

JOAN BREWER

650 W JUNIPER #103

ISSAQUAH, WA 98027

*Actual Date
of Plan
5-12-03
2 week after
accident*

May 12, 2003

Dear Case Management Program Client:

Enclosed you will find a complete copy of your updated Service Plan which you should read carefully, sign, and keep for your records. A separate copy of the last page is also enclosed for you to sign. If you agree with this Service Plan, please indicate your consent by signing in the highlighted area, then send this signed signature page back to me in the enclosed envelope. This copy will be placed in your file.

It is important that you read and sign your updated Service Plan as soon as possible. State regulations direct us to make every effort to obtain your written signature on the Service Plan before we authorize payment for these services.

If you have any questions, please contact me at 206-615-1852.

Sincerely,

Sharon McDaniel

Sharon McDaniel, Case Manager
Aging and Disability Services

Kent Case Management ♦ 525 4th Ave. N, Kent, WA 98032-4428 ♦ (253) 859-3982 ♦ (206) 615-1852

An equal employment opportunity, Accommodations for people with disabilities provided upon request.
FAX (206) 615-1866 ♦ www.cityofseattle.net/humanservices/ads/ ♦ TTY (206) 615-1954

Co-sponsored by:



City of Seattle



King County

COMPREHENSIVE ASSESSMENT (CA) SERVICE PLAN

Page # : 1

Client Copy

CLIENT NAME (Last, First MI)

Brewer, Joan L

CLIENT ID

53156

ASSESSMENT DATE

4/25/2003

DATE	SPECIFIC PROBLEMS/NEEDS	SERVICES : WHO, WHAT, WHERE	Outcomes/Client Preferences/ Negotiated Service Agreement	CHANGED
------	-------------------------	-----------------------------	--	---------

CASE MANAGEMENT PLAN

Client should contact ADS case manager if there are any changes in her physical or mental health status.

City of Seattle, Aging & Disability Services. Case Manager: Sharon McDaniel @206-615-1852. Homecare agency and client will notify CM of any change of conditions that result in unmet needs, falls, hospitalizations, ER visits, 911 calls, etc.

CM will be informed of changes that may affect the client's service plan so the services for client will fulfill client's needs.

*Post Dated
3 days prior
to accident*

EMERGENCY CONTACT

Comp.Call Light-PERS, OR 911
Phone:
Address:

PRIMARY PHYSICIAN

Client refuses to give the name of her physician.

BLADDER CONTROL

Client has control issues and uses incontinent pads/briefs at night.

Caregiver will assist with changing incontinence briefs and clothing, as needed

Personal hygiene will be maintained.

IMPAIRED JUDGEMENT

Client demonstrates poor judgement and poor insight due to paranoia.

Caregiver should discourage behavior that could be harmful or inappropriate and contact ADS

Client will remain safe
Client will participate in decisions to the

Defamation of Character

CLIENT COPY
Do not send Service Plan back,
keep for your records

COMPREHENSIVE ASSESSMENT (CA) SERVICE PLAN

MCDANIEL, SHARON - Kent Case Management

Page # : 2

CLIENT NAME (Last, First MI) Brewer, Joan L		CLIENT ID 53156	ASSESSMENT DATE 4/25/2003
DATE	SPECIFIC PROBLEMS/NEEDS	SERVICES : WHO, WHAT, WHERE	Outcomes/Client Preferences/ Negotiated Service Agreement
	She often lacks good judgement due to inappropriate suspiciousness and hostility toward others. Client refuses mental health services.	case manager, Sharon McDaniel, @ 206-615-1852.	extent possible
	EATING MEALS		
	Eating Breakfast.	Minimal Unmet Needs Exist. See Main Meal	
	Eating Light Meal.	Minimal Unmet Needs Exist. See Main Meal	
	Eating Main Meal. Client requires set up and needs food cut up, bread buttered due to fracture to left arm plus pain and weakness in her hands.	Minimal Unmet Needs Exist. Caregiver will cut foods, butter bread, etc. Caregiver will set up foods and bring them to the client.	Client's good nutrition will be encouraged and monitored.
	TOILETING ISSUES		
	Client reports she frequently needs to use the bathroom due to urgency and needs standby	Substantial Unmet Needs Exist. Caregiver will assist client to the bathroom and standby for safety. Caregiver will adjust clients	Falls associated with toileting will be prevented.

SERVICE PLAN

CLIENT NAME (Last, First MI)

Brewer, Joan L

CLIENT ID

53156

ASSESSMENT DATE

4/25/2003

DATE

SPECIFIC PROBLEMS/NEEDS

SERVICES : WHO, WHAT, WHERE

Outcomes/Client Preferences/
Negotiated Service Agreement

CHANGED

assistance for safety when toileting when she is shaky and weak and may need assistance getting on and off the toilet due to poor balance. 5/3/03: Client currently has a fractured left arm also needs assistance to adjust clothing.

clothes as needed.

AMBULATION ISSUES

"Falls into things". Client sometimes needs assistance inside but generally needs assistance outside the home. Client has an electric wheelchair but finds it difficult to be mobile outside of home without assistance. Client occasionally requires assistance of another person inside and frequently outside when she is shaky and weak due to degenerative discs in neck and upper spine and nerve damage down to both feet. Client can use a walker inside when feeling stronger.

Substantial Unmet Needs Exist. Caregiver will provide standby assistance for safety. Caregiver will accompany client outside the home. Caregiver will assist client inside the home when she is weaker than normal and in pain.

Client will safely ambulate both outside and inside the home; reduce risk of falls.

SERVICE PLAN

CLIENT NAME (Last, First MI)

Brewer, Joan L

CLIENT ID

53156

ASSESSMENT DATE

4/25/2003

DATE

SPECIFIC PROBLEMS/NEEDS

SERVICES : WHO, WHAT, WHERE

Outcomes/Client Preferences/
Negotiated Service Agreement

CHANGED

assistance for safety when toileting when she is shaky and weak and may need assistance getting on and off the toilet due to poor balance. 5/3/03: Client currently has a fractured left arm also needs assistance to adjust clothing.

clothes as needed.

AMBULATION ISSUES

"Falls into things". Client sometimes needs assistance inside but generally needs assistance outside the home. Client has an electric wheelchair but finds it difficult to be mobile outside of home without assistance. Client occasionally requires assistance of another person inside and frequently outside when she is shaky and weak due to degenerative discs in neck and upper spine and nerve damage down to both feet. Client can use a walker inside when feeling stronger.

Substantial Unmet Needs Exist. Caregiver will provide standby assistance for safety. Caregiver will accompany client outside the home. Caregiver will assist client inside the home when she is weaker than normal and in pain.

Client will safely ambulate both outside and inside the home; reduce risk of falls.

COMPREHENSIVE ASSESSMENT (CA) SERVICE PLAN

MCDANIEL, SHARON - Kent Case Management

Page # : 4

CLIENT NAME (Last, First MI) Brewer, Joan L		CLIENT ID 53156	ASSESSMENT DATE 4/25/2003
DATE	SPECIFIC PROBLEMS/NEEDS	SERVICES : WHO, WHAT, WHERE	Outcomes/Client Preferences/ Negotiated Service Agreement
TRANSFER ISSUES	Client can assist with own transfers but needs help when she is especially weak and shaky. She needs assistance getting in and out of a chair or couch, bed, car, etc 5/3/03: Client fractured her left arm and needs steadying and help with transfers due to limited functional ability/mobility.	Substantial Unmet Needs Exist. Caregiver will physically assist client in and out of bed, in and out of chairs, in and out of the car, etc. <i>report date E sig 4-25-03 yet ret. 5-03-03 accident</i>	Falls associated with transferring will be prevented. Transfer skills will be maintained/improved.
POSITIONING ISSUES	Client requires assistance with positioning due fracture to left arm. Position body while in bed and chairs.	Substantial Unmet Needs Exist. Place cushions/pillows in bed or chair as needed. Caregiver will watch for signs of skin breakdown such as reddened areas, sores, etc. and report to health professional	Client's comfort will be improved/maintained Correct body alignment will be maintained