

**Individual Information:**

**Individual ID:** 3115  
**Individual Name:** Smith, Troy B  
**Individual Location:** C Wing  
**Individual Room:** 101a  
**Individual Category:** Insurance

**General Information:****GENERAL INFORMATION**

Mr. Smith's mother/legal guardian and father were in attendance. Mr. Smith was not present due to behavior issues at the time of the meeting.

**B. GUARDIANSHIP**

Mr. Smith's mother, Mrs. Martha Smith, is his legal guardian. Mrs. Smith is guardian of person only. It is recommended that guardianship continue due to Mr. Smith's cognitive, behavioral and physical deficits.

**C. INDIVIDUAL'S RIGHTS**

Mr. Smith's guardian has been informed of Individual's rights as a participant at HOME/DAY HAB and his rights as his legal guardian.

**D. MEDICAL SUMMARY**

The DON reviewed her nursing summary and reported any significant medical changes, surgeries, hospitalizations, or significant consultant/physician reports since the last review --- see DON Review.

**E. PT/OT**

He had a PT consult by Gayle Johnson, LPT, on 12/18/09 to address the healing fracture and the order to bear weight as tolerated. She recommended no exercises until after his appointment with his physician on 01/28/10.

He is scheduled to be seen by the Physical Therapist again on 03/10/10 to be evaluated for possible use of a walker.

Mr. Smith had no OT consults during the past year.

**F. BEHAVIOR SUPPORT PLAN**

During the 08-09 year, Mr. Smith exhibited 106 aggressive outbursts, 10 occurrences of PICA behavior, 31 SIB occurrences. During this year, the individual's restraints protocol was reviewed and updated.

Expectations for the 09-10 year are to have less than 50 aggressive behaviors, 0 PICA behaviors, and 0 SIB behaviors.

**G. SOCIAL SERVICES SUMMARY**

Individual has psychiatric diagnosis of Impulse Control Disorder

**H. STRENGTHS/NEEDS****TOILETING SKILLS:**

Mr. Smith initiates going to the bathroom and rearranges his clothes as necessary. When he is finished, he flushes the toilet independently and washes his hands. Staff assists him to and from the restroom for safety due to his unsteady gait. Training is not recommended at this time because he completes this task independently.

**PERSONAL HYGIENE:**

Mr. Smith can rinse his face and brush his own hair and teeth.

**I. PERSONAL-**

Mr. Smith is ambulatory and can unlock and egress through the facility doors independently, however he has an unsteady gait with a history of falls and he requires staff assistance to ambulate safely. He cannot communicate his name or place of residence to a stranger. He has no pedestrian skills, but would not be cognitively able to follow pedestrian skills he may acquire through training due to his short attention span and impulsive actions. Mr. Smith wears a helmet with a full face shield due to his long history of self-injurious behaviors (placing items up his nose and in his ears). When the helmet is off during daytime hours, he requires close visual supervision across all environments. When Mr. Smith is wearing the helmet, he is able to have unsupervised time both inside and outside the facility within property lines. Training is not recommended at this time.

**Program Information:****PROGRAM NAME:** CCW PHY-Hitting**START DATE:** 02/01/2010**END DATE:****PRIORITY:** 2**RESPONSIBLE PARTY:** DON, NA, RN**PROGRAM TEXT:**

When bothered by another individual, Mr. Smith may hit the individual. Close supervision is necessary during group time.

**PROGRAM NOTES:****FREQUENCY:**

Everyday (All Shifts)/ Every 1 Day(s) Shifts 1, 2, 3

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**PROGRAM NAME:** Midnight Snack**START DATE:** 02/01/2010**END DATE:****PRIORITY:** 4**RESPONSIBLE PARTY:** LPN**PROGRAM TEXT:**

Mr. Smith will eat 100% of his midnight snack.

**PROGRAM NOTES:****FREQUENCY:**

PM Snack / Every 1 Day(s) From 07:00 PM to End of Shift

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**PROGRAM NAME:** Toothbrushing**START DATE:** 02/01/2010**END DATE:****PRIORITY:** 3**RESPONSIBLE PARTY:** LPN**PROGRAM TEXT:**

With prompting, Mr. Smith will brush his teeth independently.

**PROGRAM NOTES:****FREQUENCY:**

Everyday (Day Shift Only)/ Every 1 Day(s) Shifts , 2

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**DISSENTING OPINIONS:**

<i>Printed Name</i>	<i>Signature</i>	<i>Comment</i>
<i>Printed Name</i>	<i>Signature</i>	<i>Comment</i>
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