

SELF-MANAGEMENT ASSESSMENT

Name: Donald LeVasseur

Date of *Self-Management Assessment* development: 10/7/21

For the annual period from: October 2021 to October 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): <ul style="list-style-type: none"> Medications: Codeine, Dilantin, Bactrim, Erythromycin, and Augmentin. 	<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, and Abilities: It is unknown if Donald is aware of his medication allergies. Donald would not put himself at risk by independently taking any of the medications that he is allergic to. Behavior and Symptoms: Donald is at risk of allergic reaction such as breathing complications or rash if he were to take any of the medications that he is allergic to. Staff supports are needed in this area according to the CSSP addendum.

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<p>Seizures (state specific seizure types):</p> <ul style="list-style-type: none"> • Tonic Clonic and Myoclonic Seizures 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA – no seizures	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Donald may be aware of his seizure disorder. Donald is accepting of staff assistance in following his seizure protocol, and in the administration of his PRN, should he need it. • Behavior and Symptoms: When having a seizure Donald will look “fearful, his lips may turn blue, his limbs will go out and his eyes may go dark. Donald is not able to take his daily medication or seizure prn independently. • Staff supports are needed in this area according to his CSSP addendum.
<p>Choking:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Donald may be aware of his choking risk. Donald is accepting of staff assistance with eating as needed, and in ensuring his pleasure tastings are prepared in accordance with his dietary plan. Donald is accepting of staff assistance in ensuring that his oral manipulatives are whole and that there are no pieces that could break off. • Behavior and Symptoms: Donald is at risk of choking if he were to eat pleasure tastings that are not in accordance to his dietary plan, or if he is using an oral manipulative that could break into small pieces. Staff will monitor and assist Donald while he is eating. Staff will ensure that Donald is using oral manipulatives that are not in danger of breaking into small pieces that would put Donald at risk of choking. • Staff supports are needed in accordance with his CSSP addendum.
<p>Special dietary needs (state specific need):</p> <ul style="list-style-type: none"> • G-Tube. • Pleasure Tasting 	<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, and Abilities: Donald enjoys pleasure tastings. Donald accepts staff assistance with eating his pleasure tastings. Donald is accepting of staff assistance in assisting him with g-tube fluids and nutrition. • Behavior and Symptoms: Donald is at risk of choking if his pleasure tastings are not prepared in accordance with his dietary guidelines, or if he were to have liquids by mouth. • Staff supports are needed in this area according to the CSSP Addendum.
<p>Chronic medical conditions (state condition):</p> <ul style="list-style-type: none"> • Cerebral Palsy • Scoliosis • Chronic ear infections • GERD 	<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, and Abilities: Donald may be aware of some of his chronic medical conditions. Donald is accepting of staff assistance in managing his chronic medical conditions. • Behavior and Symptoms: <ul style="list-style-type: none"> - Cerebral Palsy: is due to abnormal brain development, often occurring before birth. Symptoms include impaired movement due to abnormal reflexes, floppiness or rigidity of the limbs and trunk, abnormal posture, and involuntary movements.

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		<ul style="list-style-type: none"> - Scoliosis: is the curvature of the spine which may cause Donald to experience pain and discomfort in his back. Due to his scoliosis, Donald had Harrinton rod implanted in his spinal column to treat the condition. - Chronic ear infections: is the recurrence of ear infections, which may cause Donald to be uncomfortable or experience pain in his ear. - GERD: Gastroesophageal reflux disease (GERD) is a long-term condition where acid from the stomach persistently comes up into the esophagus. This causes an uncomfortable burning sensation in the chest. <ul style="list-style-type: none"> • Staff supports are needed in this area according to the CSSP Addendum.
Self-administration of medication or treatment orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Donald may be aware he takes medications. Donald is cooperative during his medication administration. • Behavior and Symptoms: Due to Donald's diagnoses he may not understand the full scope of the administration of his medications, including side effects, doses, and following prescriber's orders. Donald is unable to request medications or inform someone if there are issues associated with his medications. • Staff supports are needed 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 Donald. Donald's residence assists him 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 Donald. Donald's residence assists him with this.
Other health and medical needs (state specific need): <ul style="list-style-type: none"> • Neurogenic Bladder 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> • Strengths, Skills, and Abilities: Donald may be aware of his bathroom needs. Donald is accepting of staff assistance with his toileting via his urinal. • Behavior and Symptoms: is number of urinary conditions due to lack of bladder control caused by an issue in the brain, spinal cord or nervous system. Donald may experience an increased risk of urinary track infection, incontinence, inability to sense with his bladder is full and small urine volume when voiding. Donald needs assistance in completing his personal cares. He is supported in changing his brief and in using his urinal from the mat-table. • Staff supports are needed in this area according to the CSSP Addendum.
Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Other health and medical needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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): <ul style="list-style-type: none"> unable to bear weight primary means of mobility is his manual wheelchair. at risk of falling out of his chair if he is not secured safely in his chair. 	<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, and Abilities: Donald may be aware of his risk of falling. Donald is accepting of staff assistance with his transfers, and with helping him remain safe and secure in his wheelchair. Behavior and Symptoms: Due to Donald’s medical conditions he has limited limb and trunk control. He needs assistance with his transfers. Donald needs assistance from staff in ensuring that he is safely secured in his wheelchair. Staff supports are required in this area according to the CSSP Addendum.
Mobility issues (include the specific issue): <ul style="list-style-type: none"> Not able to propel wheelchair Not able to transfer self. Not able to bear weight. 	<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, and Abilities: Donald may be aware of his risk of falling. Donald is accepting of staff assistance with his transfers, and with helping him remain safe and secure in his wheelchair. Donald is accepting of staff assistance with the propulsion of his wheelchair. Behavior and Symptoms: Due to Donald’s medical conditions he has limited limb and trunk control. He needs assistance with his transfers. Donald needs assistance from staff in ensuring that he is safely secured in his wheelchair, and in the propulsion of his wheelchair. 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, and Abilities: Donald may be aware of the water temperature. Donald responds to staff re-direction if he is seeking out water that may be too hot for touch and is accepting of staff assisting him in regulating water temperature. Behavior and Symptoms: Donald does not have the fine motor skills needed to adjust the water temperature to a safe and appropriate level, and also may not understand what a safe and appropriate water temperature feels like.

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		<ul style="list-style-type: none"> 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, and Abilities: Donald enjoys spending time out in the community. He is comfortable with staff assisting him in navigating his environment while out in the community. Behaviors and Symptoms: Donald is not able to comprehend the potential dangers related to the community, such as understanding the dangers of traffic and independently demonstrating pedestrian safety skills. Due to his disabilities he would be at risk of someone in the community attempting to take advantage of him. 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, and Abilities: It is unknown if Donald possesses water safety skills. Donald has not before sought out bodies of water without staff or caregivers in close proximity. 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: <ul style="list-style-type: none"> Vision Impairment 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> Strengths, Skills, and Abilities: Donald may be aware of his vision impairment. Donald wears his corrective lenses and is accepting of staff assistance in cleaning and maintaining them as needed. Behaviors and Symptoms: Although Donald does wear his corrective lenses, it is unknown if his vision impairment persists some even with the corrective lenses. This could put him at risk in certain environments where his vision impairment could put him in harm's way, such as out in the community around traffic or other aspects where not seeing certain stimuli could be dangerous. Staff supports are required in this area according to the CSSP Addendum.
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A

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Other personal safety needs (state specific need): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Physical aggression/conduct (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Verbal/emotional aggression (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Property destruction (state behavior): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Suicidal ideations, thoughts, or attempts N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Criminal or unlawful behavior N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Mental or emotional health symptoms and crises (state diagnosis): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
Unauthorized or unexplained absence from a program N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A
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	N/A
Other symptom or behavior (be specific): N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	N/A