PAI

SELF-MANAGEMENT ASSESSMENT

Name: Angelina Mazoleny

Date of *Self-Management Assessment* development: 9/14/21   For the annual period from: September 2021 to September 2022

Name and title of person completing the review: Briana Hinzman, 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): NA	☐ Yes ☐ No ☒ NA – there are no allergies	• Angelina has no known allergies, has tongue thrusting when on daily Reglan.
Seizures (state specific seizure types): Neonatal	☐ Yes ☒ No ☐ NA – no seizures	• Angelina has not had seizures since she was very young.

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Choking	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Angelina is aware of her NPO order. Angelina does not attempt to eat anything by mouth. **Behavior and Symptoms:** Angelina has an NPO order. Angelina is at risk of aspirating or coughing if her upper body is not supported by pillows, wedges, or other supports when she is on the mat table. - Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): NPO	☐ Yes ☒ No ☐ NA – there are no special dietary needs	**Strengths, Skills, and Abilities:** Angelina is aware of her NPO order. Angelina does not attempt to eat anything by mouth. **Behavior and Symptoms:** Angelina has an NPO order and does not eat orally. - Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia, Osteopenia, Ehrlele-Danlos, Pancytopenia, history of bowel obstructions, MRSA, Colostomy, Ogilvie Syndrome	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	**Strengths, Skills, and Abilities:** Angelina is aware of when she may be experiencing pain from her chronic medical conditions. Angelina may communicate this with facial grimacing. **Behavior and Symptoms:** Angelina is diagnosed with Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia, the inability to control and use the legs, arms, and body and tights muscles. Osteopenia, bones are weaker than normal. Ehrlele-Danlos, This is characterized by an increased sensitivity to bruising and a slow healing process. Pancytopenia, a condition that occurs when a person has low counts for all three types of blood cells: red blood cells, white blood cells, and platelets. Ogilvie Syndrome, is the acute dilatation of the colon. Angelina is also diagnosed with a history of bowel obstructions and MRSA. - Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Angelina is aware she takes medications. Angelina is corporative during her medication administration. **Behavior and Symptoms**: Due to Angelina's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Angelina 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 Angelina. Angelina's residence will assist her with this.

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Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Angelina. Angelina's residence will assist her with this.
Other health and medical needs (state specific need): DNR/DNI	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** it is unknown if Angelina is aware of her DNR/DNI. • **Behavior and Symptoms:** Due to Angelina's diagnoses she is unable to inform others or her DNR/DNI. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Ostomy Bag	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Angelina is aware of her Ostomy bag and knows it needs to be emptied regularly. • **Behavior and Symptoms:** Angelina has a history of bowel obstructions and has had most of her stomach surgically removed. Angelina is not able to care for her ostomy bag. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): Baclofen Pump	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, and Abilities:** Angelina is accepting of assistance with her baclofen pump. • **Behavior and Symptoms:** Due to high tonality, Angelina had a baclofen pump implanted. She also receives Botox injections in her lumbar. • 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 (include the specific risk): Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, and Abilities:** Angelina is aware of her risk of falling. Angelina is more comfortable with transitions when she knows the staff well. • **Behavior and Symptoms:** Angelina is not able to control her body if it were to lean to one side as she has limited trunk and limb control. Angelina uses a wheelchair with headrest, anti-tip bars, and lap tray with built up side panels for mobility. The lap tray with built up side panels encourage her arms to stay on her lap tray. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Cerebral Palsy with Spastic Quadriparesis and	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, and Abilities:** Angelina is aware of her mobility issues. Angelina accepts assistance with moving her wheelchair and moving her arms in.

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Extreme Hypertonia		• **Behavior and Symptoms:** Angelina uses a wheelchair with headrest, anti-tip bars, and lap tray with built up side panels, chest strap, an inner lap belt, external seatbelt, and foot straps to keep her body in position. The lap tray with built up side panels encourage Angelina to keep her arms in close. Angelina has her own sling and remains under her person while in the wheelchair. Sometimes Angelina's arms extend outside of her lap tray. It is difficult for Angelina to control her arm purposefully to move it to the middle of her body. Angelina is at risk of injuring her arm when going through doors. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☐ Yes ☒ No	• **Strengths, Skills, and Abilities:** Angelina is accepting of placing her hands in water. • **Behavior and Symptoms:** Angelina 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:** Angelina enjoys spending time in the community. Angelina is very friendly and likes meeting new people. • **Behaviors and Symptoms:** Angelina 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 Angelina 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	NA
Other personal safety needs (state specific need): NA	☐ Yes ☐ No ☒ NA	NA
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
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): NA	☐ Yes ☐ No ☒ NA	NA
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 enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA