

Pennsylvania Universal Assessment Summary Report

Section I: Identifying Information

Individual Demographic Information

Name: SMITH, CATHERINE

Gender: Female

MCI Number: 700343166

Current Address: ,

Phone Number: -

DOB: 05/12/1960

Age: 48

Language spoken at home: -

Assessment Information

Date Administered: 03/10/2009

Assessor Name: BAROL, BETH

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Section II: Respondent and Assessment Information

(abstract Assessor Supplemental form)

Respondent Information

1. Name: Adams, Joe
Relationship: Provider (Company, social or direct care worker)
If Other, Specify:
Language Spoken: English
How long the respondent has known the individual? Between three months and a year

2. Name: Smith, Anne
Relationship: Mother
If Other, Specify:
Language Spoken: English
How long the respondent has known the individual? More than a year

3. Name: Berks, Amy
Relationship: Supports Coordinator
If Other, Specify:
Language Spoken: English
How long the respondent has known the individual? Between three months and a year

4. Name: Greene, Bill
Relationship: Provider (Company, social or direct care worker)
If Other, Specify:
Language Spoken: English
How long the respondent has known the individual? More than a year

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Section III: Interviewer Comments by Domain

Interviewer notes by domain:

(This section notes whether consensus was achieved immediately or through assessor mediation and notes about issues interview uncovered that are important for; or important to, the individual or family)

Home Living Activities:

THIS DOMAIN INCLUDES SUPPORT RELATED TO HELPING CATHERINE CUT FOODS THAT REQUIRE USE OF A SHARP KNIFE. CATHERINE NEEDS SUPPORT TO CUT HER FOOD INTO BITE-SIZED PIECES, AS WELL AS MONITORING TO MINIMIZE CHOKING HAZARDS. SHE ALSO NEEDS PARTIAL SUPPORT TO WASH HER HAIR AND MONITORING FOR SEIZURE ACTIVITY. SHE USES LIFTS IN HER SHOES AND NEEDS DAILY SUPPORT TO TIE HER SHOES. CATHERINE'S PREFERENCES IN THIS DOMAIN INCLUDE CLEANING HER ROOM EVERY SATURDAY, AS SHE PREFERS HER ROOM TO BE TIDY.

Community Living Activities:

THE PEOPLE CATHERINE WOULD CHOOSE TO VISIT IN THE COMMUNITY INCLUDE HER MOTHER, SISTER, COUSIN, AND HER GOOD FRIEND NICOLE. ACTIVITIES THAT CATHERINE WOULD CHOOSE TO PARTICIPATE IN INCLUDE SHOPPING, PLAYING BINGO, GOING TO THE MOVIES, AND ATTENDING CHURCH AND YOUTH GROUP. THIS DOMAIN INCLUDES SUPPORT RELATED TO INTERACTING WITH COMMUNITY MEMBERS, INCLUDING SUPPORT TO SPEAK TO OTHERS IN ORDER TO GET HER MESSAGE ACROSS AND MINIMIZE FRUSTRATION FOR CATHERINE. CATHERINE'S PREFERENCES IN THIS DOMAIN INCLUDE HOLDING ONTO OTHERS WHEN AMBULATING IN UNFAMILIAR COMMUNITY SETTINGS. CATHERINE CURRENTLY GETS FROM PLACE TO PLACE WITHIN THE COMMUNITY BY USING SUPPORTED PUBLIC TRANSPORTATION AND VIA SUPPORTS FROM FAMILY, FRIENDS, OR OTHERS.

Lifelong Learning Activities:

AREAS IDENTIFIED FOR LEARNING EVERYDAY SKILLS INCLUDE SUPPORT RELATED TO MANAGING EMOTIONS/FRUSTRATION, USING ROUTINE AND REPETITION AS STRATEGIES TO ENHANCE LEARNING, AND HELPING CATHERINE TO RECOGNIZE CONSEQUENCES AS THEY RELATE TO LEARNING SELF-DETERMINATION SKILLS. CATHERINE'S PREFERENCES IN THIS DOMAIN INCLUDE AN ENJOYMENT OF COMPLETING WORKSHEETS.

Employment Activities:

AREAS IDENTIFIED IN THIS DOMAIN INCLUDE SUPPORT RELATED TO HELPING CATHERINE WITH CHANGES AND TRANSITIONS. USING VERBAL DIRECTION AND SUPPORTING HER WITH MULTI-STEP TASKS ARE HELPFUL STRATEGIES FOR SUCCESS. CATHERINE'S PREFERENCES IN THIS DOMAIN INCLUDE TAKING HER TIME WITH TASKS.

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Health and Safety Activities:

AREAS IDENTIFIED IN THIS DOMAIN INCLUDE SUPPORT RELATED TO AVOIDING HEALTH AND SAFETY HAZARDS. FOR EXAMPLE, HELPING CATHERINE NAVIGATE TRAFFIC SAFELY PROMOTES SUCCESS IN THE COMMUNITY. SUPPORT TO HELP CATHERINE MAINTAIN A HEALTHY DIET IS ALSO IMPORTANT ESPECIALLY AVOIDING FOODS/DRINKS WITH CAFFEINE (SUCH AS CHOCOLATE) THAT CAN TRIGGER MIGRAINE HEADACHES. CATHERINE ALSO NEEDS SUPPORT TO MAINTAIN EMOTIONAL WELL-BEING. CATHERINE'S PREFERENCES IN THIS DOMAIN INCLUDE HAVING A RAPPORT WITH HER DOCTOR IN ORDER TO FEEL COMFORTABLE INTERACTING AT APPOINTMENTS. CATHERINE LIKES TO BE GIVEN CHOICES TO HELP HER MAINTAIN A HEALTHY DIET. SHE ENJOYS PLAYING THE DANCE REVOLUTION GAME TO HELP WITH FITNESS. HER BEDROOM IS A PLACE WHERE SHE FEELS SAFE.

Social Activities:

THIS DOMAIN INCLUDES SUPPORT RELATED TO HELPING CATHERINE RECOGNIZE PERSONAL SPACE AND MAINTAIN SOCIAL CONVENTIONS WHEN SOCIALIZING WITH OTHERS. HELP TO INITIATE INTERACTIONS, AS WELL AS SUPPORT TO COMMUNICATE WITH OTHERS IS IMPORTANT FOR CATHERINE.

Protection and Advocacy:

-

Medical Support:

-

Behavior Support:

-

Section IV: Critical Planning Items by Domain

Home Living Activities Critical Items:

Item	Support Type	Frequency	Daily Time
Using the Toilet	Monitoring	At least once a day, but not once an hour	Less than 30 minutes
Taking care of clothes (includes laundering)	Partial physical assistance	At least once a week, but not once a day	2 hours to less than 4 hours

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Home Living Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Preparing food	Partial physical assistance	At least once a day, but not once an hour	2 hours to less than 4 hours
Eating food	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Housekeeping and cleaning	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Dressing	Partial physical assistance	At least once a day, but not once an hour	Less than 30 minutes
Bathing and taking care of personal hygiene and grooming needs	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Operating home appliances	Partial physical assistance	At least once a day, but not once an hour	Less than 30 minutes

Community Living Activities:			
Item	Support Type	Frequency	Daily Time
Getting from place to place throughout the community (transportation)	Full physical assistance	At least once a day, but not once an hour	2 hours to less than 4 hours
Participating in recreation/leisure activities in the community settings	Partial physical assistance	At least once a week, but not once a day	2 hours to less than 4 hours
Using public services in the community	Full physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Going to visit friends and family	Full physical assistance	At least once a week, but not once a day	4 hours or more
Participating in preferred community activities (church, volunteer, etc.)	Partial physical assistance	At least once a week, but not once a day	2 hours to less than 4 hours

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Community Living Activities:			
Item	Support Type	Frequency	Daily Time
Shopping and purchasing goods and services	Partial physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Interacting with community members	Partial physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Accessing public buildings and settings	Partial physical assistance	At least once a week, but not once a day	2 hours to less than 4 hours

Lifelong Learning Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Interacting with others in learning activities	Partial physical assistance	At least once a month, but not once a week	30 minutes to less than 2 hours
Participating in training/educational decisions	Full physical assistance	At least once a month, but not once a week	30 minutes to less than 2 hours
Learning and using problem solving strategies	Full physical assistance	At least once a day, but not once an hour	4 hours or more
Using technology for learning	Partial physical assistance	At least once a month, but not once a week	30 minutes to less than 2 hours
Accessing training/educational settings	Full physical assistance	At least once a month, but not once a week	2 hours to less than 4 hours
Learning functional academics (reading signs, counting change, etc.)	Full physical assistance	At least once a month, but not once a week	2 hours to less than 4 hours
Learning health and physical education skills	Partial physical assistance	At least once a day, but not once an hour	4 hours or more
Learning self-determination skills	Partial physical assistance	At least once a day, but not once an hour	4 hours or more

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Lifelong Learning Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Learning self-management strategies	Full physical assistance	At least once a day, but not once an hour	4 hours or more

Employment Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Accessing/receiving job/task accommodations	Full physical assistance	At least once a week, but not once a day	4 hours or more
Learning and using specific job skills	Partial physical assistance	At least once a week, but not once a day	4 hours or more
Interacting with co-workers	Partial physical assistance	At least once a week, but not once a day	4 hours or more
Interacting with supervisors/coaches	Partial physical assistance	At least once a week, but not once a day	4 hours or more
Completing work-related tasks with acceptable speed	Partial physical assistance	At least once a week, but not once a day	4 hours or more
Completing work-related tasks with acceptable quality	Partial physical assistance	At least once a week, but not once a day	4 hours or more
Changing job assignments	Full physical assistance	At least once a week, but not once a day	4 hours or more
Seeking information and assistance from an employer	Full physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours

Health and Safety Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Taking medications	Full physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours

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Health and Safety Activities Critical Items:			
Item	Support Type	Frequency	Daily Time
Avoiding health and safety hazards	Full physical assistance	At least once a day, but not once an hour	4 hours or more
Obtaining health care services	Full physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Ambulating and moving about	Partial physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Learning how to access emergency services	Partial physical assistance	At least once a day, but not once an hour	4 hours or more
Maintaining a nutritious diet	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Maintaining physical health and fitness	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Maintaining emotional well-being	Full physical assistance	At least once a day, but not once an hour	4 hours or more

Social Skills Critical Items:			
Item	Support Type	Frequency	Daily Time
Socializing within the household	Partial physical assistance	At least once a day, but not once an hour	4 hours or more
Participating in recreation/leisure activities with others	Verbal/gestural prompting	At least once a week, but not once a day	Less than 30 minutes
Socializing outside the household	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Making and keeping friends	Partial physical assistance	At least once a day, but not once an hour	Less than 30 minutes

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Social Skills Critical Items:			
Item	Support Type	Frequency	Daily Time
Communicating with others about personal needs	Partial physical assistance	At least once a day, but not once an hour	4 hours or more
Using appropriate social skills	Partial physical assistance	At least once a day, but not once an hour	30 minutes to less than 2 hours
Engaging in loving and intimate relationships	Partial physical assistance	At least once a week, but not once a day	30 minutes to less than 2 hours
Engaging in volunteer work	Full physical assistance	None or less than monthly	30 minutes to less than 2 hours

Protection and Advocacy: *(The four highest ranked protection and advocacy areas in order of ranking, highest to lowest)*

- Protecting self from exploitation
- Making choices and decisions
- Advocating for self
- Managing money and personal finances

Medical Supports Needed:

Some Support is Needed in the following areas:

- Seizure management

Extensive Support is Needed in the following areas:

- Dressing of open wound(s)
- Therapy services

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Behavioral Supports Needed:

Some Support is Needed in the following areas:

- None

Extensive Support is Needed in the following areas:

- Prevention of assaults or injuries to others
- Prevention of self-injury
- Prevention of suicide attempts
- Prevention of tantrums or emotional outbursts
- Prevention of wandering
- Maintenance of mental health treatments

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Section V: Supplemental PA Plus Questions

Mobility:

1. How much support does this person need for mobility?

- 2 Occasional personal support

1A. Does the person have Assistive Technology in place?

- 1 No, but the person might benefit from Assistive Technology

Please specify:

- CATHERINE HOLDS ONTO OTHERS WHEN AMBULATING IN UNFAMILIAR COMMUNITY SETTINGS DUE TO HER UNSTEADY GAIT. SHE MAY BENEFIT FROM ASSISTIVE TECHNOLOGY IN THE FUTURE.

Notes:

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Transfer:

2. How much support does this person need to transfer?(e.g., from bed to chair, etc.)

- 0 None

2A. Does the person have Assistive Technology in place?

- 3 No Assistive Technology needed

Please specify:

-

Notes:

-

Vision:

3. How much support does the person need with regard to vision?

- 0 None

Notes:

-

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Hearing:

4. How much support does the person need with regard to hearing?

- 0 None

Notes:

-

Communication:

5. How much support does the person need to communicate effectively with a variety of people in a variety of settings?

- 1 Requires extra time to communicate

5A. Does the person have Assistive Technology in place?

- 3 No Assistive Technology needed

Please specify:

- WHEN CATHERINE BECOMES FRUSTRATED, SHE HAS DIFFICULTY EXPRESSING HERSELF EFFECTIVELY.

Notes:

-

Safety:

6. How much support does the person need with regard to safety?

- 1 Person needs occasional or situational support

6A. Does the person have Assistive Technology in place?

- 3 No Assistive Technology needed

Please specify:

- CATHERINE REQUIRES OCCASIONAL OR SITUATIONAL SUPPORT IN REGARDS TO SAFETY WHEN SHE IS CROSSING TRAFFIC AND AMBULATING IN UNFAMILIAR AREAS.

Notes:

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Treatments:

7. Does the person require treatments or monitoring specific to his/her health diagnoses? (e.g. administration of medication, testing blood sugar, administration of insulin, etc.)

- 3 Person needs 24 hour treatments for their health conditions

Please specify treatment and purpose:

- DAILY MEDICATION ADMINISTRATION FOR SEIZURES, MOOD STABILITY, INSOMNIA, AND MIGRAINES.

Notes:

-

Psychiatric Diagnosis:

8. Is there a psychiatric diagnosis for this person?

- 1 Yes

Notes:

- MAJOR DEPRESSIVE DISORDER

Psychotropic Medication:

If the person takes psychotropic medications, does he/she receive any of the following supports? (Check all that apply)

- 1 Psychiatrist, 3 Behavioral Support Professional

Notes:

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