

SELF-MANAGEMENT ASSESSMENT

Name: Mary Bromander

Date of *Self-Management Assessment* development: 3/31/2021

For the annual period from: April 2021 to April 2022

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): Seasonal Allergies and Insect bites	<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, & Abilities: Mary may be aware when her allergies are affecting her. Mary may communicate this through her actions. • Behaviors or Symptoms: Mary is not able to inform others of her allergies. Mary is not able to request medication. • Staff supports are required in this area according to the CSSP Addendum.

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<p>Seizures (state specific seizure types): Mary has a history of seizures.</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, & Abilities: Mary may be aware of when she has a seizure. Mary is accepting of assistance and care from staff and other caregivers in managing her seizures. • Behaviors or Symptoms: Mary is also blind and non-verbal, she is at risk of having a seizure and injuring herself if she were to fall out of her chair or into objects because she cannot move objects away from her or help herself during a seizure. • Staff supports are required in this area according to the CSSP Addendum.
<p>Choking Physician order diet-ground/chopped diet, thin liquids</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mary knows what foods she prefers. Mary is able to eat orally. • Behaviors or Symptoms: Mary had a swallow study conducted that determined she was at risk of difficulty swallowing and choking. Mary has a physician ordered diet which consists of ground/chopped diet, thin liquids to reduce the risk of choking. Mary would be at risk of choking or difficulty swallowing if her meal was not prepared to current orders. Mary will eat very quickly and may scoop too much food onto her spoon and into her mouth causing her to have too much food in her mouth at once. Mary has a history of gulping her liquids, which puts her at risk for choking. • Staff supports are required in this area according to the CSSP Addendum.
<p>Special dietary needs (state specific need): Low cholesterol, ground/chopped diet, 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, & Abilities: Mary knows what foods she prefers. Mary is able to eat orally. • Behaviors or Symptoms: Mary is on a low cholesterol, ground/chopped diet with thin liquids. Mary would be at risk of choking or difficulty swallowing if her meal was not prepared to physician’s orders. Due to Mary’s cognitive and physical skill set, Mary would not be able to independently prepare her meal. • Staff supports are required in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition): Scoliosis, dementia, Hypothyroidism, Hyperlipidemia, Constipation, High Cholesterol</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, & Abilities: Mary may be aware of some of her chronic medical conditions. Mary may show signs that she is in discomfort due to her chronic medical conditions. • Behaviors or Symptoms: Mary is diagnosed with Scoliosis (Surgically repaired), Dementia (a decline in memory, language, problem-solving and other thinking skills that affect a person's ability to perform everyday activities), Hypothyroidism (a condition in which the thyroid gland is not able to produce enough thyroid hormone), and Hyperlipidemia (an abnormally high concentration of fats or lipids in the blood). Mary is also diagnosed with Constipation and High Cholesterol.

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		<ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Mary is aware she takes medications. Mary is willing to take her medications when requested. Behaviors or Symptoms: Due to Mary's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Mary is unable to request medications or inform someone if there are issues associated with her medications. Staff supports are required in this area according to the 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 Mary. Mary's residence will assist her with this. Staff supports are required in this area according to the CSSP Addendum.
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 Mary. Mary's residence will assist her with this. Staff supports are required in this area according to the CSSP Addendum.
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, & Abilities: Mary is aware when she has a sunburn. Mary is accepting of staff assistance in applying sunscreen prior to sun exposure. Behaviors or Symptoms: Mary's medication makes her skin sensitive to the sun putting her at risk of sunburn. Mary is not able to apply sunscreen or remove herself from the direct sun independently. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Eye Redness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Mary is aware when her eyes are feeling irritated. Mary is able to communicate this through her actions. Behaviors or Symptoms: Mary has a history of occasional eye redness due to rubbing her eyes. Mary is not able to independently redirect herself from rubbing her eyes. Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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

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<p>Risk of falling (include the specific risk): Mary is blind, she is at risk of falling without assistance with walking.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mary is aware of her skills. Mary is able to walk short distances. • Behaviors or Symptoms: Mary is ambulatory and blind she is at risk of not seeing obstacles in her path and tripping over them putting her at risk of acquiring injuries as a result of falling. Mary tires easily and may become unsteady and fall putting her at risk of bruising or further injury acquired from falling. Mary prefers to have her socks and shoes off. She may take them off while in the bus. • Staff supports are required in this area according to the CSSP Addendum.
<p>Mobility issues (include the specific issue): Mary is blind, she is at risk of falling without assistance with walking.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues</p>	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mary is aware of her skills. Mary is able to walk short distances. • Behaviors or Symptoms: Mary may walk without staff assistance if she decided to get up on her own putting her at risk of acquiring bruises or further injury if she were to run into or trip over obstacles because she cannot see them with her visual impairment. Mary tires easily and may fall putting her at risk of bruising or further injury acquired from falling. Immediately upon sitting down, Mary will independently remove her shoes and socks. If Mary were to initiate ambulating without her shoes on at program, on the bus, or in the community, she would be at risk of injury from having her feet stepped on, impact from a wheel chair, or stepping on something that could injure her. • Staff supports are required in this area according to the 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, & Abilities: Mary is aware of the water temperature. Mary is able to remove her hand if the temperature is not comfortable • Behaviors or Symptoms: Mary likely would not adjust the water temperature independently. • Staff supports are required in this area according to the 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, & Abilities: Mary enjoys being in the community. Mary is able to walk for short distances. • Behaviors or Symptoms: Mary is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Mary may need a wheelchair if she becomes tired. • Staff supports are required in this area according to the CSSP 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, & Abilities: It is unknown if Mary has water safety skills. • Behaviors or Symptoms: PAI does not offer community outings that are focused around a needed demonstration of water safety skills. PAI may offer outings to

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		<p>local parks with water.</p> <ul style="list-style-type: none"> Staff supports are required in this area according to the CSSP Addendum.
<p>Sensory disabilities Blind, Tactile defensiveness</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Mary is aware of familiar environments. Mary is able to find her aware around in familiar environments. Behaviors or Symptoms: Mary is blind and cannot see obstacles in her path putting her at risk of bumping into obstacles causing bruising or tripping over them acquiring injuries as a result of falling. Due to being blind, Mary is very nervous about being touched and displays some tactile defensiveness. Mary is at risk of not accepting assistance when needed or refusing assistance for tasks like receiving eye drops or brushing her teeth. Mary is at risk of further health complications if she will not allow staff to complete health related tasks. Staff supports are required in this area according to the CSSP Addendum.
<p>Other personal safety needs (state specific need): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>Other personal safety needs (state specific need): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>Other personal safety needs (state specific need): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>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.</p>		
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
<p>Self-injurious behaviors (state behavior): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>Physical aggression/conduct (state behavior): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>Verbal/emotional aggression (state behavior): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>
<p>Property destruction (state behavior): NA</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>NA</p>

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Suicidal ideations, thoughts, or attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Criminal or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Mental or emotional health symptoms and crises (state diagnosis): Depression, Dysthymic Disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Mary may be aware when she is feeling symptoms of depression. Mary may communicate this through her actions. • Behaviors or Symptoms: Mary has a diagnosis of depression and is currently on psychotropic medication, at her residence, to manage symptoms of depression. Mary is at risk of symptoms of depression such as loss of appetite, lack of sleep, and sadness. Mary is at risk of medication side effects such as, lethargy, sleepiness, dizziness, or upset stomach. • Staff supports are required in this area according to the CSSP Addendum.
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	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	NA
Other symptom or behavior (be specific): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA