

ABOUT ME

Wayne Frei

Assessment Date: 04/22/2024

Plan Dates: 05/01/2024 to 04/30/2025

Developed by: Nick Safranski (218) 745-5124

Address: 705 N 2nd Street

Warren, MN 56762

County:

Home: (218) 745-6400

Work:

Other:

General Plan Notes:

Rituals and Routine that are important to me: Wayne enjoys waking up and having his coffee right away in the morning. He will usually come out of his room, stating, "coffee, coffee." After coffee, Wayne usually sits in his chair and watches TV or listens to music, as he enjoys listening to classic music and Elvis.

My strengths and preferences: Wayne is a very personable person who continues to thrive in the group home. He is very friendly with staff and likes his arm rubbed and scratched. Wayne enjoys the sensory sensation of these activities. Wayne is good at propelling his wheelchair and continues to get better at walking in an independent manner.

My Hopes, Dreams, and Aspirations: Wayne likes to spend his day at the home drinking coffee. Wayne's best day is when he is able to sit in his chair with a cup of coffee and listen to music.

Wayne is a 56 year old male living in an adult foster care facility in Warren, MN. He has transitioned well and has become familiar with staff and his routine, which is a great way for Wayne to remain calm and comfortable. Wayne continues to be wheelchair bound, but is able to propel himself on a somewhat independent basis.

PERSON INFORMATION

Date of Birth: 04/19/1962 Age: 62 yrs

Emergency Contacts

Name	Relationship	Phone
Marshall County Social Services - Nick Safranski	Other Non-Relative	(218) 745-5124

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
State of MN - Marshall County Social Services	Public Guardian	208 East Colvin Ave Ste #14, Warren, MN 56762	(218) 745-5124

Notes/Comments

Health Insurance & Payers

Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Yes

Is the person on medical assistance? Yes

Type	Describe	Policy Number	Effective Date
Medical Assistance		00517924	

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Primary Physician	(218) 745-4211	Jeremy Hauser

Notes/Comments

Jeremy Hauser - North Valley Health Center - 300 W Good Samaritan Drive, Warren, MN 56762

WHAT'S IMPORTANT TO THE INDIVIDUAL

Goals related to how you want to live your life:

Quality of Life: working, watching TV, and listening to music Wayne really values a routine and familiarity with his schedule. He enjoys having things the same everyday and once a routine is established, Wayne does quite well with this. He does continue to struggle with deviances from his schedule and transitioning to other things outside of his comfort zone.

Activities of Daily Living: Wayne is currently spending most of his time in his rocking wheelchair, as his leg hasn't recovered from his fall, when he broke his hip/femur. Wayne is able to get around using his legs, but isn't able to stand or walk without any assistance. It's hopeful that he will be able to gain some strength in his leg. Wayne is now getting used to a new environment and work setting, and establishing a routine will be important to him. 4/13/20 - Wayne is still very dependent on staff for a majority of his ADL's. He has become a bit more brave in regards to standing up and trying to move by himself, but is very unsteady when this happens. His leg/hip does seem to be doing better but he is still in the wheelchair the majority of the time due to his instability and inability to see well.

Instrumental Activities of Daily Living: Wayne is reliant on staff members to help with many of his IADL's. His physical and cognitive levels are not to a point where he can be independent in many of these activities. Wayne relies on staff at the MCGH and he is trying to get used to a new routine, as he has now moved into a new setting. Wayne enjoys his routine and is looking forward to establishing a rapport with staff members from the group home and ODC setting.

Health: Wayne's overall health has been satisfactory. He is still recovering from his femur/hip fracture, but it's unknown how much better he will get. Wayne is able to move his leg and use it to help propel him in his wheelchair, but isn't able to walk much, especially unassisted. Wayne is not living at the MCGH in Warren, MN and is trying to get used to a new environment and routine. Wayne will establish care with new health care professionals, and he will be transported to/from these appointments by MCGH staff. MCGH staff will also schedule and arrange for these appointments. 4/13/20 - Wayne's health has been pretty good over the past reivew period, and there hasn't been any concerns in regards to his health. He continues to his physician on a regular basis and is up to date on all appointments.

Psychosocial: Wayne does display some difficulties in this area, and due to his disability he has a hard time with controlling his emotions, especially in a situation that makes him anxious and uncomfortable. Wayne does take medications to help with some of this, and this does appear to be effective. He is currently not on any PRN for his loud outbursts, but this may potentially be explored.

Memory & Cognition: Wayne enjoys being in a routine and spending time at his place of work and home. He doesn't want to be in the community very often, and will at times holler or scream when in a situation that makes him uncomfortable. Wayne's memory and cognition is a relative unknown due to his diagnosis. It appears through the documentation and experience with Wayne, he doesn't have much ability in this area.

Safety & Self-Preservation: Wayne relies on staff to keep him safe and to make sure his needs are met. Wayne lacks the capability to care for himself, and to advocate for himself. Wayne would not be able to verbalize a situation that made him uncomfortable or feel threatened.

Sensory & Communication: Wayne enjoys sensory type activities, such as smelling lotions, having lotion applied to his hands, and brushing on his hands and arms. This is a soothing technique for him and does seem to calm him down at times. Wayne has enjoyed these activities in the past. Wayne's vision is still poor and he isn't able to see well at all. He would be very vulnerable walking or maneuvering in the community without staff assistance.

Employment, Volunteering & Training: 2022 - Wayne is currently at home and not attending any type of day program. The main reason is lack of staffing at the local ODC, but this will hopefully be resolved in the near future. Wayne did enjoy going to the ODC and liked the leisure/wellness program. Wayne isn't capable of work, but enjoyed the social outings and the opportunities to interact with people while at the ODC. living in group home and attending leisure program at ODC4/13/20 - Wayne attends the leisure and wellness program from the Warren ODC. He attends this five days/week and he does well there. He continues to do well in this program, and employment won't be explored with him due to his disability. He lacks the capability to do any type of work available to him at the ODC, and if he's taken out of his environment at the leisure/wellness program, he will usually holler and scream.

Housing & Environment: Wayne enjoys living in a corporate foster care setting. Once he is familiar with his home environment and staff, he will settle into a routine and generally live fairly comfortably. It will take him a while to get used to a new setting and it will take a while for the staff to get used to Wayne as well.

Self-Direction: Wayne isn't able to make informed decisions without help from others. Wayne has a guardian to help him make the necessary choices for his own health and safety. Wayne has done a good job with getting to know his new home environment and the staff that are working with him.

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Wayne will continue walking with his walker, and will make sure that he's using it all the time. Without his walker and staff helping him, he could be susceptible to falling.	04/30/2025		
Wayne will continue to attend all appointments necessary to maintain a reliable and consistent care plan to maintain optimal health.	04/30/2025		
Wayne will pick activities that he wants to do at the home, in order for him to work on his ambulatory skills, socialization skills, and fine motor skills.	04/30/2025		

Action Steps for Goals:

What will the person do? Wayne's disability leaves him unaware of goals at times. He doesn't pay much attention to them, and will rarely take direction or instruction to help work towards the completion of the goals. He lacks the capability to understand and work towards a goal in an independent nature. Wayne has been trying to stand and walk on a more independent basis. There has been a good sign of progress here, but Wayne must be careful that he is moving around when staff are present and are aware of his movements. He will at times try to move around independently, which can be dangerous for him, given his lack of balance and fragility. At Wayne's last dental appointment it was noted that he has gingivitis, so he will work with staff to make sure that his oral hygiene is appropriate and that his condition doesn't get any worse. Wayne will pick an activity at his home to do in order to stay busy and maintain a good range of motion while working on his fine motor skills. Wayne enjoys coloring, sorting beads, and singing nursery rhymes. He has a basket that he has a bunch of games and activities in, and he seems to enjoy doing this throughout the day. Staff encourage Wayne to move around the house with his walker and supervision so he is able to maintain at least some mobility.

What will the case manager do?

Case manager will implement the support plan and make referrals for services as needed, and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review plan with individual at least twice a year and will update the plan as needed.

Case manager will assist in any way possible in order to make Wayne successful. Case manager will provide staff with the necessary instruction and information on what works well with Wayne and what doesn't. Case manager will assist staff to help make them comfortable while working with Wayne, as he can be somewhat behavioral and very vocal. Case manager will assist with paperwork and keeping Wayne's benefits up to date and current. Case manager will be responsible for a variety of tasks, given that Wayne is under guardianship through the State of MN.

Case manager will implement the support plan and make referrals for services as needed, and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review plan with individual at least twice a year and will update the plan as needed.

What will others do?

What will the provider do? Staff will ensure that Wayne's needs are met while at home, work, or in the community. Staff will keep Wayne up to date with all of his appointments and make sure that he is attending these on a regular basis. Staff will continue to work with Wayne to make him feel comfortable and work with him towards achieving his goals. Staff will find things to keep Wayne busy, as the ODC is no longer available to him. Staff will make sure that Wayne's weight is kept at an acceptable level and provide him with nutritious snacks when he asks for food.

SUMMARY OF NEEDS

Quality of Life: Wayne's needs are met with the services provided to him. Wayne values his routine and likes to have a similar schedule on a daily basis. He enjoys having things the same everyday and once a routine is established, Wayne does quite well with this. He does continue to struggle with deviances from his schedule and struggles with transitioning to other things outside of his comfort zone. Wayne's staff does a good job with him and they help him remain calm during stressful situations.

Personal Assistance: Wayne receives the necessary support through the group home staffing and the staff at the ODC. His needs are being met with the services being provided through the waiver. Wayne is to have staff available to him when he is at the home, work, or in the community.

Home Management: Wayne receives a variety of services through the DD waiver. He is to be living in the group home, which will provide him with many services to care for him and make sure that all of his assessed needs are being met. Wayne will be attending the Warren ODC, in which staff will ensure that his health and safety needs are being met while at this facility. Marshall County provides rep payee services to help with his finances. His financial situation is taken care of by MCSS, and Wayne's needs are met through this service.

Health Related/Medical: Wayne's health has stabilized over the past year. He does continue to use a wheelchair, and it's believed through his physician that he probably won't walk without assistance. An attempt to get Wayne PT over the past year was made, but he didn't do well with this appointment and no progress was made. Wayne's overall health has been satisfactory. He is still recovering from his femur/hip fracture, but it's unknown how much better he will get. Wayne is able to move his leg and use it to help propel him in his wheelchair, but isn't able to walk much, especially unassisted. Wayne is not living at the MCGH in Warren, MN and is trying to get used to a new environment and routine. Wayne will establish care with new health care professionals, and he will be transported to/from these appointments by MCGH staff. MCGH staff will also schedule and arrange for these appointments.

Cognitive and Behavior Supports: Wayne does display some difficulties in this area, and due to his disability he has a hard time with controlling his emotions, especially in a situation that makes him anxious and uncomfortable. Wayne does take medication to help with some of this, and this does appear to be effective. He is currently not on any PRN for his loud outbursts, but this may potentially be explored.; Wayne enjoys being in a routine and spending time at his place of work and home. He doesn't want to be in the community very often, and will at times holler or scream when in a situation that makes him uncomfortable. Wayne's memory and cognition are a relative unknown due to his diagnosis. Wayne is provided the staff necessary to ensure that all of his health and safety needs are met.

Personal Security: Wayne's staff ensure his safety and self preservation. Wayne is dependent on others to help with these tasks, and to make sure that he isn't victimized in any way.

Communications: Wayne enjoys sensory type activities, such as smelling lotions, having lotion applied to his hands, and brushing on his hands and arms. This is a soothing technique for him and does seem to calm him down at times. Wayne has enjoyed these activities in the past. Wayne's vision is still poor and he isn't able to see well at all. He would be very vulnerable walking or maneuvering in the community without staff assistance. Staff are available to Wayne to help him get around his home and community, and they will also learn soothing techniques to help with sensory integration and stimulation.

Employment/Training/Skill Building: Wayne's plan ensures that his health, safety, and needs are being met.

Supportive Services: Wayne's plan ensures his safety, health, and needs are being met. Wayne has transitioned well into his home, and has grown to be comfortable and pleasant at the foster care home. He has bonded well with staff and his behaviors, hollering, and screaming have diminished to almost nothing.

Self-Direction: Wayne is under public guardianship, and his case manager takes care of most of his needs when it comes to decision making and ensuring that he is being well taken care of. Wayne isn't able to provide for himself or make informed decisions for his well-being.

Caregiver/Parent Support:

RECOMMENDED REFERRALS

Activities of Daily Living: Referrals Needed: Occupational Therapist - sensory integration eval

INFORMAL CAREGIVERS

Name	Caregiver Relationship	Lives with Person	Caregiver Role	Type of Care
		<input type="checkbox"/>		<input type="checkbox"/> ADLs <input type="checkbox"/> IADLs <input type="checkbox"/> Habilitation <input type="checkbox"/> Community Access <input type="checkbox"/> Supervision <input type="checkbox"/> Social Interaction <input type="checkbox"/> Health & Medical

Notes/Comments

RISKS

How will Health and Safety Issues be Addressed?

Staffing is available to Wayne 24 hrs/day. He is mainly nonverbal and would have a hard time verbally relaying a message asking for help. Wayne is unaware of his health and safety needs, and benefits greatly from the staffing provided to him. Wayne relies on staff to schedule and transport him to/from appointments, as he isn't able to drive or schedule any appointments for himself. Group home staff will ensure that Wayne is up to date with all medical appointments.

Wayne has had an increase in seizure activity over the past review period. He has had a medication adjusted and continues to meet with a neurologist on a fairly regular basis. This activity will continue to be monitored by staff and he will continue to see medical professionals in regards to this situation. All necessary testing will be done to try and determine the uptick in seizure activity.

NEXT STEPS:

- You will work with an assessor or case manager to develop a Coordinated Services and Supports Plan for the public program you have chosen.**
- We are waiting for:**
- For help locating services and supports options in this Community Support Plan, these are resources you can contact:**
 - www.Minnesotahelp.info®
 - Disability Linkage Line® (Hub) 866-333-2466
 - Senior LinkAge Line® (SLL) 800-333-2433
 - Veterans Linkage Line™ (VLL) 888-546-5838

Comments:

APPEAL INFORMATION

If you are dissatisfied with the county agency/tribe or managed care organization's action, or feel they have failed to act on your request for home and community based services, you have the right to appeal within 30 days to your agency*, or write directly to:

Minnesota Department of Human Services Appeals Office
P. O. Box 64941
St. Paul, MN 55164-0941

Call:
Metro: 651-431-3600 (Voice)
Outstate: 651-657-3510
TTY: 800-627-3529
Fax: 651-431-7523

Online filing:
<http://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-0033-ENG-eform>

If you want to have your services continue during an appeal, you must file within 10 days after you receive a notice from your agency about a reduction, denial or termination of your services.

If you show good cause for not appealing within the 30-day limit, the state agency can accept your appeal for up to 90 days from the date you receive the notice.

* If you are enrolled in a managed care organization you also have the option to appeal directly with your managed care organization.

What if I feel I have been discriminated against?

Discrimination is against the law. You have the right to file a complaint if you believe you were discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, age or disability. To file a complaint, contact:

- Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
Call 651-431-3040 (voice); or Minnesota Relay at 711 or 800-627-3529 (toll-free).
- Minnesota Department of Human Rights
Freeman Building
625 N. Robert St.
St. Paul, MN 55155
Call 651-539-1100 (voice), 651-296-1283 (TTY) or 800-657-3704 (toll-free).

U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, religion or sex. Contact the federal agency directly at U.S. Department of Health and Human Services Office for Civil Rights, Region V, 233 N. Michigan Ave. Suite 240, Chicago, IL, 60601. Call 312-886-2359 (voice), 800-537-7697 (TTY) or 800-368-1019 (toll-free).

651-431-2400 or 800-747-5484

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការអានឬបកស្រាយនេះ ទោះបីជាអ្នកមិនចេះអានក្រិកក៏ដោយ សូមទូរស័ព្ទលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nycem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb. ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອ ໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງ ໂທລໂປຣທີ່ພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka süf hiikamu gargaarsa hoo feete. lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LM3-0908 (3-13)

This information is available in accessible formats for individuals with disabilities by calling 651-431-2600, toll-free 800-882-6262, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

ABOUT ME

Wayne Frei

Assessment Date: 04/22/2024

Plan Dates: 05/01/2024 to 04/30/2025

Developed by: Nick Safranski (218) 745-5124

Address: 705 N 2nd Street

Warren, MN 56762

County:

Home: (218) 745-6400

Work:

Other:

General Plan Notes:

Rituals and Routine that are important to me: Wayne enjoys waking up and having his coffee right away in the morning. He will usually come out of his room, stating, "coffee, coffee." After coffee, Wayne usually sits in his chair and watches TV or listens to music, as he enjoys listening to classic music and Elvis.

My strengths and preferences: Wayne is a very personable person who continues to thrive in the group home. He is very friendly with staff and likes his arm rubbed and scratched. Wayne enjoys the sensory sensation of these activities. Wayne is good at propelling his wheelchair and continues to get better at walking in an independent manner.

My Hopes, Dreams, and Aspirations: Wayne likes to spend his day at the home drinking coffee. Wayne's best day is when he is able to sit in his chair with a cup of coffee and listen to music.

Wayne is a 56 year old male living in an adult foster care facility in Warren, MN. He has transitioned well and has become familiar with staff and his routine, which is a great way for Wayne to remain calm and comfortable. Wayne continues to be wheelchair bound, but is able to propel himself on a somewhat independent basis.

PERSON INFORMATION

Date of Birth: 04/19/1962 Age: 62 yrs

Emergency Contacts

Name	Relationship	Phone
Marshall County Social Services - Nick Safranski	Other Non-Relative	(218) 745-5124

Notes/Comments

Decision Making Representatives

Name	Type of Authority	Address	Phone
State of MN - Marshall County Social Services	Public Guardian	208 East Colvin Ave Ste #14, Warren, MN 56762	(218) 745-5124

Notes/Comments

Health Insurance & Payers

Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Yes

Is the person on medical assistance? Yes

Type	Describe	Policy Number	Effective Date
Medical Assistance		00517924	

Notes/Comments

Providers

Health Care Providers	Phone	Comments
Primary Physician	(218) 745-4211	Jeremy Hauser

Notes/Comments

Jeremy Hauser - North Valley Health Center - 300 W Good Samaritan Drive, Warren, MN 56762

WHAT'S IMPORTANT TO THE INDIVIDUAL

Short and Long-Term Goals

Goal Statement	Target Date	Provider & NPI (if applicable)	Frequency of Reporting
Wayne will continue walking with his walker, and will make sure that he's using it all the time. Without his walker and staff helping him, he could be susceptible to falling.	04/30/2025		
Wayne will continue to attend all appointments necessary to maintain a reliable and consistent care plan to maintain optimal health.	04/30/2025		
Wayne will pick activities that he wants to do at the home, in order for him to work on his ambulatory skills, socialization skills, and fine motor skills.	04/30/2025		

Action Steps for Goals:

What will the person do? Wayne's disability leaves him unaware of goals at times. He doesn't pay much attention to them, and will rarely take direction or instruction to help work towards the completion of the goals. He lacks the capability to understand and work towards a goal in an independent nature. Wayne has been trying to stand and walk on a more independent basis. There has been a good sign of progress here, but Wayne must be careful that he is moving around when staff are present and are aware of his movements. He will at times try to move around independently, which can be dangerous for him, given his lack of balance and fragility. At Wayne's last dental appointment it was noted that he has gingivitis, so he will work with staff to make sure that his oral hygiene is appropriate and that his condition doesn't get any worse. Wayne will pick an activity at his home to do in order to stay busy and maintain a good range of motion while working on his fine motor skills. Wayne enjoys coloring, sorting beads, and singing nursery rhymes. He has a basket that he has a bunch of games and activities in, and he seems to enjoy doing this throughout the day. Staff encourage Wayne to move around the house with his walker and supervision so he is able to maintain at least some mobility.

What will the case manager do?

Case manager will implement the support plan and make referrals for services as needed, and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review plan with individual at least twice a year and will update the plan as needed.

Case manager will assist in any way possible in order to make Wayne successful. Case manager will provide staff with the necessary instruction and information on what works well with Wayne and what doesn't. Case manager will assist staff to help make them comfortable while working with Wayne, as he can be somewhat behavioral and very vocal. Case manager will assist with paperwork and keeping Wayne's benefits up to date and current. Case manager will be responsible for a variety of tasks, given that Wayne is under guardianship through the State of MN.

Case manager will implement the support plan and make referrals for services as needed, and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case manager will review plan with individual at least twice a year and will update the plan as needed.

What will others do?

What will the provider do? Staff will ensure that Wayne's needs are met while at home, work, or in the community. Staff will keep Wayne up to date with all of his appointments and make sure that he is attending these on a regular basis. Staff will continue to work with Wayne to make him feel comfortable and work with him towards achieving his goals. Staff will find things to keep Wayne busy, as the ODC is no longer available to him. Staff will make sure that Wayne's weight is kept at an acceptable level and provide him with nutritious snacks when he asks for food.

SUMMARY OF PROGRAMS AND SERVICES

Program Type Developmental Disability Waiver	Start Date 05/01/2024	End Date 04/30/2025	Annual Amount \$0.00	Total Plan Cost \$175,522.45	Avg Monthly \$14,626.87
Case Manager/Care Coordinator Nick Safranski		Case Manager/Care Coordinator Provider ID A953167100		Responsible Party Name	
Program Notes					

Service Case Management - 15 Minutes							
Start Date 05/01/2024	End Date 04/30/2025	Procedure Code T1016 UC	Frequency 5-Flexible Use	Units 100	Rate \$23.19	Avg Monthly \$193.25	Total Service \$2,319.00
NPI/UMPI A000045100	Status Approved	Provider Name MARSHALL COUNTY SOCIAL SERVICES		Funding Source DD Waiver		County of Service Marshall	
Areas of Need							
Support Instructions							
Service Notes							

Service Community Residential Services - Adult							
Start Date 05/01/2024	End Date 04/30/2025	Procedure Code S5140 UC U9	Frequency 1-Daily	Units 365	Rate \$474.53	Avg Monthly \$14,433.62	Total Service \$173,203.45
NPI/UMPI A895217500	Status Approved	Provider Name MARSHALL COUNTY GROUP HOMES INC		Funding Source DD Waiver		County of Service Marshall	
Areas of Need							
Support Instructions							
Service Notes							

RISKS

How will Health and Safety Issues be Addressed?

Staffing is available to Wayne 24 hrs/day. He is mainly nonverbal and would have a hard time verbally relaying a message asking for help. Wayne is unaware of his health and safety needs, and benefits greatly from the staffing provided to him. Wayne relies on staff to schedule and transport him to/from appointments, as he isn't able to drive or schedule any appointments for himself. Group home staff will ensure that Wayne is up to date with all medical appointments.

Wayne has had an increase in seizure activity over the past review period. He has had a medication adjusted and continues to meet with a neurologist on a fairly regular basis. This activity will continue to be monitored by staff and he will continue to see medical professionals in regards to this situation. All necessary testing will be done to try and determine the uptick in seizure

activity.

The following table documents and acknowledges any risks that exist based on identified remaining needs above.

Identified risk and choice regarding services	Negative outcome that may result	Alternative measure that may be implemented
Wayne's vision is poor, and he has a hard time getting around in unfamiliar environments.	Wayne does have a hard time getting around by himself, and given the lack of vision, he could run into or bump something that could be harmful to himself.	Wayne is now in a wheelchair and is able to propel himself independently using his legs. He is encouraged to explore the new settings to acclimate himself to the new environment.

Summary plan/agreement reached to address the identified risks:

Wayne is able to get around in his wheelchair and is doing a good job with learning to propel himself with his legs. He is able to get up and down the hallways in a somewhat independent manner. Staff assist Wayne when he needs it and will redirect the wheelchair if he gets himself into a tight environment.

Emergency & Back Up Plans

Plan for unforeseen events (e.g, weather, storms, power outages)

Wayne is reliant on staff members to assist him with any unforeseen events. He lacks the capability and awareness to respond appropriately in a situation that could be detrimental to him. Wayne doesn't understand situations that may require evacuation or to seek shelter, and would be reliant on staff members to get him to/from safety during these unforeseen events. Wayne's vision is poor, and if he had to maneuver an unfamiliar environment without assistance, it may not go very well. Wayne also would require some assistance to transfer himself out of a chair and into his wheelchair. Wayne can stand somewhat independently, but does not walk independently or with assistance.

Key Contact Name	Relationship	Phone Number
Marshall County Social Services - Nick Safranski	Case Manager	(218) 745-5124

Plan for emergency health events

Staff will act accordingly in an emergency health event and get Wayne the proper resources to remain healthy and stable. Staff will determine what type of medical attention is needed, such as: clinic visit, ER visit, ambulance, etc.

Key Contact Name	Relationship	Phone Number
Marshall County Social Services - Nick Safranski	Case Manager	(218) 745-5124

Plan for unavailable staffing that puts the person at risk

Wayne is to have access to staff 24 hrs/day. Wayne will have staff available to him whether he is at home, work, or in the community.

Key Contact Name	Relationship	Phone Number
Marshall County Social Services - Nick Safranski	Case Manager	(218) 745-5124