

SELF-MANAGEMENT ASSESSMENT

Name: Deanna Hanggi

Date of *Self-Management Assessment* development: 07/08/2021

For the annual period from: July 2021 to July 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): lactose intolerant	<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: Deanna may be aware of her allergy. Deanna may communicate an upset stomach with her actions. • Behaviors or Symptoms: Deanna is lactose intolerant. Deanna is not able to communicate this to others. Deanna may attempt to eat foods with lactose in them. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Seizures (state specific seizure types): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> Deanna is not diagnosed with a seizure disorder.
Choking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Deanna enjoys mealtime. Deanna is able to eat independently. Behaviors or Symptoms: Deanna may eat too fast or take too large of bites putting her at risk of choking. Staff supports are required in this area according to the CSSP Addendum.
Special dietary needs (state specific need): Regular, bite sized pieces, lactose intolerant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no special dietary needs	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Deanna enjoys mealtime. Deanna is able to eat independently. Behaviors or Symptoms: Deanna may eat too quickly or take too big of bites. Deanna is not able to prepare her food independently. Staff supports are required in this area according to the CSSP Addendum.
Chronic medical conditions (state condition): Rosacea, history of Urinary Tract Infection, History of Yeast Infection, History of blood clots	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no chronic medical conditions	<ul style="list-style-type: none"> Strengths, Skills, & Abilities: Deanna may be aware of her conditions. Deanna may communicate discomfort through her actions. Behaviors or Symptoms: Deanna is diagnosed with Rosacea, a common skin disease. It often begins with a tendency to blush or flush more easily than other people. The redness can slowly spread beyond the nose and cheeks to the forehead and chin. Even the ears, chest, and back can be red all the time. History of Urinary tract infection (UTI). Symptoms of a UTI include discomfort/pain will urinating, frequent need to urinate, cloudy, dark, or strange smelling urine. Deanna may also show symptoms of being tired, shaky, fever or chills. Deanna is diagnosed with a history of yeast infections. Symptoms of yeast infection include rash, irritation, redness and swelling in the vaginal area. Deanna is diagnosed with a history of blood clots in both lungs and her leg. A blood clot a leg may cause swelling in the affected leg, red or discolored skin on the leg, feeling of warmth in the affected leg and/or pain in the affected leg. The pain often starts in an individual’s calf and can feel like cramping or soreness. A blood clot in a lung may cause chest pain, shortness of breath, cough that may produce bloody or blood-streaked sputum. Other signs/symptoms that may occur are rapid or irregular heartbeat, lightheadedness or dizziness, excessive sweating, fever, clammy or discolored skin (cyanosis), and/or leg pain or swelling (or both), usually in the calf by a deep vein thrombosis. Staff supports are required in this area according to the CSSP Addendum.

PAI

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: Deanna is aware she takes medications. Deanna is willing to take her medications when requested. • Behaviors or Symptoms: Due to Deanna's diagnoses she may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Deanna 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 Deanna. Deanna's residence will assist her with this.
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 Deanna. Deanna's residence will assist her with this.
Other health and medical needs (state specific need): Prone to bruising	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna may be aware of when she has a bruise. Deanna may show she is in discomfort from the bruise. • Behaviors or Symptoms: Deanna is prone to bruising. Deanna does not use words to communicate and is unable to inform others. • Staff supports are required in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): High risk for excessive bleeding due to blood thinners	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna is aware she takes medications. Deanna may be aware of the medication risks of blood thinners. • Behaviors or Symptoms: Deanna is on blood thinners due to her history of blood clots; this puts her at a high risk for excessive bleeding. Her doctor states that if she were to have bleeding, she should be taken to the hospital. • 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
Risk of falling (include the specific risk): Unsteady gait, poor depth perception	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – not at risk for falling	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna is aware of her abilities and hesitates during a transition. Deanna is able to walk independently.

PAI

		<ul style="list-style-type: none"> • Behaviors or Symptoms: Deanna can be unsteady while walking at times and has trouble with depth perception such as change in texture, color, or level of terrain. She is at risk of losing balance causing injury from falling or tripping. • Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): Unsteady gait, poor depth perception	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – there are no mobility issues	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna is aware of her abilities and hesitates during a transition. Deanna is able to walk independently. • Behaviors or Symptoms: Deanna can be unsteady while walking at times and has trouble with depth perception such as change in texture, color, or level of terrain. She is at risk of losing balance causing injury from falling or tripping. • Staff supports are required in this area according to the CSSP Addendum.
Regulating water temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna is aware of the water temperature. Deanna is able to remove her hand if the temperature is not comfortable • Behaviors or Symptoms: Deanna likely would not adjust the water temperature independently. • Staff supports are required in this area according to the CSSP Addendum.
Community survival skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna enjoys being in the community and is very friendly. Deanna is able to walk independently. • Behaviors or Symptoms: Deanna is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. Deanna likes to kiss and/or lick people which may be misinterpreted in the community. • Staff supports are required in this area according to the CSSP Addendum.
Water safety skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: It is unknown if Deanna 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 local parks with water. • Staff supports are required in this area according to the CSSP Addendum.
Sensory disabilities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna may be aware of her vision impairments. Deanna shows hesitation when changing environments and is accepting of assistance. • Behaviors or Symptoms: Deanna is near sighted causing problems with depth perception and seeing the walkway ahead of her. She has glasses but refuses to wear them. She is at risk of falling and tripping causing injury. • Staff supports are required in this area according to the CSSP Addendum.

PAI

Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Other personal safety needs (state specific need): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Physical aggression/conduct (state behavior): Pinch, scratch	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, & Abilities: Deanna is aware of when she is feeling anxious, frustrated, or in distress. Deanna is able to communicate this with her actions. • Behaviors or Symptoms: When anxious, frustrated, or communicating distress Deanna has pinched and scratched others. • Staff supports are required in this area according to the CSSP Addendum.
Verbal/emotional aggression (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Property destruction (state behavior): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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): NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
Unauthorized or unexplained absence from a program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA

PAI

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