

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

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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
Client	TID (3xday)

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

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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

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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

Provider	
PARK PLACE	SSPS#200696

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? No

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.