SELF-MANAGEMENT ASSESSMENT

Name: Kathy Owens

Date of *Self-Management Assessment* development: 6/14/2021 For the annual period from: June 2021 to June 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): Penicillin, Sensitivity to caffeine	☐ Yes ☒ No ☐ NA – there are no allergies	• **Strengths, Skills, & Abilities:** Kathy is aware of her allergies. Kathy may inform someone of her allergies. • **Behaviors or Symptoms:** Kathy may forget about her allergies or not feel comfortable informing someone of her allergies. • Staff supports are required in this area according to the CSSP Addendum.
Seizures (state specific seizure types): NA	☐ Yes ☐ No ☒ NA – no seizures	NA

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Choking	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Kathy knows what foods she prefers to eat. Kathy is able to eat independently. • **Behaviors or Symptoms:** Kathy may eat too quickly and has a history of pocketing food in her cheeks. • Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): bite size pieces, cardiac diet, low sodium (2000mg per day), fluid restriction (64 ounces per day)	☐ Yes ☒ No ☐ NA – there are no special dietary needs	• **Strengths, Skills, & Abilities:** Kathy knows what foods she prefers to eat. Kathy is able to eat independently. Kathy may be aware of her diets and fluid restriction. • **Behaviors or Symptoms:** Kathy is not able to prepare her food properly. Kathy may not follow her dietary and fluid restrictions. • Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): stroke in December of 2017, history of blood clots, high blood pressure, and periodontal disease	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	• **Strengths, Skills, & Abilities:** Kathy is aware of her diagnoses. Kathy is able to inform others and will indicate if she is experiencing any discomfort. • **Behaviors or Symptoms:** Kathy had a stroke, occurs when the blood supply to part of your brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients, in December of 2017. She also has a history of blood clots gel-like clumps of blood, and high blood pressure, which is when blood flows through blood vessels, or arteries, at higher than normal pressures**.** Kathy is diagnosed with periodontal disease, a gum infection that damages the soft tissue and bone supporting the tooth. • Staff supports are required in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Kathy is aware she takes medications. Kathy is willing to take medications and may request them as needed. • **Behaviors or Symptoms:** Due to Kathy's stroke she is not able to prepare 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 Kathy. Kathy's residence will assist her with this.
Medical and dental appointments	☐ Yes ☒ No	• PAI does not set up or attend medical appointments with Kathy. Kathy's residence will assist her with this.
Other health and medical needs (state specific need): Congestive heart failure	☐ Yes ☐ No ☒ NA	• **Strengths, Skills, & Abilities:** Kathy is aware of her diagnoses. Kathy is able to inform others and will indicate if she is experiencing any pain or discomfort.

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		• **Behaviors or Symptoms:** Kathy is diagnosed with congestive heart failure, which is occurs when your heart muscle doesn't pump blood as well as it should. Certain conditions, such as narrowed arteries in your heart (coronary artery disease) or high blood pressure, gradually leave your heart too weak or stiff to fill and pump efficiently. Kathy may experience chest pain and/or discomfort. • 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
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): Stroke	☐ Yes ☒ No ☐ NA – not at risk for falling	• **Strengths, Skills, & Abilities:** Kathy is aware of her abilities. Kathy has good trunk support and can hold herself up. • **Behaviors or Symptoms:** Due to the stroke Kathy is no longer able to bear weight. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Stroke	☐ Yes ☒ No ☐ NA – there are no mobility issues	• **Strengths, Skills, & Abilities:** Kathy is aware of her abilities. Kathy is able to move her wheelchair for short distances independently. • **Behaviors or Symptoms:** Kathy may become tired after moving her wheelchair long distances and in the community. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	☒ Yes ☐ No	NA
Community survival skills	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Kathy enjoys spending time in the community. Kathy is friendly and greets community members. • **Behaviors or Symptoms:** Kathy may become tired from propelling her wheelchair long distances. Kathy may not be aware of the pedestrian and street safety skills needed to be safe. • Staff supports are required in this area according to the CSSP Addendum.

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Water safety skills	☐ Yes ☒ No	• **Strengths, Skills, & Abilities:** Kathy may be aware of her abilities. Kathy is able to ask for assistance. • **Behaviors or Symptoms:** Kathy is not able to swim. 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: Vision impairment and hearing loss	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Kathy is aware of her abilities. Kathy wears glasses and hearing aids throughout the day. • **Behaviors or Symptoms:** Kathy has vision impairment in both eyes. Kathy has hearing loss. • Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): NA	☐ 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

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): Hits peers	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Kathy knows when she is feeling frustrated. Kathy is able to communicate this. • **Behaviors or Symptoms:** Kathy may attempt to hit or slap a peer if she is feeling frustrated by them. Kathy may choose not to remove herself from the situation. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): Yells at others	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Kathy knows when she is feeling frustrated. Kathy is able to communicate this.

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		• **Behaviors or Symptoms:** Kathy may yell at others if she is feeling frustrated by them. Kathy may choose not to remove herself from the situation. • Staff supports are required in this area according to the CSSP Addendum.
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, Anxiety disorder NOS, adjustment disorder mixed disturbance of emotions and conduct, avoidant personality	☐ Yes ☒ No ☐ NA	• **Strengths, Skills, & Abilities:** Kathy is aware of her diagnoses. Kathy is able to share her feelings. • **Behaviors or Symptoms:** Kathy is diagnosed with depression, which is defined as a mood disorder that causes a persistent feeling of sadness and loss of interest and Anxiety Disorder NOS (Not Otherwise Specified**)** which is when patients have symptoms of anxiety disorder. Kathy is also diagnosed with an adjustment disorder with mixed disturbance of emotions and conduct, which is defined by extreme reaction to a stressful incident, that impacts mental equilibrium and causes negative changes in behavior and Avoidant personality, which is characterized by feelings of extreme social inhibition, inadequacy, and sensitivity to negative criticism and rejection. • 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 enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): NA	☐ Yes ☐ No ☒ NA	NA

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