SELF-MANAGEMENT ASSESSMENT

Name: Nina D'Amato

Date of *Self-Management Assessment* development: 4/29/2021 For the annual period from: May 2021 to May 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): Cephalosporins, may be allergic to dust, pollen, and animal dander	☐ Yes ☒ No ☐ NA – there are no allergies	• **Strengths, Skills, & Abilities:** Nina is aware when she is having symptoms of her allergies. Nina is able to show this with watery eyes, runny nose, and sneezing • **Behaviors or Symptoms:** Nina is not able to inform someone of her allergies. Nina is not able to check medication bottles for ingredients. • Staff supports are required in this area according to the CSSP Addendum.

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Seizures (state specific seizure types): Partially controlled	☐ Yes ☒ No ☐ NA – no seizures	• **Strengths, Skills, & Abilities:** Nina may be aware of when she has a seizure. Nina is accepting of assistance with her seizures. • **Behaviors or Symptoms:** Due to Nina's diagnoses she is not able to follow her seizure plan independently. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Nina knows what she likes to eat. Nina is able to eat orally. • **Behaviors or Symptoms:** Nina has difficulty swallowing. Nina may pocket food and swallow too much at once. Nina is at risk of choking if she ingests food or liquid that are not prepared according to her dietary orders. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Pureed with pudding thick liquids, avoid consuming sugar free items	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• **Strengths, Skills, & Abilities:** Nina knows what she likes to eat. Nina is able to eat orally. • **Behaviors or Symptoms:** Nina has a doctor prescribed diet of pureed with pudding thick liquids. Nina is not able to prepare her food independently. Her family prefers that Nina avoids consuming sugar free items. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): RETT'S Syndrome, Scoliosis, Asthma, Osteoporosis, Left Lower Lobe Bleb (air filled pocket), Hyperlipidemia, Insomnia, Heel Cord Contracture, Dropped feet, Constipation, Hemorrhoids	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• **Strengths, Skills, & Abilities:** Nina is aware of some of her chronic medical conditions. Nina may communicate when she has discomfort from her conditions. • **Behaviors or Symptoms:** Nina is diagnosed with RETT'S Syndrome, a rare genetic neurological and developmental disorder that affects the way the brain develops, causing a progressive loss of motor skills and speech. Scoliosis, a curvature of the spine. Asthma, a respiratory condition marked by spasms in the bronchi of the lungs, causing wheezing, coughing, trouble breathing, etc. Osteoporosis, a disease in which the density and quality of bone are reduced. Left Lower Lobe Bleb, an air filled pocket in the lung, Hyperlipidemia, an abnormally high concentration of fats or lipids in the blood. Insomnia, a sleep disorder in which you have trouble falling and/or staying asleep. Heel Cord Contracture, a joint pulled into an abnormal position because the tissue around it shrinks and hardens. Dropped feet, a difficulty in lifting the front part of the foot, which can make walking challenging. Nina is also diagnosed with Constipation and Hemorrhoids. • Staff supports are required in this area according to the CSSP Addendum.

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Self-administration of medication or treatment orders	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Nina is aware she takes medication. Nina does not attempt to take medication that is not hers. • **Behaviors or Symptoms:** Due to Nina's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Nina 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	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Nina. Nina's residence will assist her with this.
Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Nina. Nina's residence will assist her with this.
Other health and medical needs (state specific need): Collapsing Lungs by history	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Nina is aware when she is having difficulty breathing. Nina may inform staff of her discomfort. • **Behaviors or Symptoms:** Nina has a history of collapsing lungs putting her at risk of a higher likelihood of harm from respiratory complications. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Sun sensitivity	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Nina is aware of when she is sunburnt. Nina may inform staff of her discomfort. • **Behaviors or Symptoms:** Nina's medication makes her skin sensitive to the sun putting her at risk of sunburn. Nina is unable to apply sunscreen or move herself out of the sun. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): NA	☐ Yes ☐ No ☒ 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**
Risk of falling (include the specific risk): wide gait, Heel Cord Contracture, Scoliosis, and Rhett's Syndrome	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, & Abilities:** Nina is aware of her abilities. Nina is able to walk short distances with staff assistance. • **Behaviors or Symptoms:** Due to Nina's diagnoses she is at risk of falling. Nina requires staff assistance when ambulating. Nina is also observed to sometimes

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		attempt to step forward but her feet do not move putting her at risk of falling forward. Nina fell in 2018 and had her head by a metal hair clip. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): wide gait, Heel Cord Contracture, Scoliosis, and Rhett's Syndrome	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, & Abilities:** Nina is aware of her abilities. Nina is able to walk short distances with staff assistance. • **Behaviors or Symptoms:** Nina is likely to be unsteady when ambulating. Nina uses a wheelchair for transportation and while in the community. Nina requires staff assistance when walking at PAI. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Nina is aware of the water temperature. Nina may indicate the water is too hot or cold with facial expressions or pulling her hand back. • **Behavior and Symptoms:** Nina does not have the fine motor skills needed to adjust the water temperature. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Nina enjoys spending time in the community. • **Behaviors and Symptoms:** Nina is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. She is not able to independently propel her wheelchair. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** It is unknown if Nina possesses water safety skills. • **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 required in this area according to the CSSP Addendum.
Sensory disabilities	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Nina is aware of her tactile defensiveness. Nina is able to wear gloves for short periods of time. • **Behaviors or Symptoms:** Nina has some tactile defensiveness. Nina does not like wearing gloves. When the temperature is lower Nina needs encouragement to keep her gloves on while outside. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA

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Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
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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): NA	☐ Yes ☐ No ☒ NA	NA
Physical aggression/conduct (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Verbal/emotional aggression (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Property destruction (state behavior): NA	☐ Yes ☐ No ☒ NA	NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	NA
Mental or emotional health symptoms and crises (state diagnosis): Depression	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Nina may be aware of when she's feeling depressed. Nina may communicate this through her actions and interactions. • **Behaviors or Symptoms:** Nina is diagnosed with depression. Nina does not communicate verbally and is not able to tell someone if she is feeling the symptoms of depression. • Staff supports are required in this area according to the CSSP Addendum.
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	NA
An act or situation involving a person that requires the program to call 911, law	☐ Yes ☐ No ☒ NA	NA

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enforcement or fire department		
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA

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