SELF-MANAGEMENT ASSESSMENT

Name: Susan Kazmierczak

Date of *Self-Management Assessment* development: 7.8.2021 For the annual period from: July 2021 to July 2022

Name and title of person completing the review: Emily Elsenpeter, 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: Amoxicillin	☐ Yes ☒ No ☐ NA – there are no allergies	• Strengths, Skills, & Abilities: Susan is accepting of supports in this area. It is unknown if she has functional awareness of her allergy. • Behaviors or Symptoms: The specific reaction is not known but may include rash, hives, respiratory distress, or anaphylactic shock. • Staff supports are required in this area according to the CSSP Addendum.

Seizures: Grand Mal or generalized tonic-clonic	☐ Yes ☒ No ☐ NA – no seizures	• Strengths, Skills, & Abilities: Susan is accepting of supports in this area. It is unknown if she has functional awareness of her seizure disorder. • Behaviors or Symptoms: Susan is diagnosed with epilepsy and has breakthrough seizures. She may experience an increase in seizure activity potentially caused by being ill, overheated, her menses, or dehydration. On days that Susan may have a seizure, she may be shakier, tired, weak, and less engaged. Susan's seizures present as Grand Mal or generalized tonic-clonic seizures, ranging from 15 seconds to 1.5 minutes. Her lips may turn blue, and she may invert her body, she consistently turns her head to one side, and she may roll her body to one side. • Staff supports are required in this area according to the CSSP Addendum.
Choking	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Susan is accepting of a bite sized diet and supports with eating. Susan is able to eat most foods independently when food is set up for her. She is aware of when she requires assistance and will answer yes or no when asked. • Behaviors or Symptoms: Susan may have difficulty with processing some foods, putting her at risk for choking. She may not be able to determine appropriately sized bites of foods or distinguish what is a food that is more difficult for her to process. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs: Bite sized	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• Strengths, Skills, & Abilities: Susan is accepting of a bite sized diet and supports with eating. Susan is able to eat most foods independently when food is set up for her. She is aware of when she requires assistance and will answer yes or no when asked. • Behaviors or Symptoms: Susan has bite sized diet. She is not able to set up her food. Susan drinks from a cup with handles and a straw and eats independently with a scoop plate, built up handled utensils, and an anti-slip mat under her plate. She may require assistance with foods that are eaten with a spoon. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions: Gastroesophageal Reflux Disease, Cerebral Palsy, and Urine Retention or bladder spasms	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• Strengths, Skills, & Abilities: Susan is accepting of supports with her chronic medical conditions. She is aware of when she is not well and may verbally indicate that she is not feeling well when asked. • Behaviors or Symptoms: ○ **Gastroesophageal Reflux Disease**: or GERD, is a digestive disorder that affects the lower esophageal sphincter (LES), the ring of muscle between the esophagus and stomach. Susan may experience symptoms of GERD, such as vomiting.

		○ **Urine Retention or bladder spasms**: A condition in which the bladder does not empty completely even if it is full and may often feel like you really have to urinate. Susan may frequently indicate when she needs to use the restroom and may need time to sit in the restroom. Susan does not consistently wear briefs but may have instances of incontinence due to holding her bladder too long. ○ **Urinary Tract Infections leading to Sepsis**: A urinary traction infection (UTI) is a very common type of infection in your urinary system. A UTI can involve any part of your urinary system, including the urethra, ureters, bladder, and kidneys. Symptoms typically include needing to urinate often, having pain when urinating and feeling pain in your side or lower back. Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. ○ **Cerebral Palsy**: A congenital disorder of movement, muscle tone, or posture. Cerebral palsy is due to abnormal brain development, often before birth. Symptoms include exaggerated reflexes, floppy or rigid limbs, involuntary motions, constipation, difficulty swallowing, drooling, hearing loss, seizures, spastic gait, teeth grinding, tremor, or difficulty raising the foot. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Susan is accepting of supports in this area. It is unknown what functional awareness she has in this area. • Behaviors or Symptoms: Due to her cognitive and physical limitations, Susan is not able to self-administer her medications. She receives her medications orally with full assistance. • Staff supports are required in this area according to the CSSP Addendum.
Preventative screening	☐ Yes ☐ No ☒ NA	PAI does not manage Susan's preventative screening.
Medical and dental appointments	☐ Yes ☐ No ☒ NA	PAI does not manage Susan's medical or dental appointments.

Other health and medical needs: Personal Cares	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Susan is aware of when she needs to use the restroom may verbally indicate that she needs to. Susan is able to use the toilet once assisted to it. • Behaviors or Symptoms: Due to her physical limitations, she is not able independently complete her personal or menstrual cares. Susan is supported in moving to the toilet and supported in cleaning up. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Gallstones	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Susan is aware of when she is not feeling well. Susan may indicate if she is feeling unwell when asked. • Behaviors or Symptoms: Susan has a history of gallstones. Gallstones are hardened deposits of digestive fluid that can form in the gallbladder. She had a surgery in March 2019 to have a gallstone removed. She may experience symptoms such as pain in the back or upper-right abdomen, indigestion, nausea, or vomiting and/or cramping/discomfort from gallstones. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs: Displaced shoulder	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Susan is accepting of supports in this area. It is known if she is functional awareness in this area. • Behaviors or Symptoms: Susan's shoulders may become displaced (when the upper arm bone comes out of the shoulder blade socket), or lock up until it moves back into the correct spot, typically due to sleeping on her stomach with her hands above her head. This may happen in the morning or when she raises her arms throughout the day. She is unable to move her shoulder back to the correct place on her own. • Staff supports are required in this area according to the CSSP Addendum.
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: Cerebral Palsy	☐ Yes ☒ No ☐ NA – not at risk for falling	• Strengths, Skills, & Abilities: Susan is able to bear weight and walk in her gait trainer. She has trunk control. She is accepting of supports in this area. It is unknown if she has functional awareness of when she may fall. • Behaviors or Symptoms: Susan is diagnosed with Cerebral Palsy, causing spasticity in her arms and legs. Susan has a greater range of motion in her upper body than in her legs. Susan is able to bear weight and assist with transfers, with support, although she is at risk for falling. When in her wheelchair, Susan's lap belt is secured and her foot pedals are down to support proper positioning. She utilizes shoulder straps during transportation. When using the Arjo and her gait trainer, all safety straps will be applied prior to moving. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues: Cerebral Palsy	☐ Yes ☒ No ☐ NA – there are no mobility issues	• Strengths, Skills, & Abilities: Susan is able to bear weight and walk in her gait trainer. She is accepting of supports in this area. She is aware of when she requires support in her mobility and will answer yes or no when asked. • Behaviors or Symptoms: Susan uses an electric wheelchair as her primary form of mobility which is utilizes primarily independently, with the exception of unfamiliar or small spaces and controlling speed. Susan is able to bear weight; however she needs support to transfer her body. Susan is transferred using the Arjo and one staff to assist. In case of emergency and in the community, she is able to transfer using a two person stand pivot with a Posey belt. Susan will assist in repositioning herself in her wheelchair by pushing with her legs on the foot rests to move her bottom back. She requires support to get into her gait trainer and may need reminders to maintain good posture and a safe speed while using it. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Susan may verbally indicate that water is at an uncomfortable temperature or move herself away from it. She is accepting of support in this area. • Behaviors or Symptoms: Susan is unable to adjust the water temperature or determine a safe water temperature due to her developmental and physical disabilities. Susan is at risk of being exposed to extreme water temperatures if not regulated and supported. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Susan enjoys spending time in the community. She is accepting of supports in this area. She has awareness of her surroundings and may

		ask for support. • Behaviors or Symptoms: Susan has been diagnosed with developmental disabilities, physical disabilities, and a seizure disorder. She is not able to comprehend the potential dangers related to the community, traffic, or pedestrian safety skills independently. She may require support in moving her wheelchair in unfamiliar environments. She does not have the ability to drive. She would require support if an emergency situation were to occur or to ask for assistance. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	☐ Yes ☒ No	• Strengths, Skills, & Abilities: Susan loves to swim and is accepting of supports in this area. Susan is aware that she swims with support. • Behaviors or Symptoms: Susan has been diagnosed with developmental and physical disabilities that put her at high risk of drowning. She requires full support while swimming or near water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities: Vision impairment	☐ Yes ☒ No ☐ NA	• Strengths, Skills, & Abilities: Susan has functional vision without glasses and is able to navigate familiar environments in her wheelchair. She is accepting of supports in this area. • Behaviors or Symptoms: Susan has a vision impairment and may have difficulty with obstacles in her environment or while navigating through an unfamiliar environment. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	• N/A
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): N/A	☐ Yes ☐ No ☒ NA	• N/A
Physical aggression/conduct (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Verbal/emotional aggression (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A

Property destruction (state behavior): N/A	☐ Yes ☐ No ☒ NA	• N/A
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	• N/A
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	• N/A
Mental or emotional health symptoms and crises (state diagnosis):	☐ Yes ☐ No ☒ NA	• N/A
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	• N/A
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	• N/A
Other symptom or behavior (be specific):	☐ Yes ☐ No ☒ NA	• N/A