

SELF-MANAGEMENT ASSESSMENT

Name: Robert (Bob) Bronner

Date of *Self-Management Assessment* development: 10/19/20

For the annual period from: October 2020 to October 2021

Name and title of person completing the review: Beth Blackorbay, 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 *CSSP 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): Medication: Penicillin (Amoxicillin), baby powder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no allergies	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob is aware of his allergies. Bob does not seek out his medications, therefore he would not independently take a medication he is allergic to. • Behavior and Symptoms: Bob is at risk of rash and compromised breathing if given these medications or if he is exposed to baby powder. • PAI staff supports are needed in this area according to the CSSP addendum.

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<p>Seizures (state specific seizure types): Generalized seizure disorder (partially controlled with medication)</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob is aware of his seizure disorder. Bob accepts his seizure medication when it is being administered. • Behavior and Symptoms: Bob would be unable to move himself away from potentially hazardous objects, or move objects away from him, while he is having a seizure. • PAI staff supports are needed in this area according to his CSSP addendum.
<p>Choking Physician ordered pureed diet, Schatzki’s Ring</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob is aware of his choking risk. Bob has a physician ordered pureed diet. Bob does not independently seek out food to eat that is not within his dietary guidelines. • Behavior and Symptoms: Bob is at risk of choking if his dietary guidelines are not followed. Bob is on a 1500 calorie restricted, pureed diet. Bob’s diagnosis of Schatzki’s Ring, which can cause difficulty swallowing if his dietary guidelines are not followed. • PAI staff supports are needed in accordance with his CSSP addendum.
<p>Special dietary needs (state specific need): 1500 caloric restriction. Pureed, thin liquids.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob is aware of his dietary needs. Bob has a physician ordered pureed diet. He does not attempt to eat food that is not within his dietary guidelines. • Behavior and Symptoms: Bob is on a 1500 calorie, pureed food diet. Bob is at risk of choking if his dietary guidelines are not met. • PAI staff supports are needed in accordance with his CSSP addendum.
<p>Chronic medical conditions (state condition): Polymyalgia rheumatica (PMR), Cerebral Palsy, Spastic Quad</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob is aware of his chronic medical conditions. • Behavior and Symptoms: Bob has diagnoses of Polymyalgia rheumatica, inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders and hips. Cerebral Palsy, a group of disorders that affect movement and muscle tone or posture. Spastic Quad, a difficulty in controlling movements in the arms and the legs. • PAI supports are needed in accordance with his CSSP addendum.
<p>Self-administration of medication or treatment orders</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Bob has knowledge of the medications he takes and their purposes. Bob is cooperative during his medication administration and accepts staff assistance in the administration of his medications. • Behavior and Symptoms: Due to Bob’s diagnoses he may not understand the full scope of his medications and their administration, including side effects,

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		<p>doses, as well as following prescriber/physician's orders. Bob is unable to request medications or inform someone if there are issues associated with his medications.</p> <ul style="list-style-type: none"> PAI staff supports are needed in accordance with his CSSP addendum.
Preventative screening	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Bob. Bob's residential provider will assist him with this.
Medical and dental appointments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> PAI does not set up or attend medical appointments with Bob. Bob's residential provider will assist him with this.
Other health and medical needs (state specific need): Sun Sensitivity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: It is not known if Bob is aware of his sensitivity to the sun. Bob is accepting of staff assistance in applying sunscreen. Bob would not independently go outside and expose himself to potentially harmful sun rays without staff guidance and assistance. Behavior and Symptoms: Due to medications that Bob takes he is at a high risk for sunburn. His exposure to the sun should be limited, and he should always be wearing sunscreen if he is to be exposed to sunlight. PAI staff supports are needed in accordance with his CSSP addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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): Bob has unsteady gait. He is at risk of if he is not secured in his wheelchair.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: It is unknown if Bob is aware of his risk of falling. Bob keeps his helmet on. He would not take the helmet off without staff assistance. He can independently propel his wheelchair over short distances. Behavior and Symptoms: Bob wears a helmet at all times to protect his head in the event of a fall. PAI staff supports are needed in accordance with his CSSP addendum.
Mobility issues (include the specific issue): Bob has	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: It is unknown if Bob is aware of his risk of falling. Bob keeps his helmet on. He would not take the helmet off without staff

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<p>unsteady gait. He is at risk of if he is not secured in his wheelchair.</p>	<p>issues</p>	<p>assistance. He can self-propel his wheelchair short distances/</p> <ul style="list-style-type: none"> • Behavior and Symptoms: Bob wears a helmet to protect his head in the event of a fall. Bob will utilize his wheelchair for mobility. • PAI staff supports are needed in accordance with his CSSP addendum.
<p>Regulating water temperature</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown if Bob is aware of the water temperature. Bob does not independently turn faucets on without staff there to monitor the temperature of the water. • Behavior and Symptoms: Bob does not have the fine motor skills needed to adjust water temperature independently. • PAI staff supports are needed in this area in accordance with his CSSP Addendum.
<p>Community survival skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Bob enjoys spending time in the community. He can independently propel his wheelchair over short distances while on community outings. Bob would not seek out potentially dangerous situations while in the community • Behaviors and Symptoms: Bob is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is able to independently propel his wheelchair but is not able to do so safely in and around obstacles. Staff supports are needed in accordance with his CSSPA addendum.
<p>Water safety skills</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is not known if Bob possesses water safety skills. Bob does not actively seek out potentially dangerous bodies of water where he would have to demonstrate water safety skill without staff assistance. • Behaviors and Symptoms: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to local parks with water. • Staff supports are needed in this area in accordance with his CSSPA addendum.
<p>Sensory disabilities</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: It is unknown what Bob is able to see and hear. Bob is accepting of help from staff navigating in and around obstacles. • Behaviors and Symptoms: • Staff supports are needed in this area in accordance with his CSSPA addendum.
<p>Other personal safety needs (state specific need):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>N/A</p>

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N/A		
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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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 his head using his hand or throwing himself back in his wheelchair to hit his head	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Bob is aware of his feelings. Bob is able to express his feelings. • Behavior and Symptoms: Bob may hit himself with his hand or throw himself back wheelchair to hit his head when feeling upset. Bob is not able to verbally inform staff when he is upset. • PAI staff supports are needed in this area in accordance with his CSSP Addendum.
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Suicidal ideations, thoughts, or attempts N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Unauthorized or unexplained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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absence from a program N/A		
An act or situation involving a person that requires the program to call 911, law enforcement or fire department N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A