2016 COMMUNITY PRACTICE REVIEW INDIVIDUAL SUMMARY AND RECOMMENDATIONS

Jackson v. Ft. Stanton

Day Program Agency ID# Reviewer Date Reviewed Region CM Agency Residential Agency Person **Full Name Full Name** Initials Initials 99/99/2008-RE **Full Name** 00/00/2008

Immediate Need or Special Attention: Class Members identified as "needing immediate attention" are persons for whom urgent health, safety, environment and/or abuse/neglect/exploitation issues were identified which the team is not successfully addressing in a timely fashion.

New Definition of "Special Attention Needs": Class Members identified as "needing special attention" are individuals for whom issues have been identified that, if not effectively addressed, are likely to become an urgent health and safety concern, in the near future.

If you have reviewed someone who has been identified as an Immediate Need or needing Special Attention you must list:

- Which Category (Immediate Need OR Special Attention).
- WHY they are listed in that category (the findings must match finding #1 in the grid below).
- If you report to DHI state that here, state why you are reporting, and include detail in the narrative which follows.
- If you are going to file a CAIR Report give details here of the issue.

If you do NOT have someone in this category, delete this section and proceed to "Description of the person".

<u>escri</u>	otion of the person: This summary MUST include
	Age, gender and ethnicity
	Strengths, preferences, accomplishments, abilities, special relationships in the person's life
	General/Family History if known
	Current living and day/work programs and how these programs meet his/her needs;
	Number of living and day/work placements within the last year, if an issue.
	Brief overview of the adequacy of the ISP.
	Incident report chronology, if warranted.
	All diagnoses (In matrix form) (See Sample)
	All medications (In matrix form) (See Sample)
	Health and behavioral status including progress and/or regression. List frequency of hospitalizations and ER visits including reason for visits and follow up taken.
	Issues that you are going to address in the "findings and recommendations" should be highlighted here. Give particular attention to the effect of the findings on
	the person's life or the potential effect.

NAME OF MEDICATION Dosage Name of Medication Dosage Target Symptom/Behavior	☐ Any assistive technology needs the per and whether or not they are available, I	rson has and the availability and ef being used and functional.	fectiveness of need	led assistive tec	hnology. List all of the devices the person is to have
	☐ Identify the number of the question/s	s or interviews that triggered the			
	DIAGNOSIS	INFORMATION LOCAT	ION	DATE	NAME/TITLE OF AUTHOR
NAME OF MEDICATION DOSAGE TARGET SYMPTOM/BEHAVIOR					
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Review Recommendations

NOTE: If you do not have findings and recommendations in a specific section, delete that section or put "none".

#	Findings	Recommendations					
Immed	Immediate Need/Special Attention (if None, Delete this category of findings)						
	This information should also be BEFORE the Description of the Person.						
	For example, if you have reviewed someone the Community Monitor has designated as needing Immediate or Special Attention you must list: Which Category (Immediate OR Special Attention). WHAT you found that led to that finding; If you observed something describe it; If you identified something missing in the records list specifically what is missing; If recommendations were not followed, list specifically what recommendations, made by whom and when. BE SPECIFIC so what you found is very clear.	What, in measurable terms, has to happen to resolve the finding. BE SPECIFIC so the Case Manager, provider and regional office know how to follow up.					
Good	Good News						
	If appropriate, this is the place to recognize self-determination efforts,	You may have no recommendations but be sure to thank the appropriate people for all					

# Findings exciting and fun things that are happening in the person's life, natural supports, and overall quality of life issues that people should be recognized and thanked for. Case Management/Guardian Direct Care Services Abay/Employment Residential Health Medications Assessments Therapies Adequacy of Planning and Adequacy of Services, Team Process, ISP Expectations for Growth, Quality of Life & Satisfaction	
Direct Care Services	c.). DO NOT
Day/Employment Residential Health & Wellness Health Medications Assessments Therapies Adequacy of Planning and Adequacy of Services, Team Process, ISP	
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Health Medications Assessments Therapies Adequacy of Planning and Adequacy of Services, Team Process, ISP	
Medications Assessments Therapies Adequacy of Planning and Adequacy of Services, Team Process, ISP	
Expectations for Growth, Quality of Life & Satisfaction	
Expectations for Growth, Quality of Life & Satisfaction	
Behavior	
Adaptive Equipment/Augmentative Communication	

#	Findings	Recommendations
Other		
	If other issues are identified that do not fall within the previous categories, list them here.	
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Regional Follow Up: Entered by Lyn