

# Assessment Details

## Pending Annual

### Client Demographics

#### Client Information

**Client Name:** McGee, Poppy X

**Assessor Name:** Ames, Rachelle (AmesRL)

**Current Case Manager:** meewes sanchez, andrea (sanchac)

**Office:** ADSAHQ/Lacey/Thurston

**Assessment date:** 09/29/2017

#### 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:** Notrelated

**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:**

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(360)555-6666

**Name:** Rite, Aid

**Relationship:** Notrelated

**Role:**

Pharmacy

**Phone:**

(360)555-5555

**Name:** St Peter, Providence

**Relationship:** Notrelated

**Role:**

Hospital

**Phone:**

(360)555-5551

**Name:** McGee, Poppy

**Relationship:** Self

**Role:**

Other

**Name:** Hoang, Dr.

**Relationship:** Notrelated

**Role:**

Physician

**Phone:**

(360)555-9898

**Name:** Gums, Dr.

**Relationship:** Notrelated

**Role:**

Dentist

**Phone:**

(253)444-5555

**Name:** Poppy's, AFH

**Relationship:** Notrelated

**Role:**

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PrimaryCaregiver

**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:** NoChange

**Hearing Progression Rate:** NoChange

**Hearing:** Minimal difficulty in noisy setting

**Equipment:**

Type	Status	Supplier
Hearing aid left	Has, uses	

#### 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**

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#### Vision

**Ability to See:** Adequate

**Limitations:**

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None of these

**Equipment:**

Type	Status	Supplier
Magnifying glasses	Has, uses	

### Mental/Physical Health

#### Diagnosis

1. Hypertension
2. HYPERLIPIDEMIA/NEC/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

**Route:** Oral

**Frequency:** QD (once daily)

**Rx:** NO

2. Hydrocortisone Cream

**Dose Qty:**

**Route:** Topical

**Frequency:** QD (once daily)

**Rx:** NO



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Type	Status	Supplier
Medi-set	Has, uses	
Provider		
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### Pain

**Pain Site:**

Pain Site	Score
Joint pain	6
Nerve pain	6

**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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### 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.

**Type:** Treatments

**Name:** Injections

**Providers:**

Provider	Frequency
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**Type:** Treatments

**Name:** CPAPorBiPAP

**Providers:**

Provider	Frequency
Client	At bedtime
AFH/Assisted Living Facility staff	PRN (as needed)

**Type:** Treatments

**Name:** Application of medication

**Providers:**

Provider	Frequency
Client	QD (once daily)
AFH/Assisted Living Facility staff	PRN (as needed)

*Hydrocortisone for rash behind knee*

**Type:** Treatments

**Name:** Blood glucose monitoring

**Providers:**

Provider	Frequency
Client	TID (3xday)
AFH/Assisted Living Facility staff	PRN (as needed)

*Staff to assist client as needed.*

### Sleep

**Can provider get 5 hours of sleep during an 8 hour period?** Yes

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### 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:** Easilyirritable/aqitated

**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.*



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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 perio... 2 -6 days a week**

**Overall self-sufficiency has changed significantly as compared to status of 90 days ago:** NoChange

**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:**

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

### Caregiver Instructions:

Provide assistance when walking

### Equipment:

Type	Status	Supplier
Walker w/seat	Has, uses	

### Provider

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*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:

Type	Status	Supplier
Walker w/seat	Has, uses	

### Provider

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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

## Assessment Details Pending Annual

### 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:

Type	Status	Supplier
Walker w/seat	Has, uses	

### Provider

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*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.*

## BedMobility

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:

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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:**

Type	Status	Supplier
Lift chair	Has, uses	

**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

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### 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

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### 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

### Provider

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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

### Provider

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*Provider trimmed client's finger nails one time in the last 7 days.*

## 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

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### Client Preferences:

Prefers 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

<b>Provider</b>
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## Foot Care

### Foot Issues:

Problem Type	Problem Status	Problem Site
Hammer toes	Chronic	Both feet

### Foot Care Needs:

Foot Care	Status
Diabetic foot care	Received/Needs
Nails trimmed in last 90 days	Need met

*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

### Skin Problems:

Problem	Status
Rashes	Healing

### Skin Care (Other than feet):

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Skin Care	Status
Applicationointments/lotions	Received/Needs

**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:**

Diet	Adhere To
ADA	Yes

**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:**



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Interest/Activity	Status	Preferred Time	Preferred Setting
Bingo	Interested	Anytime	
Gardening/plants	Past		
Religious activities	Current	Varies	

**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/roommate/caregiver?**

**Had a recent loss of close family/friend?** No

**Does adjust easily to change in routine?** Yes

### Provider Information

#### 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

**Phone:** ( ) -

**Assigned Tasks:**

Injections, CPAP or BiPAP, Application of medication, Blood glucose monitoring

**Provider Hours:** 0

**Provider:** Hoang, Dr.

**Phone:** (360)555-9898

**Assigned Tasks:**

Diabetic foot care

**Provider Hours:** 0

#### Formal Providers:

**Provider:** PARK PLACE

SSPS#200696

**Phone:** ( ) -

**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

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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.

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### **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.