Client Demographics

Client Information

Client Name: McGee, Poppy X
Assessor Name: Ames, Rachelle (AmesRL)
Current Case Manager: meewes sanchez, andrea (sanchac)
Office: ADSA HQ/Lacey/Thurston

Assessment details

Reason For Assessment

Client requesting assessment to determine continued functional eligibility for Residential AFH Services.

Was client the primary source of information? Yes
Other sources of information:
  Jones, Beth

Collateral Contacts

Name: Jones, Beth
Relationship: Sibling
Role: Emergency Contact
Phone:
  (360)555-1111

Name: Hansel, Dr.
Relationship: Not related
Role: Primary physician
Phone:
  (360)555-9999

Name: James, Ronald
Relationship: Adult child
Role: Durable Power of Atty/Healthcare, Durable Power of Atty/Financial, Emergency Contact
Phone:
Name: Rite, Aid
Relationship: Not related
Role: Pharmacy
Phone: (360)555-5555

Name: St Peter, Providence
Relationship: Not related
Role: Hospital
Phone: (360)555-5551

Name: McGee, Poppy
Relationship: Self
Role: Other

Name: Hoang, Dr.
Relationship: Not related
Role: Physician
Phone: (360)555-9898

Name: Gums, Dr.
Relationship: Not related
Role: Dentist
Phone: (253)444-5555

Name: Poppy's, AFH
Relationship: Not related
Role:
Assessment Details
Pending Annual

Primary Caregiver
Phone:
(555)555-6666

Communication

Speech/Hearing

Making self understood expressing information content however able:
Understood

Modes of expression:
Speech

Ability to understand others however able: Understood

Progression Rate: No Change

Hearing Progression Rate: No Change

Hearing: Minimal difficulty in noisy setting

Equipment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aid left</td>
<td>Has, uses</td>
<td></td>
</tr>
</tbody>
</table>

Telephone Use

How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)

Client Needs:
Assistance, Some difficulty, Unmet

Client Strengths:
Can dial 911, Can dial phone

Caregiver Instructions:
Leave phone within reach of client

Provider

PARK PLACE SSPS#200696

Vision

Ability to See: Adequate

Limitations:
Assessment Details
Pending Annual

None of these

Equipment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnifying glasses</td>
<td>Has, uses</td>
<td></td>
</tr>
</tbody>
</table>

Mental/Physical Health

Diagnosis

1. Hypertension
2. Hyperlipidemia NOS
3. Gastroesophageal reflux disease (GERD)
4. Diabetes - Insulin dependent (IDDM)
5. Neuropathy
6. Arthritis, Osteoarthritis
7. Chronic Obstructive Pulmonary Disease (COPD)

Indicators:
Short of breath/at rest, Breath sounds, Short of breath/exertion

Is client comatose? No

Medications

This list of medications was obtained from medical record/client/caregiver on the date of this assessment. Do not use this list as the basis for assistance with or administration of medications.

1. Fish Oil
   - Dose Qty: 1 Tablet
   - Frequency: QD (once daily)
   - Route: Oral
   - Rx: NO

2. Hydrocortisone Cream
   - Dose Qty: 
   - Frequency: QD (once daily)
   - Route: Topical
   - Rx: NO
### Medication Management

**Self Administration:** Assistance required  
**Frequency of need:** Daily, Unmet  
**Client Strengths:**  
Able to put medications in mouth  
**Client Limitations:**  
Ability fluctuates, Cannot open containers  
**Client Preferences:**  
Wants pre-fillled syringes  
**Caregiver Instructions:**  
Document medication taken, Inform client of each medication given, Open containers, Place medication in client's hand, Re-order medications, Record blood sugars  
**Equipment:**
Assessment Details
Pending Annual

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
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</thead>
<tbody>
<tr>
<td>Medi-set</td>
<td>Has, uses</td>
<td></td>
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</tbody>
</table>

Provider

| PARK PLACE   | SSPS#200696  |

Pain

Pain Site:

<table>
<thead>
<tr>
<th>Pain Site</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint pain</td>
<td>6</td>
</tr>
<tr>
<td>Nerve pain</td>
<td>6</td>
</tr>
</tbody>
</table>

Frequency with which client complains or shows evidence of pain:
Pain daily

Pain Management: Treated, partial control

Impact:
Activity limited

Client requested that CM communicate pain level with MD

Indicators

Height: 5 feet 4 inches
Weight: 204 pounds

Body Mass Index: 35.01270 Obese

Weight loss: 5% or more in last 30 days; or 10% in last 180 days: No
Weight gain: 5% or more in last 30 days; or 10% in last 180 days: No

In general, how would you rate your health? : Good

In the last 6 months or since last assessment (if less than 6 months ago):
Number of times admitted to hospital with an overnight stay: 1
Number of times visited emergency room without an overnight stay: 1

Allergy

Substance: Sulfa Medications
Reaction:
Hives/itching, Heart palpitations

Do not give client OTC Pain relievers without direction from MD.
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Pending Annual

Treatments/Programs/Therapies

Self Directed Care: Individuals who have a functional impairment may direct their Individual Provider to perform a health related task that they would normally be able to perform themselves if they did not have a functional impairment that prevents them from doing so.

Nurse Delegation: In private homes, Adult Family Homes, and in Assisted Living Facilities a Registered Nurse may delegate specific health related tasks to a qualified provider. The tasks are performed as instructed and supervised by the delegating nurse.

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatments</td>
<td>Injections</td>
<td>Client</td>
<td>TID (3xday)</td>
</tr>
<tr>
<td>Treatments</td>
<td>CPAP or BiPAP</td>
<td>Client</td>
<td>At bedtime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AFH/Assisted Living Facility staff</td>
<td>PRN (as needed)</td>
</tr>
<tr>
<td>Treatments</td>
<td>Application of medication</td>
<td>Client</td>
<td>QD (once daily)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AFH/Assisted Living Facility staff</td>
<td>PRN (as needed)</td>
</tr>
</tbody>
</table>

Hydrocortisone for rash behind knee

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatments</td>
<td>Blood glucose monitoring</td>
<td>Client</td>
<td>TID (3xday)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AFH/Assisted Living Facility staff</td>
<td>PRN (as needed)</td>
</tr>
</tbody>
</table>

Staff to assist client as needed.

Sleep

Can provider get 5 hours of sleep during an 8 hour period? Yes
Assessment Details
Pending Annual

**Strengths:**
- Client sleeps through the night

**Limitations:**
- Has difficulty falling asleep

**Preferences:**
- Lots of blankets, Likes to nap in the afternoon

**Patterns:**
- Arises early, Naps throughout day

Is client satisfied with sleep quality? Yes

**Memory**

- **Recent memory:** Recent Memory is OK
- **Long Term memory:** Long term memory is OK

**Assist Type:**
- Post names and phone numbers

**Preferences:**
- Like to have same daily routine

Is individual oriented to person? Yes

**Progression Rate:** NoChange

**Decision Making**

Rate how client makes decisions:
- Independent - Decisions are consistent and organized; reflecting client's lifestyle, choices, culture, and values

Is client always able to supervise paid care provider? Yes

**Behavior**

**Current Behaviors (occurred in the last 7 days):**
- **Name:** Easily irritable/agitated
  - **Frequency:** 4 to 6 days
  - **Alterability:** Easily altered
  - *CG to gently address and redirect client*

- **Name:** Crying, tearfulness
  - **Frequency:** 1 to 3 Days
  - **Alterability:** Easily altered
  - *Ask client if there is something she needs. Give client space when asked.*
Assessment Details
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Name: Up at night/requires intervention
Frequency: 1 to 3 Days
Alterability: Easily altered

Suicide

DPOA confirmed that he didn't believe the client displayed feelings, thoughts, or behaviors indicating he wanted to harm himself.

ADL

The following are the clients functional limitations as they impact ADL functioning:
- General weakness,
- Limited range of motion,
- Poor balance,
- Unsteady gait,
- Weak grip

Stamina

Number of days individual went out of the house or building in which individual lives (no matter for how short a period) 2-6 days a week
Overall self-sufficiency has changed significantly as compared to status of 90 days ago: No Change
Potential for improved function in ADL's and/or IADL's:
- None of these

Task segmentation ADL's: No
Task segmentation IADL's: No

Universal Precautions

The formal and informal caregiver will use latex/plastic gloves when in contact with any secretions to prevent spread of infection. Thorough hand washing with soap will be done before and after gloving. Gloves will be put on and discarded at the end of each task. If the primary care provider orders these gloves they can be paid for through the medical coupon.

Walk in Room, Hallway, and Rest of Immediate Living Environment

Client Needs:
- Supervision, One person physical assist, Unmet

Client Strengths:
- Client is cooperative with caregiver
- Client is weight bearing

Client Limitations:
Assessment Details
Pending Annual

Ability fluctuates, Walking is painful, Activity limited: afraid of falling

Caregiver Instructions:
Provide assistance when walking

Equipment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walker w/seat</td>
<td>Has, uses</td>
<td></td>
</tr>
</tbody>
</table>

Provider

<table>
<thead>
<tr>
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<td>SSPS#200696</td>
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</table>

Client received physical assistance 2 times in the last 7 days. Provider reports providing standby assistance with walking daily.

Locomotion in Room and Immediate Living Environment

How the individual moves to and returns from areas outside of their immediate living environment

Client Needs:
Supervision, One person physical assist, Unmet

Equipment:

<table>
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<tr>
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See Walk in Room

Locomotion outside of Immediate Living Environment to include Outdoors

How the individual moves to and returns from areas outside of their immediate living environment

Client Needs:
Limited assistance, One person physical assist, Unmet

Client Strengths:
Can evacuate in emergency

Client Limitations:
Ability fluctuates, Activity limited: afraid of falling
Client Preferences:
   Prefers to use walker, Outings in afternoon

Caregiver Instructions:
   Evacuation: Caregiver will assist, AFH Evacuation Level - Assistance Required, Keep assistive device within reach

Equipment:

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<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walker w/seat</td>
<td>Has, uses</td>
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</table>

Client received hands on steadying assistance 3 times in the last 7 days with locomotion outside room. Client could likely evacuate independently but would benefit from assistance.

Bed Mobility

How individual moves to and from lying position, turns side to side, and positions body while in bed

Client Needs:
   Independent, No setup or physical help

Client Strengths:
   Client is cooperative with caregiver, Client is motivated, Will ask for assistance

Client Preferences:
   Doesn't like feet covered, Sleeps on back

Falls

Site: Bedroom  When: Past 31-180 days
Consequence:  No injury

Transfer

How client moves between surfaces, to/from bed, chair, wheelchair, standing position, (exclude to/from bath/toilet)

Client Needs:
Extensive assistance, Two person physical assist, Unmet

**Client Strengths:**
- Client is cooperative with caregiver, Transfers with some support

**Client Limitations:**
- Ability fluctuates, Unsteady during transfers

**Client Preferences:**
- Prefers manual lift/transfer

**Caregiver Instructions:**
- Bring walker to client, Maintain contact until steady, Transfer slowly

### Equipment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Status</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift chair</td>
<td>Has, uses</td>
<td></td>
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</table>

**Provider**

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*Client has received weight bearing assistance about 5 times in the last 7 days. Two Person is indicated because it happened one time in the last 7 days, but 2 person assistance is not necessary going forward.*

### Eating

How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

**Client Needs:**
- Independent, Setup help only, Unmet

**Client Strengths:**
- No swallowing problems

**Client Limitations:**
- Cannot cut food

**Client Preferences:**
- Prefers small portions

**Caregiver Instructions:**
- Bring food to client, Cut food into small pieces

**Provider**

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Toilet Use

How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes

- **Client Needs:**
  - Extensive assistance, One person physical assist, Unmet

- **Client Strengths:**
  - Client is cooperative with caregiver, Can assist caregiver with transfer, Has prescription for pads/briefs

- **Client Limitations:**
  - Ability fluctuates, Needs clothing adjustment

- **Client Preferences:**
  - Would prefer a female caregiver

- **Caregiver Instructions:**
  - Assist with clothing adjustment, Transfer client on/off toilet

Provider

| PARK PLACE     | SSPS#200696 |

Continence Issues

- **Bladder control (last 14 days):** Occasionally incontinent
- **Change in bladder continence (last 90 days):** NoChange
- **Bowel control (last 14 days):** Continent
- **Change in bowel continence (last 90 days):** NoChange
- **Bowel Pattern (last 14 days):**
  - None of these

- **Appliances & Programs (last 14 days):**
  - Pads/briefs

- **Individual management (last 14 days):** Uses independently

Dressing

How individual puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis

- **Client Needs:**
  - Extensive assistance, One person physical assist, Unmet
**Client Strengths:**
- Client is cooperative with caregiver
- Client is motivated
- Can select clothing

**Client Limitations:**
- Cannot put on shoes/socks
- Cannot button clothing

**Client Preferences:**
- Prefers same clothing daily
- Would prefer a female caregiver

**Caregiver Instructions:**
- Dress client's lower body
- Dress client's upper body
- Put on/take off footwear

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**Personal Hygiene**

How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum.

**Client Needs:**
- Independent
- One person physical assist
- Unmet

**Client Strengths:**
- Able to brush/comb hair
- Can brush teeth
- Client is cooperative with caregiver
- Able to do own peri-care

**Caregiver Instructions:**
- Clean glasses
- Trim fingernails as needed

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**Bathing**

How individual takes full-body shower, sponge bath, and transfer in/out of Tub/Shower

**Client Needs:**
- Physical help/part of bathing
- One person physical assist
- Unmet

**Client Strengths:**
- Client is cooperative with caregiver
- Client is weight bearing

**Client Limitations:**
- Is afraid of falling
- Unable to shampoo hair

---

Provider:
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Client Preferences:
Prefer to be bathed every other day, Would prefer a female caregiver

Caregiver Instructions:
Wash back, legs, feet, Shampoo client's hair, Assist with drying and dressing, Transfer in/out of tub/shower

<table>
<thead>
<tr>
<th>Provider</th>
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<tr>
<td>PARK PLACE SSPS#200696</td>
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Foot Care

<table>
<thead>
<tr>
<th>Foot Issues:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem Type</strong></td>
</tr>
<tr>
<td>Hammer toes</td>
</tr>
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</table>

Foot Care Needs:

<table>
<thead>
<tr>
<th>Foot Care</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic foot care</td>
<td>Received/Needs</td>
</tr>
<tr>
<td>Nails trimmed in last 90 days</td>
<td>Need met</td>
</tr>
</tbody>
</table>

*Nails trimmed by Podiatrist every other month.*

Diabetic Foot Care Instructions

Daily foot care can help keep a client with diabetes feet safe. Keep the client's feet clean and dry, and look at the feet everyday for skin and nail changes. Look for blisters, sores, swelling, dry or cracked skin, redness, or sore toenails. If you notice any of these changes tell the appropriate health care professional right away. Use warm water to wash your client's feet every day. Check the temperature to be sure it is not too hot. Dry your client's feet well, especially between all of the toes. It is okay to apply lotion to the feet, but not between the toes. Always encourage your client wear well-fitting shoes or slippers to protect the feet from injury.

Skin Care

<table>
<thead>
<tr>
<th>Skin Problems:</th>
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<tbody>
<tr>
<td><strong>Problem</strong></td>
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<tr>
<td>Rashes</td>
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</table>

Skin Care (Other than feet):
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<table>
<thead>
<tr>
<th>Skin Care</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Applicationointments/lotions</td>
<td>Received/Needs</td>
</tr>
</tbody>
</table>

**Pressure ulcers:**
Skin intact over all pressure points

**Number of current pressure ulcers:** 0

**Client had skin ulcer that was resolved or cured in the last year:** No

**IADL**

**Nutritional/Oral**

**Nutritional Problems:**
Leaves 1/4 or more on plate

**Oral hygiene and dental problems:**
None of these

**Nutritional Approaches:**

<table>
<thead>
<tr>
<th>Diet</th>
<th>Adhere To</th>
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<tbody>
<tr>
<td>ADA</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Name of dentist:** Gums, Dr.

**Date of last dental visit:** 12/30/2016

**Managing Finances**

How bills are paid, checkbook is balanced, household expenses are managed

**Client Needs:**
Independent, No difficulty

**Social**

**Social/Cultural considerations, traditions, or preferences:**
Client was born in San Diego, CA and moved to WA in 1975. She has a son and a sister that live nearby. Client enjoys going to church when she is able to go.

**Client Interests**

**Interest/Activities:**
## Assessment Details

### Pending Annual

<table>
<thead>
<tr>
<th>Interest/Activity</th>
<th>Status</th>
<th>Preferred Time</th>
<th>Preferred Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo</td>
<td>Interested</td>
<td>Anytime</td>
<td></td>
</tr>
<tr>
<td>Gardening/plants</td>
<td>Past</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious activities</td>
<td>Current</td>
<td>Varies</td>
<td></td>
</tr>
</tbody>
</table>

**Average time involved in activities:** Less than 1/3 of the time

### Relationships

- **Close relationship with family/friends?** Yes
- **Openly expressed conflict/anger with family/friends/roomate/caregiver?** No
- **Had a recent loss of close family/friend?** No
- **Does adjust easily to change in routine?** Yes

### Provider Information

The following schedule(s), if identified, are based on the consumer’s preference at the time of the assessment.

#### Informal Providers:

- **Provider:** McGee, Poppy
- **Assigned Tasks:** Injections, CPAP or BiPAP, Application of medication, Blood glucose monitoring
- **Provider Hours:** 0

- **Provider:** Hoang, Dr.
- **Assigned Tasks:** Diabetic foot care
- **Provider Hours:** 0

#### Formal Providers:

- **Provider:** PARK PLACE, SSPS#200696
- **Assigned Tasks:** Bathing, Dressing, Eating, Locomotion Outside Room, Locomotion In Room, Med. Mgmt., Personal Hygiene, Telephone, Transfers, Toilet Use, Walk In Room, Nails trimmed in last 90 days, Application ointments/lotions, CPAP or BiPAP, Application of medication, Blood glucose monitoring
- **Phone:** (360)555-9898
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Provider Hours: 0

Definitions

ADL Self-Performance Codes Definitions

Based on the last 7 days (after set up has occurred)...

Independent:
No help or oversight OR help/oversight only 1 or 2 times

Supervision:
Oversight (monitoring, standby) encouragement or cueing provided 3 or more times OR supervision 3 or more times PLUS physical assistance provided only 1-2 times

Limited Assistance:
Client highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assist 3 or more times OR limited assistance 3 or more times plus weight bearing or full caregiver performance 1 or 2 times.

Extensive Assistance:
While client performed part of activity, help of the following type(s) provided 3 or more times: Weight bearing or full Caregiver performance during part

Total:
Full Caregiver performance at all times.

Activity did not occur/No provider:
Activity did not occur in entire 7 days because there was no provider available to assist client with task.

Activity did not occur/Client not able:
Activity did not occur in entire 7 days because client is not capable of performing or participating in task.

Activity did not occur/Client declined:
Activity did not occur in entire 7 days because client declined assistance with task

IADL Self-Performance Codes Definitions

Independent:
No help, set-up, or supervision

Set-up help/arrangements only:
On some occasions the client did their own set-up/arrangement; at other times the client received help from another person.
Limited Assistance:
On some occasions the client did not need any assistance but at other times in the last 30 days the client required some assistance.

Extensive Assistance:
Individual involved but required cueing/supervision or partial assistance at all times.

Total dependence:
Activity occurred but with full performance by others.

Activity did not occur

IADL Difficulty Codes Definitions

IADL difficulty code:
How difficult it is (or would be) for client to do activity on own.

No difficulty
Some difficulty:
The client needs some help, is very slow or fatigues easily.

Great difficulty:
Little or no involvement in the activity is possible by the client.