a staring spell for longer than 5 minutes. Staff stay with Mona while she is bathing.

Choking: Staff will be in the same room when Mona is eating. Staff will verbally prompt Mona as needed to slow down and swallow before taking the next bite as needed.

Self-administration of medication or treatment orders: Staff are trained in medication administration and will administer Mona's medications as prescribed.

Preventative screening: Mona's family will take her to all appointments.

Medical and dental appointments: Mona's family will take her to all appointments.

Other health and medical needs (state specific need): bruises easily: Staff do a visual check of Mona when she takes her daily bath. Staff document any observations.

Other health and medical needs (state specific need): may not report pain: Staff encourage Mona to use her verbal communication. Mona will occasionally state that she is hot or thirsty. Staff observe Mona for signs of illness or injury, especially when she displays changes in behavior. Staff will provide first aid, as needed.

Other health and medical needs (state specific need): recurrent (hip) bursitis: Staff observe Mona for changes in her behavior or gait that may indicate bursitis pain. Staff will relay observations to the guardian for follow-up. Staff administer medications or treatments as prescribed.

Other health and medical needs (state specific need): hypothyroidism: Mona's family help her monitor her medical conditions. Staff administer medications as ordered.

Risk of falling (include the specific risk): palsy (walks with uneven gait): Staff walk near Mona over irregular terrain and provide verbal prompts to watch for hazards or physical assistance as needed. In the event of a fall, staff will check Mona over for signs of injury. Staff will notify the guardian if injury is suspected.

Regulating water temperature: Staff will test the water by feel before Mona gets into the bath. Staff stay with Mona due to her risk of seizures.

Community survival skills: Staff are with Mona while in the community. Staff verbally prompt Mona as needed to act safely.

Water safety skills: Staff will be within reach of Mona while she is in the water.

Sensory disabilities: Staff are aware that Mona occasionally has some difficulty with depth perception. Mona's family will take her to all appointments.



Self-injurious behaviors (state behavior): history of hitting, pinching or grabbing self: Staff will offer Mona reassurance and encourage her to do calming activities as needed.

Physical aggression/conduct (state behavior): history of pushing, slapping, pinching, hitting or choking others: Staff will offer Mona reassurance and encourage her to do calming activities as needed.

Verbal/emotional aggression (state behavior): history of shouting or swearing: Staff will offer Mona reassurance and encourage her to do calming activities as needed.

Property destruction (state behavior): banging, slamming or throwing items: Staff will follow Mona's behavior support plan. Staff will offer Mona reassurance and encourage her to do calming activities as needed.

Mental or emotional health symptoms and crises (state diagnosis): anxiety about going into the community: Staff will follow Mona's behavior support plan. Staff will offer Mona reassurance and encourage her to do relaxing calming activities as needed.

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**:

Mona most often shows her preferences through her behavior. She has maintained her work schedule by attending daily. Mona seeks to have control in life and setting her own schedule. She likes being able to occasionally skip a bath or meal, or just head off to bed early. She also likes to be involved and helpful, and has been doing more around the house. She has a good sense of humor, and likes to tease staff. Mona enjoys being with her family, both socially as well as supporting her with medical appointments. Mona seems content with her current home and housemates.

Positive support strategies include:

- When staff are able to see that Mona is becoming agitated, staff will try to redirect Mona. This can be done by asking her to use her words, telling her to relax and that she is okay, or listening to music.
- Staff will also remind Mona what is acceptable when feeling upset, such as (Mona, let's use our words or tell me why you are mad?)
- Staff will also remind Mona that we need to be gentle with things and to others.
- Staff may also just give her time to "cool down."
- When Mona, chooses to express her emotions in positive ways. Staff will offer her praise.

Is the current service setting the **most integrated setting available and appropriate** for the person?

Yes No If no, please describe what will be done to address this: Not applicable



What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**? Mona has a great sense of humor. She enjoys teasing and playing little pranks on people. She enjoys playing cards and movies. She likes to be helpful around the house. Mona communicates verbally, but

What are the opportunities for **community access, participation, and inclusion** in preferred community activities? One of Mona's most preferred activities is dances. When those events are limited, she does take part in turning up the music and dancing at home.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? Mona has a large family, and seems to enjoy visits and get-togethers. Mona likes many of her Hope Haven peers and is always ready to wave and say "hi" in person or during a video chat.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? Mona's guardians have selected Progress, Inc. for her work supports. Mona prefers a mix of some non-competitive work along with non-work activities.

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

Mona will have scheduled support team meetings, with additional meetings, as needed. Hope Haven and Progress, Inc. have a communication log book going back and forth between them. The Designated Coordinators for each provider discuss issues by phone.

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:

Vocational Provider:

Progress, Inc.
101 4th Ave. NE
Pipestone, MN 56164
507-825-4120 (phone)
brook@progresspipestone.com

Case Manager:

Southwest Health and Human Services / Sarah Maurice
1091 Hiawatha Ave. N.
Pipestone, MN 56164
507-825-6720 (phone)
507-825-6727 (fax)
sarah.maurice@swhhhs.com



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). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: Mona's guardians believe she is in the best services to meet her needs. No changes are planned.

Provide a **summary of the discussion of options for transitioning from day services to an employment service**. Include a **statement about any decision made regarding transitioning to an employment service**: Mona's guardians believe she is in the best services to meet her needs. No changes are planned.

Describe any further research or education that must be completed before a decision regarding this transition can be made: Mona's guardians believe she is in the best services to meet her needs. No changes are planned.

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:

Does the person require a **restriction of their rights** as determined necessary to ensure the health, safety, and well-being of the person? Yes No

If yes, indicate what right(s) are restricted:

If rights are being restricted the Rights Restrictions form must be completed.

Does this person use **dangerous items or equipment**? Yes No

If yes, **address any concerns or limitations**: Mona may help with some light cooking and cleaning around the house. Staff will be present when Mona uses appliances.

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":

Hope Haven administers Mona's medications. Mona's family handles all communication with her physicians and appointments.

If health service responsibilities are assigned to this license holder, you will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs.

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:

Medication assistance:

Medication administration: Hope Haven staff administer Mona's medications according to policy.

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.

Psychotropic medication monitoring and use

Does the license holder administer the person's psychotropic medication? Yes No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate: Agitation displayed as aggression
2. 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: Frequency count with description of displayed behavior

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 may offer a brief side hug or shoulder pat to offer comfort or reassurance.
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 may hold Mona's hand when walking over uneven terrain.
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: Staff may assist Mona as needed when completing cares.
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: Staff may use their limbs to block aggression.
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: Staff may use their limbs to block aggression.
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:
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: Staff may hold Mona's hand to guide her to safety in an emergency.
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:
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:

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 what these requirements are: Not applicable



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

Staff ratio: *For facility-based day services only*

NA for residential services

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):

Frequency of reports and notifications

*Information received regarding the frequency of reports and notifications is completed with the person served and/or legal representative and case manager.

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

Quarterly Semi-annually Annually

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

Quarterly Semi-annually Annually

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

At the support team meeting; or 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): Semi-Annually NA



SELF-MANAGEMENT ASSESSMENT

Name: Ramona (Mona) Bassett

Date of *Self-Management Assessment* development: 10/04/22

For the annual period from: Oct. 2022- 2023

Name and title of person completing the review: Leah Ference, Designated Coordinator

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment*. At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time of service initiation. Assessments based on older information must be documented and justified.

The general and health-specific supports and outcomes necessary or desired to support the person based upon this assessment and the requirements of person centered planning and service delivery will be documented in the *Support Plan Addendum*.

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies (state specific allergies): pyrazolones, salicylates, ASA (aspirin) and Ansaïd (flurbiprofen)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	BEHAVIORS: Mona would not be able to share allergy information with medical professionals. STRENGTHS: Mona is unlikely to ingest these substances on her own. SKILLS: Mona takes only medications ordered by her physician and administered by staff.
Seizures (state specific seizure types): generalized tonic-clonic, last one was in 2004	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	BEHAVIORS: Mona has a seizure disorder history, but not for many years. STRENGTHS: Mona has been doing well with attending appointments with her guardian. SKILLS: Mona takes daily seizure medications as administered by staff.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona has not had choking incidents, but may not swallow before putting more food in her mouth. STRENGTHS: Mona is able to feed herself independently. SKILLS: Mona responds to occasional reminders to take her time or to take a drink.



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Special dietary needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no special dietary needs	
Chronic medical conditions (state condition):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no chronic medical conditions	
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona does not have an understanding of her medications or when to take them. STRENGTHS: Has been participating in the household daily routine. Mona is usually compliant with staff requests. SKILLS: Mona takes medications as administered by staff.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona does not schedule or participate in medical appointments on her own. STRENGTHS: Mona has a good relationship with her guardian. SKILLS: Mona goes to all appointments with her.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona does not schedule or participate in medical appointments on her own. STRENGTHS: Mona has a good relationship with her guardian. SKILLS: Mona goes to all appointments with her.
Other health and medical needs (state specific need): bruises easily	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona tends to bruise easily. This may occur accidentally by bumping into things or through self-injury. STRENGTHS: This does not seem to bother Mona. SKILLS: She does allow staff assistance with personal cares so these can be observed and documented.
Other health and medical needs (state specific need): may not report pain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona may not use her verbal skills. She may communicate emotional or physical discomfort through behavior changes, including aggression. STRENGTHS: When Mona develops trust with staff, she is more likely to communicate verbally. SKILLS: Mona is able to answer questions. Mona usually takes medications as administered by staff if they are prescribed.
Other health and medical needs (state specific need): recurrent (hip) bursitis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of hip bursitis. She has no understanding of this. STRENGTHS: Mona may attempt continue her normal routine, even



		when she is experiencing a lot of pain. She sometimes rubs the area that is hurting. SKILLS: Mona usually takes medications as administered by staff if they are prescribed.
Other health and medical needs (state specific need): Hypothyroidism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has no awareness of this condition. Low thyroid levels can lead to changes in mood and behavior. STRENGTHS: Mona has been attending all needed appointments with her guardian. SKILLS: Mona takes daily medications as administered by staff.
Personal safety to avoid injury or accident in the service setting		
Assessment area	Is the person able to self-manage in this area?	Assessment -- include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Risk of falling (include the specific risk): palsy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	BEHAVIORS: Mona may not react quickly to losing her balance. Mona has had broken bones from seemingly minor trips/falls. There is concern that Mona may be more prone to breaks due to a family history of low bone density. STRENGTHS: Mona walks independently, but with an uneven gait. SKILLS: Mona will usually allow assistance when walking over uneven surfaces, snow, etc.
Mobility issues (include the specific issue):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – there are no mobility issues	
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona may not adjust the water temperature for bathing. STRENGTHS: Mona will pull back from water that is too hot. SKILLS: Mona is able to turn water faucets on and off.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona has limited community safety skills. STRENGTHS: Mona enjoys going out with staff or in a small group. SKILLS: Mona follows staff prompts as needed for safety.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BEHAVIORS: Mona has no swimming skills. STRENGTHS: Mona occasionally enjoys being in a shallow pool. SKILLS: Mona follows staff prompts as needed for water safety.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona had cataracts removed from both eyes in 2016. Mona is prescribed glasses. STRENGTHS: Mona's eye-hand coordination



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		seemed to improve following surgery. SKILLS: She wears glasses when she wants to, but doesn't seem to feel she needs them.
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other personal safety needs (state specific need):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or 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.		
Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Self-injurious behaviors (state behavior): hitting, pinching or grabbing self	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of aggressive behavior. STRENGTHS: Mona has improved tremendously in how she gets along with others. SKILLS: Mona spends most of her time relaxing in her favorite chair. She spends time alone in her room when she needs more space.
Physical aggression/conduct (state behavior): pushing, slapping, pinching, biting, hitting or choking others	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of aggressive behavior. STRENGTHS: Mona has improved tremendously in how she gets along with others. SKILLS: Mona spends most of her time relaxing in her favorite chair. She spends time alone in her room when she needs more space.
Verbal/emotional aggression (state behavior): shouting or swearing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of aggressive behavior. STRENGTHS: Mona has improved tremendously in how she gets along with others. SKILLS: Mona spends most of her time relaxing in her favorite chair. She spends time alone in her room when she needs more space.
Property destruction (state behavior): banging, slamming or throwing items	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of aggressive behavior. STRENGTHS: Mona has improved tremendously in how she gets along with others. SKILLS: Mona spends most of her time relaxing in her favorite chair. She spends time alone in her room when she needs more space.



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Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Mental or emotional health symptoms and crises (state diagnosis): history of depression/anxiety -- displayed as not leaving the house, changes in appetite/ sleep, and aggression	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	BEHAVIORS: Mona has a history of depression/anxiety. STRENGTHS: Mona has maintained her involvement in work and community activities. SKILLS: Mona attends appointments at SW Mental Health. Mona takes medications as administered by staff.
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Other symptom or behavior (be specific):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	



Individual Abuse Prevention Plan (IAPP)

Person's Name: Ramona (Mona) Bassett

Reviewed: 10/04/22

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.

A. Sexual Abuse

Is the person susceptible to abuse in this area? [X] Yes (if any area below is checked) [] No

Table with 2 columns: Susceptibility question and Specific measures to minimize risk of abuse for each area checked. Rows include: Lack of understanding of sexuality, Likely to seek or cooperate in an abusive situation, Inability to be assertive, and Other.

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). Not applicable

B. Physical Abuse

Is the person susceptible to abuse in this area? [X] Yes (if any area below is checked) [] No

Table with 2 columns: Susceptibility question and Specific measures to minimize risk of abuse for each area checked. Rows include: Inability to identify potentially dangerous situations, Lack of community orientation skills, Inappropriate interactions with others, and Inability to deal with verbally/physically aggressive persons.

<input checked="" type="checkbox"/> Verbally/physically abusive to others: Mona has a history of being verbally aggressive (screaming, swearing, name calling) or physically aggressive toward others (pushing, hitting, kicking, pinching, spitting, choking, biting).	Staff verbally redirect Mona or physically place themselves between Mona and others. Staff reassure Mona and encourage her to do calming activities.
<input checked="" type="checkbox"/> "Victim" history exists: Abuse was suspected by the family in one of Mona's past placements.	Hope Haven staff track any bruises on Mona and report any larger than a 50-cent piece to the Designated Manager/Coordinator. All Hope Haven staff are trained in the Vulnerable Adult Act and are mandated reporters of abuse or neglect.
<input type="checkbox"/> Other:	

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

- Hope Haven worked with behavior specialist, Marie Halls, from Community Support Services in 2014. Her guardian arranges for psychiatric services through Southwestern Mental Health.

C. Self Abuse

Is the person susceptible to abuse in this area?

Yes (if any area below is checked)

No

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input type="checkbox"/> Dresses inappropriately:	
<input checked="" type="checkbox"/> Refuses to eat: Mona may skip some meals, throw away her food, or choose not to be at the table with others.	Staff keep a neutral tone and give Mona opportunities to make choices whenever possible.
<input checked="" type="checkbox"/> Inability to care for self-help needs	Staff provide prompts and assistance as needed for Mona to complete needed tasks.
<input checked="" type="checkbox"/> Lack of self-preservation skills (ignores personal safety)	Staff verbally prompt Mona as needed to take safety precautions.
<input checked="" type="checkbox"/> Engages in self-injurious behaviors	Mona may pinch, hit or grab her own arms or legs. She may bang into items or furniture, both intentionally and because of her uneven gait. Staff verbally redirect Mona and reassure her until she is calm. Hope Haven staff track any bruises on Mona and report any larger than a 50-cent piece to the Designated Manager/Coordinator.
<input checked="" type="checkbox"/> Neglects or refuses to take medications	This happens much less often than it did in the past. Staff are flexible in their approach bring medications to Mona where she is comfortable

	(i.e. chair, bed) or try again later.
<input type="checkbox"/> Other:	

Referrals made when the person is susceptible to abuse outside the scope or control of this program. (Identify the referral and the date it occurred). Not applicable

D. Financial Exploitation

Is the person susceptible in this area? Yes (if any area below is checked) No

	<i>Specific measures to minimize risk of abuse for each area checked:</i>
<input checked="" type="checkbox"/> Inability to handle financial matters	Staff assist Mona with making all purchases, obtain receipts and maintain account ledgers for her checking account. Hope Haven reports all activity to Mona's guardian and case manager according to the Financial Authorization/Consent.
<input type="checkbox"/> Other:	

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

Jessica Meyer (niece) was added as a Co-Guardian/Conservator in 2014. Jessica Meyer is Mona's Representative Payee for her Social Security benefits.

E. Is the program aware of this person committing a violent crime or act of physical aggression toward others? Yes 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: Not applicable

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). Not applicable

Ramona (Mona) Bassett (4647) [DOB: 4/7/1966]

CLIENT INFO

Client ID	9003	Status	ACTIVE
Name	Ramona (Mona)	Last Name	Bassett
Home Phone	507-825-0068	Mobile Phone	507-348-3821
Address 1	719 7th Ave SW	City	Pipestone
State	MN	Zip Code	56164
DOB	4/7/1966	Age	56
SSN	477-78-9640	Medical #	00648761
Marital Status	Single	Race	White or Caucasian
Ethnicity	Not Hispanic or Latino	Preferred Language	English
Gender	Female	Assigned Programs	MN CL
County	Pipestone	Legal Guardian/Custodian	Mary Bassett
Emergency Contact	Jessica Meyer	Emergency Phone	507-220-3090
Guardian Ad Litem	NO	Is a PRIVATE client	NO
Currently Incarcerated?	NO	Is IPS?	NO
Is Veteran	NO	Is High No Show	NO
Client Signature Source	Signed Authorization Block 12 & 13	Release Of Information	Signed Statement
Last Bill Service Date	10/3/2022	Religious Affiliation	Catholic
Legacy/Payroll ID	4647		

Referral Source Info

Referral Date	10/17/2013	Referred By	Jennifer VanderSchaaf
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Check Svcs Referred To

Mental Health Services	NO	Employment Services	NO
Community Living Services	NO	Day Hab	NO
ICF	NO	RBSCCL	NO

Medical Information

Problem 1	(F71) Moderate intellectual disabilities	Date Dx Last Updated	2/10/2022 12:30:00 PM
Allergy last Updated?	12/30/2015 12:15:00 PM	Medications Last Updated	6/14/2022 4:09:00 PM
Last Physical Exam	8/4/2021	Last Psychiatric Exam	12/3/2020
COVID Vaccinated	NO	Psych Advance Directive	NO
Permission Med Hx	NO	Living Will/Adv. Direct.	NO
MH Hosp. btwn 7/1 & 6/30	NO		

CONTACTS

Name	Sarah Maurice	Type	Case Manager/Social Worker	Address	1091 N. Hiawatha Ave Pipestone, MN 56164	Phone	(507)825-8564
Name	Progress, Inc.	Type	Employer	Address	101 4th Ave NE Pipestone, MN 56164	Phone	(507)825-4120
Name	Pipestone County Medical Center	Type	Hospital	Address	916 4th Ave. SW Pipestone, MN 56164	Phone	(507)825-5811
Name	Lewis Drug	Type	Pharmacy	Address	802 8th Ave SE Pipestone, MN 56164	Phone	(507)825-4259

FAMILY

Name	Jessica (Meyer) Rahn	Relation	Legal Guardian	Dependent	False
Name	Ronda Wolfe	Relation	Sister	Dependent	False

External Providers

Name	Dierks, Dustin	Specialty	Optometrist	Phone	605-336-6294
Start Date	1/21/2016	Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Ocampo, Enrico MD, FACP	Specialty	Physician	Phone	507.247.5921
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Southern Cities Dental	Specialty	Dentist	Phone	507)333-2028
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Vermeer, Douglas	Specialty	Optometrist	Phone	507)825-5401
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Viola, Lisa	Specialty	Neurologist	Phone	605)322-7270
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Zepher, Myles	Specialty	Physician	Phone	507.825.5811

Ramona (Mona) Bassett (4647) [DOB: 4/7/1966]

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Legacy/Payroll ID	4647		

Referral Source Info

Referral Date	10/17/2013	Referred By	Jennifer VanderSchaaf
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MH Hosp. btwn 7/1 & 6/30	NO		

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Name	Progress, Inc.	Type	Employer	Address	101 4th Ave NE Pipestone, MN 56164	Phone	(507)825-4120
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FAMILY

Name	Jessica (Meyer) Rahn	Relation	Legal Guardian	Dependent	False
Name	Ronda, Wolfe	Relation	Sister	Dependent	False

External Providers

Name	Dierks, Dustin	Specialty	Optometrist	Phone	605-336-6294
Start Date	1/21/2016	Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Ocampo, Enrico MD. FACP	Specialty	Physician	Phone	507.247.5921
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Southern Cities, Dental	Specialty	Dentist	Phone	507)333-2028
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Vermeer, Douglas	Specialty	Optometrist	Phone	507)825-5401
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Viola, Lisa	Specialty	Neurologist	Phone	605)322-7270
Start Date		Term Date		ROI Obtained	False
ROI Obtained Date		ROI Expires Date		Is PCP	False
Name	Zephier, Myles	Specialty	Physician	Phone	507.825.5811

MEDICATIONS for Ramona (Mona) Bassett (4647) - Date of Birth: 4/7/1966
Client Allergy Reaction

 aspirin unknown
 flurbiprofen unknown
 Pyrazoles unknown
 Salicylates unknown

Medication	Dosage	Provider	Rationale	Status	Start Date	Chg Date
escitalopram 20 mg tablet	Take 1 Tablet By Intravenous Route Every 1 daily Quantity:			CONCURRENT	6/14/2022	
		Refills:	Instructions: Take one tablet daily		Comments:	
Fiber-Lax 625 mg tablet	Take 2 Tablet By Oral Route 2 daily Quantity:			CONCURRENT	6/14/2022	
		Refills:	Instructions: Take two tabs twice daily		Comments:	
levothyroxine 75 mcg tablet	Take 1 Tablet By Oral Route 1 daily Quantity:			CONCURRENT	6/14/2022	
		Refills:	Instructions: Take one tablet daily		Comments:	
divalproex 500 mg tablet, delayed release	Take 1 Tablet By Oral Route 3 daily Quantity:	Viola, Lisa		CONCURRENT	5/19/2021	
		Refills:	Instructions: Take one tablet 3 times daily		Comments:	
benzonatate 200 mg capsule	Take 1 Capsule By Oral Route 1 as needed Quantity:			CONCURRENT	12/3/2020	
		Refills:	Instructions: Take 1 capsule by mouth 3 times daily as needed.		Comments:	
Ear Wax Drops 6.5 %	Insert 3 Drop(s) 1 daily Quantity:			CONCURRENT	8/1/2020	
		Refills:	Instructions: Place 3 drops in each ear once daily, alternating ears.		Comments:	
senna 8.6 mg tablet	Take 2 Tablet By Oral Route 1 time(s) per day Quantity:			CONCURRENT	7/3/2018	
		Refills:	Instructions: Take 2 tablets daily		Comments:	
acetaminophen ER 650 mg tablet, extended release	Take 1 Tablet By Oral Route 3 daily Quantity:	Kocourek, Bruce	Pain	CONCURRENT	7/2/2018	8/23/2018
		Refills:	Instructions: Take 1 tablet TID for Pain		Comments:	
All Day Allergy (cetirizine) 10 mg tablet	Take 1 Tablet 1 daily Quantity:	Kocourek, Bruce		CONCURRENT	7/2/2018	
		Refills:	Instructions: Take 1 tablet Daily		Comments:	
chlorhexidine gluconate 0.12 % mouthwash	Take 15 Milliliter By Oral Route 1 daily Quantity:	Kocourek, Bruce	oral health	CONCURRENT	7/2/2018	
		Refills:	Instructions: Apply 15 ML once daily to gums and teeth for oral Health		Comments:	
clonazepam 1 mg tablet	Take 1 Tablet By Oral Route 1 daily Quantity:	Grace LaFollette	mood	CURRENT	7/2/2018	
		Refills:	Instructions: Take 1 tablet at bedtime		Comments:	
Daily Vites/Iron tablet	Take 1 Tablet By Oral Route 1 daily Quantity:	Kocourek, Bruce	dietary supplement	CONCURRENT	7/2/2018	
		Refills:	Instructions: Take 1 tablet daily		Comments:	
lamotrigine ER 100 mg tablet, extended release 24 hr	Take 1 Tablet By Oral Route 1 daily Quantity:	Viola, Lisa	seizure control	CONCURRENT	7/2/2018	
		Refills:	Instructions: Take 1 tablet at bedtime for seizure control		Comments:	

QUEtiapine 200 mg tablet	Spray 1 Tablet By Oral Route 1 daily	Grace LaFollette	mood	CURRENT	7/2/2018
	Quantity:	Refills:	Instructions: Take 1 tablet Daily (Also can be called Seroquel XR 200mg tablet extended release)		Comments:
traZODone 50 mg tablet	Take 1 Tablet By Oral Route 1 daily	Kocourek, Bruce		CONCURRENT	7/2/2018
	Quantity:	Refills:	Instructions: Give 1 tablet at bedtime		Comments:
Bacitracin (Triple Antibiotic) Ointment	Apply to affected areas PRN TID		Cuts and scrapes	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Benedryl (Diphenhydramine)	25 mg 1-2 caps PRN Q4-6H		Allergy symptoms	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
First Aid Cream	Apply to affected areas PRN		Minor Burns	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Hydrocortisone Cream	1% PRN BID		Skin Irritation	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Milk of Magnesia (Magnesium hydroxide)	400 mg 30 cc PRN Daily		Constipation	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Mytanta (Aluminum/magnesium/simethicone)	200 mg/5 ml 15ml PRN QID		Stomach distress	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Pepto-Bismol (Pink Bismuth)	524 mg/15 ml 15 ml PRN Q4-6H		Diarhea	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Robitussin DM (Guaifenesin/dextromethorphan)	100mg/30mg 15 ml PRN Q4-6H		Cough	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Sudafed (Pseudoephedrine)	30 mg 2 tabs Every 4-6 hours		Congestion	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Tinactin Cream (Tolnaftate)	1% PRN BID X2-4 weeks		Athlete's Foot	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Tinactin Spray (Tolnaftate)	1% PRN BID X2-4 weeks		Athlete's Foot	CONCURRENT	
	Quantity:	Refills:	Instructions:		Comments:
Tylenol (Acetaminophen)	500 mg 1 tabs PRN Every 4 hours(only can One tab every 24 hours)		Pain or elevated Temp	CONCURRENT	7/21/2016
	Quantity:	Refills:	Instructions:		Comments:

SINGLE DATED SIGNATURE PAGE

Name: Ramona Bassett

Date: 10/04/22

Today's support team meeting was a/an:

<input type="checkbox"/> Intake meeting	<input type="checkbox"/> 30-day meeting (for ICFs/DD)	<input type="checkbox"/> 45-day service or 60-day calendar meeting (for 245D Intensive support)
<input type="checkbox"/> 60-day meeting (for 245D Basic support)	<input type="checkbox"/> Quarterly progress report review meeting	<input type="checkbox"/> Semi-annual progress report review meeting
<input checked="" type="checkbox"/> Annual meeting	<input type="checkbox"/> Special support team meeting	<input type="checkbox"/> Other:

Today, as support team members, we reviewed the following documents:

<input checked="" type="checkbox"/> Self-Management Assessment (SMA)	<input checked="" type="checkbox"/> Individual Abuse Prevention Plan (IAPP)	<input checked="" type="checkbox"/> Support Plan Addendum
<input checked="" type="checkbox"/> Service Outcomes and Behavior Outcome (if applicable)	<input checked="" type="checkbox"/> Progress Report with Recommendations	<input type="checkbox"/> Meeting Minutes with Attendance Notes
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Acknowledgement:

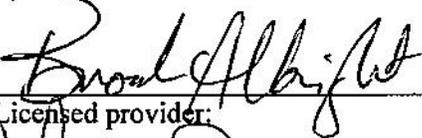
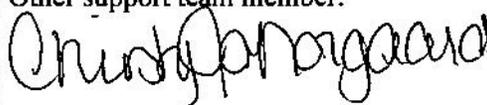
By having my dated signature on this form, I am indicating that I have reviewed and approved the documents listed above that have a checkmark in the box. With my dated signature, I am also acknowledging and agreeing to the changes that are contained within these documents with my approval for implementation.

Please note:

Per MN Statutes, section 245D.071, subdivision 4, (c), within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and the addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative and case manager to document completion and approval.

Per MN Statutes, section 245D.071, subdivision 4, (c); and subdivision 5, (c); if within 10 working days of this submission, the person served and/or legal representative or case manager has not signed and returned to the license holder the assessment and *Support Plan Addendum* or has not proposed written modification to its submission, the submission is deemed approved and in effect. It will remain in effect until the next annual month or until the person served and/or legal representative or case manager submits a written request to revise them.

SIGNATURE PAGE

PRINTED NAME	SIGNATURES	DATE
Person served: Mona was present. She did not sign. w/r	Person served:	Date:
Legal representative: Jessica R Rahn	Legal representative: 	Date: 10-4-22
Case manager: Sarah Mawnile	Case manager: 	Date: 10/4/2022
Licensed provider: Brook Albright	Licensed provider: 	Date: 10/4/2022
Licensed provider: Leah Ference	Licensed provider: 	Date: 10-4-22
Other support team member: Christy Margaard	Other support team member: 	Date: 10-4-22
Other support team member:	Other support team member:	Date: