

## Ohio Department of Developmental Disabilities

## Division of Information Systems

DODD INCIDENT REPORT (ITS)

<u>Incident Number</u> 2019-009-0336			<u>Group Name</u> Butler	
<u>Client Number</u> [REDACTED]	<u>Client Name</u> [REDACTED] LAUREN 350 KOLB DRIVE FAIRFIELD, OH 45014	<u>Gender</u> F	<u>Waiver Type on Incident</u>	<u>Age at Discovery</u> 31
<u>Final Due Date</u> 10/08/2019	<u>Incident Date</u> 08/25/2019	<u>Discovery Date</u> 08/25/2019	<u>Created Date</u> 08/26/2019	<u>Fax Date</u>
<u>Category Type:</u> <u>Decided</u>				
Unanticipated Hospitalization		Medical	Bowel Obstruction	
<u>Alleged</u>				
Unanticipated Hospitalization		Medical	Bowel Obstruction	
<u>Substantiated</u>			<u>Was Substantiated</u>	
<u>Injuries</u> Severity: N/A  Law: Law Enforcement Involved: No				
<u>Living Arrange:</u> 9698260 ICF/IID				
<u>Location:</u> Non-County Operated Program			Residence	ICF/DD
<u>Incident Provider:</u> 0910027 ALEXSON SERVICES/FAIRFIELD				
<u>Residential Provider:</u> 0910027 ALEXSON SERVICES/FAIRFIELD				
<u>Adult Day/Employment Provider:</u> No Adult Day/Employment Provider				
<u>Notifications</u> 9698260 Guardian: 08/25/2019		<u>Coroner</u> Notified: Accepted: Autopsy: <u>Rec. Closure</u> <u>Rec. Closure By</u> 09/23/2019 Joan OHair		

Ohio Department of Developmental Disabilities

Division of Information Systems

DODD INCIDENT REPORT (ITS)

<u>Incident Number</u> 2019-009-0336		<u>Group Name</u> Butler	
<u>Notifications</u>  County: 08/25/2019 Administrator: 08/25/2019		<u>Incident Review Status</u> Closed <u>Closed Date</u> 09/23/2019 <u>Investigated By</u> Investigative Agent Joan OHair  <u>Closed By</u> Joan OHair <u>Last Change By</u> Joan OHair	

---

**Others**

No Data Available

**Initial Report**

08/26/2019

2813169

It was reported to Elizabeth Grove, SSA On-Call/BCBDD on 8/25/19 that Lauren [REDACTED] was admitted to the hospital with diagnosis of bowel obstruction.

&lt;Rebekah Lyons Added on 8/26/2019&gt;

**Immediate Action**

08/26/2019

2813170

Lauren remains in the hospital at this time.

&lt;Rebekah Lyons Added on 8/26/2019&gt;

**Final Report**

09/23/2019

2823990

Q)List of persons interviewed and documents reviewed

A)Interviews/Statements:

Lynne Whitaker, Takoda Trails RN – completed this MUI with review from this IA.

Documents Reviewed:

DODD Incident Report

Incident report

On call report

Consumer detail report

Past MUI's

IP

Email correspondence

Prevention Plan

Medical records

Nurses notes

Bowel charts

Providers report

Q)Summary of interviews and documents reviewed

A)

The administrative investigation commenced by Rebekah Lyons on 8/26/19 by gathering and reviewing relevant documents, incident report. This IA received and reviewed case assignment n 8/29/19.

Level of supervision: Met, Visual range at home when out of bedroom, 15 minute checks in bedroom

Review of past MUI's – 8 past MUI's filed since 2003. No past UH filed.

Background information:

Lauren [REDACTED] is a 31-year-old female who resides at Takoda Trails [REDACTED] father, serves as her guardian. Supervision level is visual range at home when out of her bedroom. 15 minutes checks while in her bedroom. Diagnosis includes: Profound DD, Cerebral Palsy, Seizure disorder, Cortical Blindness, Multiple Otitis Media S/P PE Tubes, Hx of Intermittent Herpetic Stomatitis, Allergic Rhinitis, Constipation, S/P Gastromy with Nissen Mycotic Nails, Chronic Periodontitis, Nonsenile Cataract, Anhidrosis, Dermatophytosis of Nail, Mechanical Ptosis, Blindness both eye impair level.

Medical history: (e.g., recent similar illnesses or chronic/acute conditions).

n/a

Health status during prior seventy-two hours:

No reported issues. Bowel records show that she was having regular BM's.

Date and reason for most recent prior hospitalization:

---

**Others**

n/a

**Description of the incident:**

Staff noted multiple skin discolorations on all 4 extremities and coffee ground emesis. Nursing checked Lauren and assessed the areas to be bruising. They also noted the coffee ground colored emesis and the same residual in her stomach. 911 called and she was sent to Mercy Fairfield ER for further evaluation.

**Review of diagnosis, discharge summary, and follow-up appointment:**

If the individual had the flu or pneumonia, indicate whether he or she received a flu shot or pneumonia vaccine: n/a

<Joan OHair Added on 9/23/2019>

---

**Findings and Conclusions****09/23/2019****2823991**

Lauren was sent to the hospital on 8/25/19 due to multiple skin discolorations on all four extremities and coffee ground emesis.

Lauren was evaluated in the ER and admitted with a diagnosis of Blindness, CP, Profound DD, Constipation and small bowel obstruction. She was started on IV fluids and no feedings were given thru her tube for a while. They thought that she might require surgery, but her bowels started working again. Her tube feedings were restarted and she was able to return home. She had new orders for Potassium 20meq 3 times daily x 9 doses and increase her Miralax to daily.

Lauren was discharged from the hospital on 8/29/19.

Appropriate and timely treatment was sought for Lauren.

<Joan OHair Added on 9/23/2019>

---

**Cause And Contributing Factors****09/23/2019****2823992**

- Multiple skin discolorations on all four extremities and coffee ground emesis.
- Bowel obstruction and constipation and history/diagnosis of constipation.

<Joan OHair Added on 9/23/2019>

---

**Prevention Plan****09/23/2019****2823993**

Lauren will complete the potassium supplements as prescribed.

Her Miralax was increased to daily.

Staff will monitor bowel movements and document them and will report any issues with vomiting to nursing.

Nurses will monitor bowel movements to ensure that the increased dose of Miralax is effective and also not too much for Lauren.

Follow up with Dr. Zakem in clinic.

<Joan OHair Added on 9/23/2019>

MUI Report  
Individual: Lauren [REDACTED]  
Investigator: Joan O'Hair  
Incident Number: 2019-009-0336  
Category: Unanticipated Hospitalization  
Date: 8/25/19

**INITIAL STATEMENT:**

It was reported to BCDD on call staff that on 8/25/19 Lauren was admitted to the hospital with a diagnosis of bowel obstruction.

**IMMEDIATE ACTION:**

Lauren was taken to the hospital and admitted for treatment.

**LIST OF PERSONS INTERVIEWED AND DOCUMENTS REVIEWED**

**Interviews/Statements:**

Lynne Whitaker, Takoda Trails RN – completed this MUI with review from this IA.

**Documents Reviewed:**

DODD Incident Report  
Incident report  
On call report  
Consumer detail report  
Past MUI's  
IP  
Email correspondence  
Prevention Plan  
Medical records  
Nurses notes  
Bowel charts  
Providers report

**SUMMARY OF INTERVIEWS/DOCUMENTS REVIEWED**

The administrative investigation commenced by Rebekah Lyons on 8/26/19 by gathering and reviewing relevant documents, incident report. This IA received and reviewed case assignment n 8/29/19.

**Level of supervision:** Met, Visual range at home when out of bedroom, 15 minute checks in bedroom.

**Review of past MUI's** – 8 past MUI's filed since 2003. No past UH filed.

**Background information:**

Lauren [REDACTED] is a 31-year-old female who resides at Takoda Trails [REDACTED] father, serves as her guardian. Supervision level is visual range at home when out of her bedroom. 15 minutes checks while in her bedroom. Diagnosis includes: Profound DD, Cerebral Palsy, Seizure disorder, Cortical Blindness, Multiple Otitis Media S/P PE Tubes, Hx of Intermittent Herpetic Stomatitis, Allergic Rhinitis, Constipation, S/P Gastromy with Nissen Mycotic Nails, Chronic Periodontitis, Nonsense Cataract, Anhidrosis, Dermatophytosis of Nail, Mechanical Ptosis, Blindness both eye impair level.

**Medical history:** (e.g., recent similar illnesses or chronic/acute conditions).  
n/a

**Health status during prior seventy-two hours:**

No reported issues. Bowel records show that she was having regular BM's.

**Date and reason for most recent prior hospitalization:**

n/a

**Description of the incident:**

Staff noted multiple skin discolorations on all 4 extremities and coffee ground emesis. Nursing checked Lauren and assessed the areas to be bruising. They also noted the coffee ground colored emesis and the same residual in her stomach. 911 called and she was sent to Mercy Fairfield ER for further evaluation.

**Review of diagnosis, discharge summary, and follow-up appointment:**

If the individual had the flu or pneumonia, indicate whether he or she received a flu shot or pneumonia vaccine: n/a

**FINDINGS AND CONCLUSIONS**

Lauren was sent to the hospital on 8/25/19 due to multiple skin discolorations on all four extremities and coffee ground emesis.

Lauren was evaluated in the ER and admitted with a diagnosis of Blindness, CP, Profound DD, Constipation and small bowel obstruction. She was started on IV fluids and no feedings were given thru her tube for a while. They thought that she might require surgery, but her bowels started working again. Her tube feedings were restarted and she was able to return home. She had new orders for Potassium 20meq 3 times daily x 9 doses and increase her Miralax to daily.

Lauren was discharged from the hospital on 8/29/19.

Appropriate and timely treatment was sought for Lauren.

**CAUSE AND CONTRIBUTING FACTORS**

- Multiple skin discolorations on all four extremities and coffee ground emesis.
- Bowel obstruction and constipation and history/diagnosis of constipation.

**PREVENTION PLAN**

Lauren will complete the potassium supplements as prescribed.

Her Miralax was increased to daily.

Staff will monitor bowel movements and document them and will report any issues with vomiting to nursing. Nurses will monitor bowel movements to ensure that the increased dose of Miralax is effective and also not too much for Lauren.

Follow up with Dr. Zakem in clinic.

Ohio Department of Developmental Disabilities

Division of Information Systems

DODD INCIDENT REPORT (ITS)

<u>Incident Number</u> 2019-009-0336			<u>Group Name</u> Butler	
<u>Client Number</u> [REDACTED]	<u>Client Name</u> [REDACTED] LAUREN 350 KOLB DRIVE FAIRFIELD, OH 45014	<u>Gender</u> F	<u>Waiver Type on Incident</u>	<u>Age at Discovery</u> 31
<u>Final Due Date</u> 10/08/2019	<u>Incident Date</u> 08/25/2019	<u>Discovery Date</u> 08/25/2019	<u>Created Date</u> 08/26/2019	<u>Fax Date</u>
<u>Category Type:</u>				
<u>Alleged</u>				
Unanticipated Hospitalization		Medical	Bowel Obstruction	
<u>Substantiated</u>			<u>Was Substantiated</u>	
<u>Injuries</u> Severity: N/A				
<u>Living Arrange:</u> 9698260 ICF/IID				
<u>Location:</u> Non-County Operated Program			Residence	ICF/DD
<u>Incident Provider:</u> 0910027 ALEXSON SERVICES/FAIRFIELD				
<u>Residential Provider:</u> 0910027 ALEXSON SERVICES/FAIRFIELD				
<u>Adult Day/Employment Provider:</u> No Adult Day/Employment Provider				
<u>Notifications</u> 9698260 Guardian: 08/25/2019 County: 08/25/2019 Administrator: 08/25/2019		<u>Coroner</u> Notified:                      Accepted:                      Autopsy: <u>Rec. Closure</u> <u>Rec. Closure By</u> <u>Incident Review Status</u> Open with Information Pending		

Rec/rev. 8-29-19 [Signature]

Ohio Department of Developmental Disabilities

Division of Information Systems

DODD INCIDENT REPORT (ITS)

	<u>Closed Date</u>	<u>Investigated By</u> Investigative Agent Joan OHair
	<u>Closed By</u>	<u>Last Change By</u> Rebekah Lyons



---

**Others**

No Data Available

---

**Initial Report**

08/26/2019

2813169

It was reported to Elizabeth Grove, SSA On-Call/BCBDD on 8/25/19 that Lauren [REDACTED] was admitted to the hospital with diagnosis of bowel obstruction.

<Rebekah Lyons Added on 8/26/2019>

---

**Immediate Action**

08/26/2019

2813170

Lauren remains in the hospital at this time.

<Rebekah Lyons Added on 8/26/2019>

## Rebekah Lyons

---

**From:** Rebekah Lyons  
**Sent:** Monday, August 26, 2019 3:56 PM  
**To:** Lynnette Whitaker (lwhitaker@takoda-trails.net); Joan O'Hair  
**Subject:** LC MUI 2019-009-0336

Please be advised that an MUI for unanticipated hospitalization has been filed on behalf of Lauren [REDACTED]. This is based on report that she was admitted to the hospital due to bowel obstruction on 8/25/19. Joan O'Hair has been assigned to review this MUI.

Lynne, please submit your investigation summary/form, along with the discharge summary, nursing notes, and any pertinent follow up to Joan by 9/9/19.

Rebekah Lyons | *Intake Investigative Agent*  
Butler County Board of Developmental Disabilities  
phone: 513-867-5992 | fax: 513-887-8028 | [mui@butlerdd.org](mailto:mui@butlerdd.org)

**BUTLER COUNTY**  
*Board of*  
**DEVELOPMENTAL**  
**DISABILITIES** |    

# **ON CALL FORM**

**Fill in completely and send to [mui@butlerdd.org](mailto:mui@butlerdd.org) by 9:00 am.**

Completed By: Elizabeth Grove	Individual's Assigned SC (if known): N/A		
Date of Call: 8/25/19	Time of Call: IN 9:50pm OUT 9:54am Total Time of Call: 4 minutes		
Name/Title of Caller: Frank Gyimah	Telephone Number: 513-616-2746		
Individual's Name (s): Lauren [REDACTED]	Provider: Takota Trails		
Age: 31			
Incident Date/Time: Around 6:30pm	Location: Takota Trails		
Description of Incident: (Who, what, when and where. List any witnesses.) Lauren was experiencing pain and vomiting brown vile. Takota Trails staff called 911, ambulance arrived around 6:45pm, Lauren was admitted to Mercy Fairfield Hospital for bowel obstruction.			
Were there any injuries? Describe: Bowel obstruction			
Immediate Actions (What was done to ensure the immediate health and welfare of the individual?)			
<input checked="" type="checkbox"/> Individual was assessed for injury/illness by direct care staff, name/result: Witnessed brown vomit <input checked="" type="checkbox"/> Individual was assessed by a medical professional, name/location: Mercy Fairfield Hospital <input type="checkbox"/> A medical professional was consulted, name/title: <input type="checkbox"/> Police were called, response: <input type="checkbox"/> Wellness Check Requested, result: <input type="checkbox"/> Ambulance/911 was called, response: <input checked="" type="checkbox"/> Individual was transported to urgent care/hospital, location: Mercy Fairfield Hospital Admitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Mobile Crisis was called, response: <input type="checkbox"/> Increased supervision, describe: <input type="checkbox"/> Staff was placed on leave, name/details: <input type="checkbox"/> Access to PPI prevented, explain how: <input type="checkbox"/> Medications/cash/property secured, describe: <input type="checkbox"/> Additional staffing added to the home, describe: <input type="checkbox"/> Alternative placement was arranged, describe: <input type="checkbox"/> Discussed safety plan with individual or other involved party, describe: <input type="checkbox"/> Other, please describe:			
<input type="checkbox"/> CHECK HERE if additional information is available in a case note.			
<b>Notifications:</b>			
Person Notified	Name/Title	How/By Who?	Date/Time
Guardian/Advocate	[REDACTED]	Frank Gyimah	Around 6:45pm on 8/25
Support Broker			
Provider			
Law Enforcement			
ANY potentially criminal	Jurisdiction:		
Children Services			
ANY potentially criminal <22			
Coroner ANY death			
Superintendent ANY death			
IA ANY ALLEGED OR SUSPECTED abuse, neglect, theft or death			
Assigned SC	N/A		
Other:			
Other:			

\*The on-call report will be forwarded to designated parties by MUI office.

# Empowering People Unusual Incident Report

Major Unusual Incident ☒ Yes ☐ No If yes Category: ☐ A ☐ B ☐ C

Regardless of time or day, Major Unusual Incidents are to be called immediately to the AOC.

Resident Name: Kawer Address: [REDACTED]Date: 8/25/19 Day of Week: Monday Time: 6:14 PM AM PMStaff Involved: [REDACTED]Witnesses: [REDACTED]Home: [REDACTED]Site Occurred: [REDACTED]

Must write incident report for each person involved. Use initials for other housemates if needed to mention in report.

## TYPE OF INCIDENT - Please check all that apply

Medical (Resident Related)

- ☐ Med error: person responsible for Med Pass  
☐ Wrong time ☐ Wrong dose ☐ Wrong person ☐ Blood exposure  
☐ Wrong med ☐ Wrong route ☐ Med omitted from (check one):  
☐ Med (pill) found ☐ Med documentation error ☐ Med refusal ☐ Staff  
☐ Med dropped ☐ Possible injury to resident ☐ Seizure ☐ Resident  
☐ Possible bruising ☐ Minor injury to resident ☐ Resident to Dr. or ER  
☐ Unobserved injury ☐ Dietary related problem ☐ Accident - Resident  
☒ Other (describe): Copied around on his phone ☐ Illness ☐ Fall

Behavioral (Resident Related)

- ☐ Verbal Aggression (VA) ☐ Self-harmful Behavior (SHB) ☐ Theft ☐ Under \$100 ☐ Over \$100  
☐ Property Destruction (PD) ☐ Repeated Peer Incident ☐ Elopement  
☐ Physical Aggression (PA) ☐ Inappropriate sexual contact ☐ Damage to personal property  
☐ Neglect ☐ Program Implementation ☐ Law Enforcement  
☐ Other (describe): [REDACTED]

Operations/Maintenance

- ☐ Check if Work Order written ☐ Work order number: [REDACTED]  
☐ Item broken ☐ Check if item can be repaired ☐ Check if item was discarded  
☐ Auto accident ☐ Damage to Agency property  
☐ Other (describe): [REDACTED]

Other (describe): [REDACTED]

## OBJECTIVE DESCRIPTION OF INCIDENT

Describe specifically what happened BEFORE the incident: Multiple S.B. observation  
Some on toilet noted on 8/25/19 at 6:14 PM and  
10:14 AM on 8/25/19Describe the incident: Strong verbal assault multiple  
words on 8/25/19 on 8/25/19Describe the intervention(s) used and effectiveness: Assessment CompletedISP Followed? ☒ Yes ☐ No ☐ Not applicableProtective Hold Used? ☐ Yes ☐ NoProtective Hold in ISP? ☐ Yes ☐ NoUsed for medical purposes? ☐ Yes ☐ NoDuration: [REDACTED] (Minutes) Alternatives attempted: [REDACTED]

(If not in ISP and Protective Hold is used, incident becomes a Major Unusual Incident.)

Type of Protective Hold: ☐ Lower Figure Four ☐ Parallel Hold ☐ Limited Security Hold☐ Full Security Hold ☐ Ryse Cradle Transport ☐ Ryse Cradle Take Down ☐ OtherSignature of person completing report: [REDACTED]Date: 8/25/19Print Name: REGINA OKADAPosition: [REDACTED]

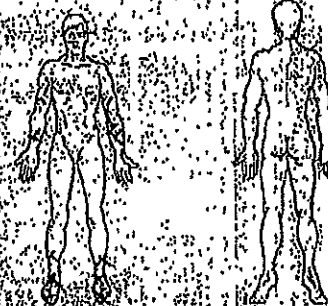
**MEDICAL**Medical Treatment Necessary? ☒ Yes ☐ NoMedical treatment outside of facility? ☒ Yes ☐ NoExplain treatment: Sent out to ER for eval

Who performed medical treatment:

Nurse's comments: Upon assessment Resident noted 5 multiple dark skin discolorations bil. lower & bil. upper extremities noted with coffee ground abrasions on right hand and wrist. YES PPE ON 9.16.19 7950 BPP VTONurse's Signature: [Signature]Date: 8/26/19**BODY PART AFFECTED BY THE INCIDENT**Use ink to circle on the figure any bruises, cuts, marks, etc.  
If no visible signs at the time, circle area and note possible type of injury.

☐ Bruises ☐ Rash/redness  
☒ Possible bruise ☐ Scratch  
☐ Bite ☐ Swelling  
☐ Bleeding ☐ Laceration  
☐ Fracture  
☐ Other

Size and shape of injury:

**WHO WAS NOTIFIED AT TIME OF INCIDENT**☒ Guardian Name: QF20 C. V. SCA

(Include date and time)

Date: 8/25/19 Time: 5:10☐ Administrator Date: 8/25/19 Time: 5:10Special Instructions Given: Call back via email per☒ DON Date: 8/25/19 Time: 5:10

Special Instructions Given:

☒ MUI Unit Date: 8/25/19 Time: 9:00Special Instructions Given: N/A☐ SSA (waiver only) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ Law Enforcement Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

☐ \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions Given:

N/A

N-CALL

BUTLER

COUNTY

ELIZABETH GROVE

Immediate action to ensure health and welfare

**Causes and contributing factors****Prevention Plan**

Please attach a copy of any in-service that is required by the prevention plan

**Manager Review**

Name: \_\_\_\_\_

Title (if other than Manager): \_\_\_\_\_

Date: \_\_\_\_\_

**QIDP Review**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ No Additional Follow-up Needed☐ See ISR☐ See Attached Follow-up Report**Administrator Review**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date/Time MUI was forwarded to MUI Investigation

Revised 1/1/19

## Consumer Detail Report

**LAUREN**

Organization: Butler County

Plan Year Start:

Early Track Num:

Local ID:

SSN:

Resident Num:

Medicaid Num:

Birth:

Gender:

Primary Funding Source:

Resident Address: 350 KOLB DR



FAIRFIELD

OH 45014

Mailing Address: 350 KOLB DR



FAIRFIELD

OH 45014

Phone:

Primary: ( ) -

Cell: ( ) -

Other Address:

E-mail Address:

File Location:

All Classifications:

Classification	Start Date	End Date
Lives in a Butler County ICF/IID	01/01/2001	01/01/2061
Consumer	01/01/2001	12/31/2056

Relationships:

Relation	Name/Organization/Vendor	Address	Phones / Email
Parent			Primary: ( ) - Secondary: ( ) - Fax: ( ) - Email:
Guardianship:			

Waiting Lists:

Butler County	Status	Date On	Emergency	Priority	Date Off
24 IO Waiver	Waiting	03/08/1996 00:00			

Last 10 MUIs:

Home  
 Application  
 Find  
 MUI  
 PPI  
 Provider  
 Tools  
 Documentation

MUI#:   
 Individual Name:   
 Individual#:   
 Medicaid#:   
 -- Any Location 1 --  
 MUI Date Start:   
 MUI Date End:   
 -- Any Location 2 --  
 -- Any Date Type --  
 -- Any Status --  
 -- Select Appendix --  
 -- Any Category --  
 Decided/Alleged  
 -- Any MUI (Flagged or Not) --  
 Active  
 Order By:  
 MUI Number  
 Ascending  
☐ Maintain Page

Records Found: 11

Incident Number	Category	Last Name	First Name	Discovery	Final Due
1999-009-0004	Alleged Abuse - PHYSICAL		LAUREN	02/25/1999	03/27/1999
1999-009-0014	Alleged Abuse - PHYSICAL		LAUREN	06/22/1999	07/22/1999
2003-009-0277	Injury		LAUREN	10/27/2003	12/10/2003
2008-009-0214	Alleged Abuse - PHYSICAL		LAUREN	05/08/2008	08/20/2008
2008-009-0102	Misappropriation		LAUREN	02/26/2008	04/08/2008
2008-009-0104	Alleged Abuse - PHYSICAL		LAUREN	02/28/2008	04/10/2008
2010-009-0006	Unapproved Behavioral Support		LAUREN	01/07/2010	02/22/2010
2011-009-0382	Alleged Neglect		LAUREN	07/21/2011	09/15/2011
2014-009-0477	Alleged Neglect		LAUREN	10/02/2014	11/17/2014
2014-009-0553	Significant Injury		LAUREN	11/18/2014	01/02/2015

1 2

Last 10 MUIs:  
Refresh After Leaving ▾

Home	MUI#:		Individual Name:		Individual#:	Medicaid#:
Application			lauren carter		All Living Arrangements ▾	
Find	-- Any Location 1 -- ▾		MUI Date Start:	MUI Date End:	-- Any County/DC -- ▾	Order By:
MUX	-- Any Location 2 -- ▾					MUI Number ▾
PPI	-- Any Date Type -- ▾					Ascending ▾
Provider						<input type="checkbox"/> Maintain Page
Tools	-- Any Status -- ▾		-- Select Appendix -- ▾	-- Any Category -- ▾	-- Any MUI (Flagged or Not) -- ▾	Find MUIs
Documentation	-- Any Invest Type -- ▾			Decided/Alleged ▾	Active ▾	
			# Recurring:			

Records Found: 11

Incident Number	Category	Last Name	First Name	Discovery	Final Due
2019-009-0336	Unanticipated Hospitalization		LAUREN	08/25/2019	10/08/2019
1 2					



---

**Joan O'Hair**

---

**From:** Lynnette Whitaker <LWhitaker@takoda-trails.net>  
**Sent:** Monday, September 9, 2019 10:24 AM  
**To:** Joan O'Hair  
**Cc:** Bill Maynard  
**Subject:** FW: Scanned image from MX-M565N  
**Attachments:** FHSScan\_20190909\_084806.pdf

Joan - Please see attached MUI report for Lauren [REDACTED] unanticipated hospitalization from 8-25-19. If you have any questions, please let me know. Thank you.

Lynne Whitaker, RN,  
Director Of Nursing

Takoda Trails

350 Kolb Drive

Fairfield, OH 45014

Phone- 513-874-0423 x237

Fax 513-874-0598

---

From: copier@fhs-is.com [copier@fhs-is.com] on behalf of copier@ [fhs-is.com copier@fhs-is.com]  
Sent: Monday, September 09, 2019 9:48 AM  
To: Lynnette Whitaker  
Subject: Scanned image from MX-M565N

---

This message contains confidential information and is intended only for the addressee of the message. If you are not that person you should not disseminate, distribute or copy this e-mail. If you have received this message by mistake please notify the sender immediately and delete this e-mail from your system.

**PROVIDE DATE AND CAUSE OF MOST RECENT HOSPITALIZATION BEFORE THIS ONE?**

Lauren has had no recent hospitalizations

**INDIVIDUAL'S DIAGNOSIS AND MEDICAL HISTORY FROM THE ISP:**

Profound MR, Cerebral Palsy, Seizure Disorder, Cortical Blindness, Multiple Otitis Media, S/P PE Tubes, Hx of Intermittent Herpetic Stomatitis, Allergic Rhinitis, Constipation, S/P Gastromy with Nissen, Mycotic Nails, Chronic Periodontitis, Nonsenile Cataract, Anhidrosis, Dermatophytosis of Nail, Mechanical Ptosis, Blindness Both Eyes Impair Level.

**HOSPITAL DIAGNOSIS:**

**\*ATTACH HOSPITAL DISCHARGE PAPERWORK**

Lauren was evaluated in the ER and admitted with diagnosis of Blindness, CP, Profound MR, Constipation and small bowel obstruction. She was started on IV fluids and no feedings were given thru her tube for a while. They thought that she might require surgery, but her bowels started working again. Her tube feedings were restarted and she was able to return home. She had new orders for Potassium 20meq 3 times daily x 9 doses and increase her Miralax to daily.

**WAS HOSPITALIZATION DUE TO FLU OR PNEUMONIA OR ASPIRATION PNEUMOMIA?**

If yes, did the individual receive the flu shot or pneumonia vaccine?

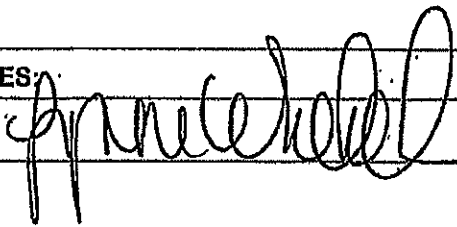
N/A

**PREVENTION PLAN:**

- Please include any changes
- Follow up appointments
- Continuing needs of the individual
- Person responsible for each

Lauren will complete the potassium supplements as prescribed. Her Miralax was increased to daily. Staff will continue to monitor for bowel movements and document them. They will report any issues with vomiting to nursing. Nursing will monitor her bowel movements to ensure that the increased dose of Miralax is effective and also not too much for her. Dr Zakem reviewed her paper work at the 8/6/19 clinic and had no new orders. She will follow up with Dr Zakem on an as needed basis.

**NOTES:**



Unscheduled Hospitalization Form 3-9-14

## Unscheduled Hospitalization Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

<b>NAME OF INDIVIDUAL/MUI#:</b>
Lauren [REDACTED]
<b>NAME AND TITLE OF PERSON COMPLETING FORM:</b>
Lynne Whitaker, RN
<b>CONTACT INFORMATION OF REPORTER/AGENCY:</b>
Takoda Trails 513-874-0423 x237
<b>DATE AND TIME OF HOSPITALIZATION:</b>
8/25/19 9pm
<b>NUMBER OF DAYS IN HOSPITAL:</b> Consider the day of admission as first day and the day of release as the last day
5 days
<b>TYPE OF HOSPITALIZATION (MEDICAL OR PSYCHIATRIC)</b>
Medical
<b>NAME OF HOSPITAL</b>
Mercy Fairfield Hospital
<b>REASON(S) FOR HOSPITALIZATION:</b> Please include symptoms, issues and/or concerns that lead to hospitalization; description of incident; if symptoms were addressed in a timely manner and if not why
Staff noted multiple skin discolorations on all 4 extremities and coffee ground emesis. Nursing checked her and assessed the areas to be bruising. They also noted the coffee ground colored emesis and the same residual in her stomach. 911 called and she was sent to Mercy Fairfield ER for further evaluation.
<b>DESCRIPTION OF INDIVIDUAL'S HEALTH FOR 72 HOURS <u>PRIOR</u> TO HOSPITALIZATION:</b>
No reported issues. Bowel records show that she had been having regular BM's.
<b>HAS THE INDIVIDUAL EXPERIENCED ANY RECENT SIMILAR ILLNESSES? If so, please explain</b>
Lauren has not had any issues with coffee ground emesis.

Empowering People  
Unusual Incident Report

DUC: 07/9/87

Major Unusual Incident: ☒ Yes ☐ No If yes Category: ☐ A ☐ B ☐ C

\*Regardless of time or day, Major Unusual Incidents are to be called immediately to the AOC.

Resident Name: Lauren Address: \_\_\_\_\_

Date: 8/25/19 Day of Week: Sunday Time: 6:40 pm AM PM

Staff Involved: \_\_\_\_\_ Witnesses: \_\_\_\_\_

Home: \_\_\_\_\_ Site Occurred: \_\_\_\_\_

Must write incident report for each person involved. Use initials for other housemates if needed to mention in report.

TYPE OF INCIDENT - Please check all that apply

Medical (Resident Related)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Med error - person responsible for Med Pass:                   |  |   |
| <input type="checkbox"/> Wrong time   | <input type="checkbox"/> Wrong dose                  | <input type="checkbox"/> Wrong person                               |
| <input type="checkbox"/> Wrong med  | <input type="checkbox"/> Wrong route                 | <input type="checkbox"/> Blood exposure                             |
| <input type="checkbox"/> Med (pill) found   | <input type="checkbox"/> Med documentation error     | <input type="checkbox"/> Med omitted from (check one)               |
| <input type="checkbox"/> Med dropped  | <input type="checkbox"/> Possible injury to resident | <input type="checkbox"/> Med refusal <input type="checkbox"/> Staff |
| <input type="checkbox"/> Possible bruising  | <input type="checkbox"/> Minor injury to resident    | <input type="checkbox"/> Seizure <input type="checkbox"/> Resident  |
| <input type="checkbox"/> Unobserved injury  | <input type="checkbox"/> Dietary related problem     | <input type="checkbox"/> Resident to Dr. or ER                      |
| <input checked="" type="checkbox"/> Other (describe): <u>Coffee ground emesis noted</u> | <input type="checkbox"/> Accident - Resident         |   |
|   | <input type="checkbox"/> Illness                     | <input type="checkbox"/> Fall                                       |

Behavioral (Resident Related)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Verbal Aggression (VA)    | <input type="checkbox"/> Self Injurious Behavior (SIB) | <input type="checkbox"/> Theft - <input type="checkbox"/> under \$100, <input type="checkbox"/> Over \$100 |
| <input type="checkbox"/> Property Destruction (PD) | <input type="checkbox"/> Peer to Peer Incident         | <input type="checkbox"/> Elopement   |
| <input type="checkbox"/> Physical Aggression (PA)  | <input type="checkbox"/> Inappropriate sexual contact  | <input type="checkbox"/> Damage to personal property   |
| <input type="checkbox"/> Neglect                   | <input type="checkbox"/> Program Implementation        | <input type="checkbox"/> Law Enforcement   |
| <input type="checkbox"/> Other (describe): _____   |  |  |

Operations/Maintenance ☐ Check if Work Order Written \_\_\_\_\_ Work order number

☐ Item broken ☐ Check if Item can be repaired ☐ Check if Item was discarded

☐ Auto accident ☐ Damage to Agency property

☐ Other (describe): \_\_\_\_\_

☐ Other (describe): \_\_\_\_\_

OBJECTIVE DESCRIPTION OF INCIDENT

Describe specifically what happened BEFORE the incident: Multiple skin discoloration  
dark in color noted on upper extremities and  
on lower extremities.

Describe the incident: Staff reported unusual multiple  
dark spots on resident.

Describe the intervention(s) used and effectiveness: Assessment Completed

ISP Followed? ☐ Yes ☐ No ☐ Not applicable

Protective Hold used? ☐ Yes ☐ No

Protective Hold in ISP? ☐ Yes ☐ No

Used for medical purposes? ☐ Yes ☐ No

Duration: \_\_\_\_\_ (Minutes) Alternatives attempted: \_\_\_\_\_

(If not in ISP and Protective Hold is used, Incident becomes a Major Unusual Incident.)

Type of Protective Hold: ☐ Lower Figure Four ☐ Parallel Hold ☐ Limited Security Hold

☐ Full Security Hold ☐ Ryse, Cradle Transport ☐ Ryse, Cradle Take Down ☐ Other: \_\_\_\_\_

Signature of person completing report: Regina Okrah Date: 8/25/19

Print Name: REGINA OKRAH Position: LPN

# Empowering People Unusual Incident Report

08/25/19 1:57

Major Unusual Incident: ☒ Yes ☐ No ☐ Yes Category: ☐ A ☐ B ☐ C  
Regardless of time or day, Major Unusual Incidents are to be called immediately to the AOC.

Resident Name: Lowen, Corbin Address:   
Date: 8/25/19 Day of Week: Sund 24th Time: 04:23 PM  
Staff Involved:  Witnesses:   
Home: 500 Site located in:

Must write incident report for each person involved. Use initials for other staff members. If needed to mention in report.

## TYPE OF INCIDENT - Please check all that apply

### Medical (Resident Related)

☐ Medication person responsible for Med Pass  
☐ Wrong time ☐ Wrong dose ☐ Wrong person ☐ Spill Blood exposure  
☐ Wrong med ☐ Wrong route ☐ Med omitted from (check one)  
☐ Med not found ☐ Med documentation error ☐ Med refusal ☐ Staff  
☐ Med dropped ☐ Possible injury to resident ☐ Secure ☐ Resident  
☐ Possible bruising ☐ Minor injury to resident ☐ Resident to Dr. or ER  
☐ Unobserved injury ☐ Delay related problem ☐ Accident - Resident  
☐ Other (describe): Code change - illness ☐ Fall

### Behavioral (Resident Related)

☐ Verbal Aggression (VA) ☐ Self-Harmful Behavior (SHB) ☐ Threat Under \$100 ☐ Over \$100  
☐ Property Destruction (PD) ☐ Repeatable Incident ☐ Placement  
☐ Physical Aggression (PA) ☐ Inappropriate sexual contact ☐ Damage to personal property  
☐ Neglect ☐ Program implementation ☐ Delayed incident  
☐ Other (describe): Unhappy - social interaction

### Operations/Maintenance (Checked Work Order With # \_\_\_\_\_ Work Order Number)

☐ Item broken ☐ Check if item can be repaired ☐ Check if item was discarded  
☐ All good ☐ Damage to Agency property  
☐ Other (describe):   
☐ Other (describe):

## OBJECTIVE DESCRIPTION OF INCIDENT

Describe specifically what happened BEFORE the incident: Unhappy - social interaction  
Code change - illness

Describe the incident: Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness

Describe the intervention (Cause and effectiveness): Code change - illness



# MEDICAL

Medical Treatment Necessary ☒ Yes ☐ No Medical Treatment Outside of Facility ☐ Yes ☐ No

Explain treatment: Sent out to ER for X-ray

Who performed medical treatment:

Nurse's comments: Upper extremities, right hand noted a faint pink dark bruise discoloration on the back of the hand upper extremities noted no bruising or discoloration on the right hand and venipuncture site on the right arm noted no bruising or discoloration

Nurse's Signature: [Signature] Date: 8/28/19

## BODY PART AFFECTED BY THE INCIDENT

Use ink to circle the name of any body part that is affected.

If no visible signs of the time of the incident and no possible way to injure:

☐ Bruise ☐ Rash/Redness

☐ Possible Bruise ☐ Scratch

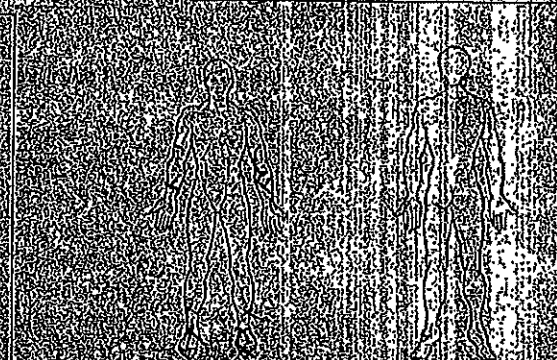
☐ Biret ☐ Swelling

☐ Bleeding ☐ Inflammation

☐ Bruising

☐ Other:

Size and shape of injury:



WHO WAS NOTIFIED AT TIME OF INCIDENT: Officer [Name]

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:19

Administration: On 8/28/19 at 5:21 PM on the [Location] of [Address] [City] [State] [Zip]

Reported by: On 8/28/19 at 5:21 PM on the [Location] of [Address] [City] [State] [Zip]

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

Officer's Name: Officer [Name] Date: 8/28/19 Time: 5:21

# Transmission Log

Takoda Trails Main

Monday, 2019-08-26 06:18

5138706755

Date	Time	Type	Job #	Length	Speed	Fax Name/Number	Pgs	Status
2019-08-26	06:15	SCAN	06111	2:22	14400	POTS modem 2	2	OK -- V.17 AH31

803-09/12/87

Empowering People  
Unusual Incident Report

Major Unusual Incident: Yes ☐ No ☒ If Yes, Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FF ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI ☐ JJ ☐ JK ☐ JL ☐ JM ☐ JN ☐ JO ☐ JP ☐ JQ ☐ JR ☐ JS ☐ JT ☐ JU ☐ JV ☐ JW ☐ JX ☐ JY ☐ JZ ☐ KA ☐ KB ☐ KC ☐ KD ☐ KE ☐ KF ☐ KG ☐ KH ☐ KI ☐ KJ ☐ KK ☐ KL ☐ KM ☐ KN ☐ KO ☐ KP ☐ KQ ☐ KR ☐ KS ☐ KT ☐ KU ☐ KV ☐ KW ☐ KX ☐ KY ☐ KZ ☐ LA ☐ LB ☐ LC ☐ LD ☐ LE ☐ LF ☐ LG ☐ LH ☐ LI ☐ LJ ☐ LK ☐ LL ☐ LM ☐ LN ☐ LO ☐ LP ☐ LQ ☐ LR ☐ LS ☐ LT ☐ LU ☐ LV ☐ LW ☐ LX ☐ LY ☐ LZ ☐ MA ☐ MB ☐ MC ☐ MD ☐ ME ☐ MF ☐ MG ☐ MH ☐ MI ☐ MJ ☐ MK ☐ ML ☐ MM ☐ MN ☐ MO ☐ MP ☐ MQ ☐ MR ☐ MS ☐ MT ☐ MU ☐ MV ☐ MW ☐ MX ☐ MY ☐ MZ ☐ NA ☐ NB ☐ NC ☐ ND ☐ NE ☐ NF ☐ NG ☐ NH ☐ NI ☐ NJ ☐ NK ☐ NL ☐ NM ☐ NN ☐ NO ☐ NP ☐ NQ ☐ NR ☐ NS ☐ NT ☐ NU ☐ NV ☐ NW ☐ NX ☐ NY ☐ NZ ☐ OA ☐ OB ☐ OC ☐ OD ☐ OE ☐ OF ☐ OG ☐ OH ☐ OI ☐ OJ ☐ OK ☐ OL ☐ OM ☐ ON ☐ OO ☐ OP ☐ OQ ☐ OR ☐ OS ☐ OT ☐ OU ☐ OV ☐ OW ☐ OX ☐ OY ☐ OZ ☐ PA ☐ PB ☐ PC ☐ PD ☐ PE ☐ PF ☐ PG ☐ PH ☐ PI ☐ PJ ☐ PK ☐ PL ☐ PM ☐ PN ☐ PO ☐ PP ☐ PQ ☐ PR ☐ PS ☐ PT ☐ PU ☐ PV ☐ PW ☐ PX ☐ PY ☐ PZ ☐ QA ☐ QB ☐ QC ☐ QD ☐ QE ☐ QF ☐ QG ☐ QH ☐ QI ☐ QJ ☐ QK ☐ QL ☐ QM ☐ QN ☐ QO ☐ QP ☐ QQ ☐ QR ☐ QS ☐ QT ☐ QU ☐ QV ☐ QW ☐ QX ☐ QY ☐ QZ ☐ RA ☐ RB ☐ RC ☐ RD ☐ RE ☐ RF ☐ RG ☐ RH ☐ RI ☐ RJ ☐ RK ☐ RL ☐ RM ☐ RN ☐ RO ☐ RP ☐ RQ ☐ RR ☐ RS ☐ RT ☐ RU ☐ RV ☐ RW ☐ RX ☐ RY ☐ RZ ☐ SA ☐ SB ☐ SC ☐ SD ☐ SE ☐ SF ☐ SG ☐ SH ☐ SI ☐ SJ ☐ SK ☐ SL ☐ SM ☐ SN ☐ SO ☐ SP ☐ SQ ☐ SR ☐ SS ☐ ST ☐ SU ☐ SV ☐ SW ☐ SX ☐ SY ☐ SZ ☐ TA ☐ TB ☐ TC ☐ TD ☐ TE ☐ TF ☐ TG ☐ TH ☐ TI ☐ TJ ☐ TK ☐ TL ☐ TM ☐ TN ☐ TO ☐ TP ☐ TQ ☐ TR ☐ TS ☐ TT ☐ TU ☐ TV ☐ TW ☐ TX ☐ TY ☐ TZ ☐ UA ☐ UB ☐ UC ☐ UD ☐ UE ☐ UF ☐ UG ☐ UH ☐ UI ☐ UJ ☐ UK ☐ UL ☐ UM ☐ UN ☐ UO ☐ UP ☐ UQ ☐ UR ☐ US ☐ UT ☐ UU ☐ UV ☐ UW ☐ UX ☐ UY ☐ UZ ☐ VA ☐ VB ☐ VC ☐ VD ☐ VE ☐ VF ☐ VG ☐ VH ☐ VI ☐ VJ ☐ VK ☐ VL ☐ VM ☐ VN ☐ VO ☐ VP ☐ VQ ☐ VR ☐ VS ☐ VT ☐ VU ☐ VV ☐ VW ☐ VX ☐ VY ☐ VZ ☐ WA ☐ WB ☐ WC ☐ WD ☐ WE ☐ WF ☐ WG ☐ WH ☐ WI ☐ WJ ☐ WK ☐ WL ☐ WM ☐ WN ☐ WO ☐ WP ☐ WQ ☐ WR ☐ WS ☐ WT ☐ WU ☐ WV ☐ WW ☐ WX ☐ WY ☐ WZ ☐ XA ☐ XB ☐ XC ☐ XD ☐ XE ☐ XF ☐ XG ☐ XH ☐ XI ☐ XJ ☐ XK ☐ XL ☐ XM ☐ XN ☐ XO ☐ XP ☐ XQ ☐ XR ☐ XS ☐ XT ☐ XU ☐ XV ☐ XW ☐ XX ☐ XY ☐ XZ ☐ YA ☐ YB ☐ YC ☐ YD ☐ YE ☐ YF ☐ YG ☐ YH ☐ YI ☐ YJ ☐ YK ☐ YL ☐ YM ☐ YN ☐ YO ☐ YP ☐ YQ ☐ YR ☐ YS ☐ YT ☐ YU ☐ YV ☐ YW ☐ YX ☐ YY ☐ YZ ☐ ZA ☐ ZB ☐ ZC ☐ ZD ☐ ZE ☐ ZF ☐ ZG ☐ ZH ☐ ZI ☐ ZJ ☐ ZK ☐ ZL ☐ ZM ☐ ZN ☐ ZO ☐ ZP ☐ ZQ ☐ ZR ☐ ZS ☐ ZT ☐ ZU ☐ ZV ☐ ZW ☐ ZX ☐ ZY ☐ ZZ

Major Unusual Incident: Yes ☐ No ☒ If Yes, Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI ☐ JJ ☐ JK ☐ JL ☐ JM ☐ JN ☐ JO ☐ JP ☐ JQ ☐ JR ☐ JS ☐ JT ☐ JU ☐ JV ☐ JW ☐ JX ☐ JY ☐ JZ ☐ KA ☐ KB ☐ KC ☐ KD ☐ KE ☐ KF ☐ KG ☐ KH ☐ KI ☐ KJ ☐ KK ☐ KL ☐ KM ☐ KN ☐ KO ☐ KP ☐ KQ ☐ KR ☐ KS ☐ KT ☐ KU ☐ KV ☐ KW ☐ KX ☐ KY ☐ KZ ☐ LA ☐ LB ☐ LC ☐ LD ☐ LE ☐ LF ☐ LG ☐ LH ☐ LI ☐ LJ ☐ LK ☐ LL ☐ LM ☐ LN ☐ LO ☐ LP ☐ LQ ☐ LR ☐ LS ☐ LT ☐ LU ☐ LV ☐ LW ☐ LX ☐ LY ☐ LZ ☐ MA ☐ MB ☐ MC ☐ MD ☐ ME ☐ MF ☐ MG ☐ MH ☐ MI ☐ MJ ☐ MK ☐ ML ☐ MM ☐ MN ☐ MO ☐ MP ☐ MQ ☐ MR ☐ MS ☐ MT ☐ MU ☐ MV ☐ MW ☐ MX ☐ MY ☐ MZ ☐ NA ☐ NB ☐ NC ☐ ND ☐ NE ☐ NF ☐ NG ☐ NH ☐ NI ☐ NJ ☐ NK ☐ NL ☐ NM ☐ NN ☐ NO ☐ NP ☐ NQ ☐ NR ☐ NS ☐ NT ☐ NU ☐ NV ☐ NW ☐ NX ☐ NY ☐ NZ ☐ OA ☐ OB ☐ OC ☐ OD ☐ OE ☐ OF ☐ OG ☐ OH ☐ OI ☐ OJ ☐ OK ☐ OL ☐ OM ☐ ON ☐ OO ☐ OP ☐ OQ ☐ OR ☐ OS ☐ OT ☐ OU ☐ OV ☐ OW ☐ OX ☐ OY ☐ OZ ☐ PA ☐ PB ☐ PC ☐ PD ☐ PE ☐ PF ☐ PG ☐ PH ☐ PI ☐ PJ ☐ PK ☐ PL ☐ PM ☐ PN ☐ PO ☐ PP ☐ PQ ☐ PR ☐ PS ☐ PT ☐ PU ☐ PV ☐ PW ☐ PX ☐ PY ☐ PZ ☐ QA ☐ QB ☐ QC ☐ QD ☐ QE ☐ QF ☐ QG ☐ QH ☐ QI ☐ QJ ☐ QK ☐ QL ☐ QM ☐ QN ☐ QO ☐ QP ☐ QQ ☐ QR ☐ QS ☐ QT ☐ QU ☐ QV ☐ QW ☐ QX ☐ QY ☐ QZ ☐ RA ☐ RB ☐ RC ☐ RD ☐ RE ☐ RF ☐ RG ☐ RH ☐ RI ☐ RJ ☐ RK ☐ RL ☐ RM ☐ RN ☐ RO ☐ RP ☐ RQ ☐ RR ☐ RS ☐ RT ☐ RU ☐ RV ☐ RW ☐ RX ☐ RY ☐ RZ ☐ SA ☐ SB ☐ SC ☐ SD ☐ SE ☐ SF ☐ SG ☐ SH ☐ SI ☐ SJ ☐ SK ☐ SL ☐ SM ☐ SN ☐ SO ☐ SP ☐ SQ ☐ SR ☐ SS ☐ ST ☐ SU ☐ SV ☐ SW ☐ SX ☐ SY ☐ SZ ☐ TA ☐ TB ☐ TC ☐ TD ☐ TE ☐ TF ☐ TG ☐ TH ☐ TI ☐ TJ ☐ TK ☐ TL ☐ TM ☐ TN ☐ TO ☐ TP ☐ TQ ☐ TR ☐ TS ☐ TT ☐ TU ☐ TV ☐ TW ☐ TX ☐ TY ☐ TZ ☐ UA ☐ UB ☐ UC ☐ UD ☐ UE ☐ UF ☐ UG ☐ UH ☐ UI ☐ UJ ☐ UK ☐ UL ☐ UM ☐ UN ☐ UO ☐ UP ☐ UQ ☐ UR ☐ US ☐ UT ☐ UU ☐ UV ☐ UW ☐ UX ☐ UY ☐ UZ ☐ VA ☐ VB ☐ VC ☐ VD ☐ VE ☐ VF ☐ VG ☐ VH ☐ VI ☐ VJ ☐ VK ☐ VL ☐ VM ☐ VN ☐ VO ☐ VP ☐ VQ ☐ VR ☐ VS ☐ VT ☐ VU ☐ VV ☐ VW ☐ VX ☐ VY ☐ VZ ☐ WA ☐ WB ☐ WC ☐ WD ☐ WE ☐ WF ☐ WG ☐ WH ☐ WI ☐ WJ ☐ WK ☐ WL ☐ WM ☐ WN ☐ WO ☐ WP ☐ WQ ☐ WR ☐ WS ☐ WT ☐ WU ☐ WV ☐ WW ☐ WX ☐ WY ☐ WZ ☐ XA ☐ XB ☐ XC ☐ XD ☐ XE ☐ XF ☐ XG ☐ XH ☐ XI ☐ XJ ☐ XK ☐ XL ☐ XM ☐ XN ☐ XO ☐ XP ☐ XQ ☐ XR ☐ XS ☐ XT ☐ XU ☐ XV ☐ XW ☐ XX ☐ XY ☐ XZ ☐ YA ☐ YB ☐ YC ☐ YD ☐ YE ☐ YF ☐ YG ☐ YH ☐ YI ☐ YJ ☐ YK ☐ YL ☐ YM ☐ YN ☐ YO ☐ YP ☐ YQ ☐ YR ☐ YS ☐ YT ☐ YU ☐ YV ☐ YW ☐ YX ☐ YY ☐ YZ ☐ ZA ☐ ZB ☐ ZC ☐ ZD ☐ ZE ☐ ZF ☐ ZG ☐ ZH ☐ ZI ☐ ZJ ☐ ZK ☐ ZL ☐ ZM ☐ ZN ☐ ZO ☐ ZP ☐ ZQ ☐ ZR ☐ ZS ☐ ZT ☐ ZU ☐ ZV ☐ ZW ☐ ZX ☐ ZY ☐ ZZ

Major Unusual Incident: Yes ☐ No ☒ If Yes, Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK

# SKIN GRID - OTHER

\*One site per page

\*Complete Weekly

\*When wound is resolved, enter "healed" in comments section

Individual's Name

*Laurea*

Check One:

☐ Skin Tear

☐ Rash

☐ Excoriation

☐ Abrasion

☐ Bruise

☐ Burn

☐ Cut

☐ Open Lesion

☐ Surgical Wound

Indicate Site with an "X"

Date

*8/25/19*

Was the skin impairment present on admission?

Yes ☒ No

Site (Location)

*Upper & lower extremities*

Dimension (in cm)

Length

Drainage

*NO*

Width

Color *Dark tan*

Depth

Odor

*Discoloration*

Was Physician Notified?

Yes

Date:

RN/LPN Signature:

Right Bottom

Front

Back

Left Bottom

Date

Length/Width in cm

Depth in cm

Drainage (S, P, or O)

Color (P, R, Y, or N)

Odor (O, M, or F)

Comments

RN/LPN Initials

*8/25*

*Ø*

*Ø*

*Ø*

*Dark skin discoloration noted all over upper & lower extremities*

*DA*

DOCUMENTATION KEY:

Drainage:

S = Serosanguinous

P = Purulent

O = None

R = Red

P = Pink

Y = Yellow

N = Necrotic

Odor:

O = None

Tunneling:

Comments:

M = Mild

F = Foul

Comments:

1 - Pain

2 - Drainage Amount

3 - Periwound Area



# TAKODA TRAILS

350 KOLB DRIVE \* FAIRFIELD, OHIO 45014 \* Phone: (513) 874-0423 \* Fax: (513) 874-0598

We are committed to making a difference...one individual at a time.

Name	lauren	DOB	12-Sep-87
Gender	Female	Home #	
Religion	Non-Denominational	Race	Caucasian
EC Name		EC Phone	

## MEDICAL INFORMATION

Allergies	Sulfa, Reglan, Surgical Tape	Code Status	Full Code
Prim Diag	Profound MR		
Sec Diag	Cerebral Palsy, Seizure D/O, Cortical Blindness, Multiple Otitis Media, S/P PE tubes, Hx of Intermittent Herpetic Stomatitis, Allergic Rhinitis, Constipation, S/P Gastronomy w/Nissen, Mycotic Nails, Chronic Periodontitis, SEE BELOW FOR ADDTL DX's:		
Attending Physician	Dr. Stuart Zakem Pager: 742-6730		
Primary Physician	Same as above		

## FINANCIAL INFORMATION

SS #		Medicare	
Case #		Medicaid	
County	Butler	Private Ins Info	None

## NOTIFY IN EMERGENCY

ALWAYS NOTIFY TAKODA TRAILS IN CASE OF AN EMERGENCY.

EC Name		EC Phone	
EC Relationship	Guardian/Father		
EC Address			
Alternate Contact	ADD'L DX's: Nonsense Cataract, Anhidrosis, Dermatophytosis of Nail  Admission Date: 12/23/02 Updated: 10/29/18 Jln		

TAKODA TRAILS  
INDIVIDUAL PROGRAM PLAN  
MONTHLY/SPECIAL/QUARTERLY TEAM MEETING MINUTES

NAME: Lauren [REDACTED]

DATE: 8-30-19

BLDG.: # [REDACTED]

The Interdisciplinary Team met to discuss the following:

The IP team met to discuss Lauren. Lauren was just released from the hospital after a multi day admission. She was diagnosed with

Small bowel obstruction. She returned home with a new order for potassium chloride.

~  
~  
~  
~  
~  
~  
~  
~

FC-06/22/94-050

TEAM LEADER/ DATE

## HEALTH

### FUNCTIONAL ASSESSMENT

IP DATE: 5/22/2019

Resident's Name: Lauren [REDACTED]

Code Status: Full

DOB: [REDACTED]

**General Medical:** Lauren is seen throughout the year on a routine and as needed basis. Nurses are in contact with the physician at the point of any change in condition that warrants physician intervention. 8/7/18 Received N.O.'s for Bactroban Ointment BID x 5 days and Augmentin 875mg BID x 5 days for noted reddened area to her nose. 8/9/18 Received N.O. to continue Augmentin 875mg BID x 7 more days. 9/9/18 Annual Flu Vaccination was administered in the right deltoid with no adverse reactions noted.

**Physical Exam:** 8/6/18 Seen by Dr. Zakem in clinic where an annual physical and pre-op dental PE was completed with all medications, labs and consultations reviewed. N.N.O.'s or concerns were noted with recommendations to follow up with any needed dental treatment under GA.

**Annual TB:** 2/21/19 Annual PPD was administered in the left forearm with negative results and no adverse reactions noted.

**Dental:** Lauren is an established patient at Miami Valley Dental where she receives all needed dental treatment under GA yearly. This need is do to historical issues with non-compliance which resulted in the inability to do a thorough examination and or any needed treatment. 8/20/18 Seen at Miami Valley Dental under GA where an examination, x-rays and cleaning was all completed with N.N.O.'s and a recommended follow up in 1 year.

**Vision:** 12/14/18 Seen by Dr. Landrum in vision clinic where an examination was completed with moderate cataracts noted bilaterally. N.N.O.'s or concerns were noted with a recommended follow up in 8 months for more retinal views.

**Podiatry:** 9/13/18 Seen by Dr. Beatty in podiatry clinic where an examination was completed with toenails trimmed and debrided bilaterally with N.N.O.'s and a recommended follow up in 3 months. 11/16/18 Seen by Dr. Beatty in podiatry clinic where an examination was completed with toenails trimmed and debrided bilaterally with N.N.O.'s and a recommended follow up in 3 months. 1/17/19 Seen by Dr. Beatty in podiatry clinic where an examination was completed with toenails trimmed and debrided bilaterally with N.N.O.'s and a recommended follow up in 3 months. 3/21/19 Seen by Dr. Beatty in podiatry clinic where an examination was completed with toenails trimmed and debrided bilaterally with N.N.O.'s and a recommended follow up in 3 months.

**Neurology:** Lauren is currently on Keppra and Lamictal for seizure control. Routine labs are drawn to monitor the levels of the noted medications. Seizures are noted to be controlled within the last year with Dr. Callow monitoring all lab results and graphic sheets as needed. 9/19/18 Seen by Dr. Callow in Neurology clinic where an examination was completed with all medications and seizure logs reviewed. N.N.O.'s or concerns were noted with a recommended follow up in 1 year.

**Psychiatry:** Lauren is not currently on any psychotropic medications therefore psychiatric intervention is not warranted at this time.

**GYN Mammo:** Guardian refuses any GYN examinations at this time. Mammograms are not indicated at this time due to Lauren's age.

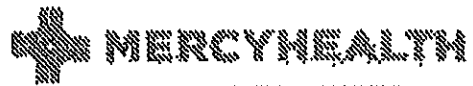
**Allergies:** Sulfa, Reglan, Surgical Tape

**Diagnosis:** Profound MR, Cerebral Palsy, Seizure Disorder, Cortical Blindness, Multiple Otitis Media, S/P PE Tubes, Hx of Intermittent Herpetic Stomatitis, Allergic Rhinitis, Constipation, S/P Gastromy with Nissen, Mycotic Nails, Chronic Periodontitis, Nonsenile Cataract, Anhidrosis, Dermatophytosis of Nail, Mechanical Ptosis, Blindness Both Eyes Impair Level.

**Medications:** Tylenol 160mg q4h/prn-elevated temperature, Diastat 10mg PRN-seizures, Miralax 17gm qd-constipation, Claritin 10mg qd-allergic rhinitis, Keppra 1000mg bid-seizures, Fluticasone Nasal Spray 50mcg qd-allergic rhinitis, Lamictal 100mg qd-seizures, Bactroban-Clotrimin Cream to G-Tube site bid-preventative, Lac lotion 12% bid-anhidrosis bilateral feet.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AFTER VISIT SUMMARY



Lauren [REDACTED] MRN: [REDACTED]

8/25/2019 - 8/29/2019 Mercy Health Fairfield Hospital 513-682-5100

### Instructions



#### Need Help?

### After Visit Summary (Discharge Instructions)

This summary was created for you.

Thank you for entrusting your care to us. The following information includes details about your hospital/visit stay along with steps you should take to help with your recovery once you leave the hospital. Follow-up with your Primary Care Provider when condition worsens. **In the event of an emergency, call 911 or go to the nearest Emergency Department.** At your follow-up appointment, ask your physician about any tests or studies that were not available at discharge. In this packet, you will find information about the topics listed below:

- Instructions about your medications including a list of your home medications
- A summary of your hospital visit
- Follow-up appointments once you have left the hospital
- Your care plan at home

You may receive a survey regarding the care you received during your stay. Your input is valuable to us. We encourage you to complete and return your survey in the envelope provided. We hope you will choose us in the future for your healthcare needs.



No changes were made to your medications.

### Care Plan Once You Return Home



#### Destination

CM Takoda Trails  
Assisted Living  
350 Kolb Drive  
Fairfield OH 45014  
513-874-0423

## Your Visit

Here you will find information about your visit, including the reason for your visit. Please take this sheet with you when you visit your doctor or other health care provider in the future. It will help determine the best possible medical care for you at that time. If you have any questions once you leave the hospital, please call the department phone number listed below. **In the event of an emergency, call 911 or go to the nearest Emergency Department.**

### Preventive Care

	Date Due
Varicella Vaccine (1 of 2 - 13+ 2-dose series)	09/12/2000
HIV screening is recommended for all people regardless of risk factors aged 15-65 years at least once (lifetime) who have never been HIV tested.	09/12/2002
Pap Smear	09/12/2008
Yearly Flu Vaccine (1)	09/01/2019
Tetanus Combination Vaccine (2 - Td)	11/08/2022

### Follow Up Information and Future Appointments

Follow up with **STUART ALAN ZAKEM**  
Specialty: Internal Medicine, Hospitalist  
As needed

### Continuing Care



#### Discharge Destination

CM Takoda Trails  
Assisted Living  
350 Kolb Drive, Fairfield OH 45014  
Phone: 513-874-0423

Follow up

### You are allergic to the following

Allergen	Reactions
Metoclopramide	Other (See Comments)
Pt. Unable to explain	
Sulfa Antibiotics	Other (See Comments)
Pt. Unable to explain	
Adhesive Tape	Rash
Reglan (Metoclopramide Hcl)	Rash

### Your Latest Vitals



Blood Pressure  
138/87



BMI  
16.01



Weight  
74 lb



Height  
4' 9"



Temperature  
(Temporal)  
99.5 °F



Pulse  
98



Respiration  
16



Oxygen Saturation  
96%



BSA  
1.16 m<sup>2</sup>

---



# Daily Medication List (This medication list can be shared with any healthcare provider who is helping you manage your medications)

These are medications you told us you were taking at home, CONTINUE taking them after you leave the hospital

	Next Dose Due	AM	NOON	PM	NIGHT
<b>acetaminophen</b> 160 MG/5ML solution Commonly known as: <b>TYLENOL</b> 15 mg/kg by Per G Tube route every 4 hours as needed.	As needed				
<b>CLARITIN</b> 10 MG capsule Generic drug: loratadine 1 tablet by Per G Tube route daily,	9 am 8/30				
<b>clotrimazole</b> 1 % cream Commonly known as: <b>LOTTRIMIN</b> Apply topically 2 times daily Apply topically 2 times daily.	9 pm 8/29				
<b>diazepam</b> 2.5 MG Gel Commonly known as: <b>DIASSTAT</b> Place 0.2 mg/kg rectally once as needed. 5-7.5-10mg per rectum for seizure	As needed				
<b>fluticasone</b> 110 MCG/ACT inhaler Commonly known as: <b>FLOVENT HFA</b> Inhale 2 puffs into the lungs daily.	9 am 8/30				
<b>LACLOTION EX</b> Apply topically, TO BOTH FEET TWICE DAY	9 pm 8/29				
<b>lamoTRigine</b> 25 MG tablet Commonly known as: <b>LAMICTAL</b> Take 100 mg by mouth daily	9 am 8/30				
<b>levETIRAcetam</b> 100 MG/ML solution Commonly known as: <b>KEPPRA</b> 10 mg/kg by Per G Tube route See Admin Instructions. 1000 mg bid	9 pm 8/29				

	Next Dose Due	AM	NOON	PM	NIGHT
<b>ondansetron 4 MG disintegrating tablet</b> Commonly known as: ZOFTRAN-ODT 1-2 tablets by Per G Tube route every 12 hours as needed for Nausea for 12 doses.	As needed				
<b>polyethylene glycol packet</b> Commonly known as: GLYCOLAX 17 g by Per G Tube route daily.	9 am 8/30				
<b>potassium chloride 20 MEQ/15ML (10%) solution</b> Commonly known as: KAYCIEL Take 15 mLs by mouth 3 times daily for 9 doses.	9 pm 8/29				
<b>RA ALPHA HYDROXY FACE LOTION EX</b> Apply topically See Admin Instructions. DAILY TO DRY SKIN	9 am 8/30				

COC Instructions

Continuity of Care Form

Patient Name: Lauren [REDACTED]

DOB: [REDACTED]

MRN: [REDACTED]

Admit date: 8/25/2019

Discharge date: 8/29/19

Code Status Order: Full Code

Advance Directives:

Advance Care FlowSheet Documentation

Unit/Room	Healthcare Directive	Type of Healthcare Directive	Physician	Healthcare Provider	Healthcare Provider	Healthcare Provider
08/25/19 2315	No, patient does not have an advance directive for healthcare treatment	--	--	--	--	--

Admitting Physician: Siddharth K Mushrif, MD

PCP: STUART ALAN ZAKEM

Discharging Nurse: Heather Neil RN

Discharging Hospital Unit/Room#: 4TN-4463/4463-01

Discharging Unit Phone Number: 513-682-5100

Emergency Contact:

Extended Emergency Contact Information

Primary Emergency Contact: [REDACTED]

Address: [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Relation: Parent

Past Surgical History:

Past Surgical History:

- GASTROSTOMY TUBE PLACEMENT  
with nissen

Immunization History:

#### Immunization History

- Tdap (Boostrix, Adacel) 11/08/2012

#### Active Problems:

##### Patient Active Problem List

Problem	Code
• Blindness	H54.7
• CP (cerebral palsy) (HCC)	G80.9
• Profoundly mentally retarded	F73
• Constipation	K59.00
• SBO (small bowel obstruction) (HCC)	K56.609

#### Isolation/Infection:

##### Isolation

No Isolation

#### Nurse Assessment:

Last Vital Signs: BP 109/78 | Pulse 135 | Temp 98.5 °F (36.9 °C) (Oral) | Resp 14 | Ht 4' 9" (1.448 m) | Wt 74 lb (33.6 kg) | SpO2 95% | BMI 16.01 kg/m<sup>2</sup>

Last documented pain score (0-10 scale): Pain Level: 0

##### Last Weight:

Wt Readings from Last 3 Encounters:  
08/25/19 74 lb (33.6 kg)

Mental Status: disoriented

#### IV Access:

- None

#### Nursing Mobility/ADLs:

Walking	Dependent
Transfer	Dependent
Bathing	Dependent
Dressing	Dependent
Toileting	Dependent
Feeding	Dependent
Med Admin	Dependent
Med Delivery	per G Tube

#### Wound Care Documentation and Therapy:

Wound: 10/04/13 Excisional (Right Upper Arm)

Number of days: 1056

#### Elimination:

**Continence:**

- Bowel: No
- Bladder: No

**Urinary Catheter:** Removal Date 8/29/19

**Colostomy/Ileostomy/Ileal Conduit:** No

**Date of Last BM:** 8/28/19

**Intake/Output Summary (Last 24 hours) at 8/26/2019 0923**

**Last data filed at 8/26/2019 0645**

**Gross per 24 hour**

<b>Intake</b>	_____
<b>Output</b>	250 ml
<b>Net</b>	-250 ml

**I/O last 3 completed shifts:**

**In:** ~

**Out:** 250 [Emesis/NG output:250]

**Safety Concerns:**

At Risk for Falls and History of Seizures

**Impairments/Disabilities:**

Speech, Vision and MRDD

**Nutrition Therapy:**

**Current Nutrition Therapy:**

- Tube Feedings: Standard with fiber and 240 ml 4 times per day

**Routes of Feeding:** Gastrostomy Tube

**Liquids:** No Liquids

**Daily Fluid Restriction:** no

**Last Modified Barium Swallow with Video (Video Swallowing Test):** not done

**Treatments at the Time of Hospital Discharge:**

**Respiratory Treatments:**

**Oxygen Therapy:** is not on home oxygen therapy.

**Ventilator:**

- No ventilator support

**Rehab Therapies:**

**Weight Bearing Status/Restrictions:** No weight bearing restrictions

**Other Medical Equipment (for information only, NOT a DME order):**

**Other Treatments:**

**Patient's personal belongings (please select all that are sent with patient):**

None

**RN SIGNATURE:** Electronically signed by HEATHER A Nell, RN on 8/29/19 at 9:40 AM

**CASE MANAGEMENT/SOCIAL WORK SECTION**

**Inpatient Status Date:** 8-25-19

**Readmission Risk Assessment Scores:**

Readmission Risk

Risk of Unplanned Readmission:

9

**Discharging to Facility/ Agency**

- Name: Takoda trails

Address:

350 Kolb Drive, Fairfield OH 45014

Phone: 513-874-0423

Fax: 513-874-0598

**Dialysis Facility (if applicable)**

- Name:

**Case Manager/Social Worker signature:** Electronically signed by Nancy B Schuster, LSW on 8/26/19 at 9:23 AM

**PHYSICIAN SECTION:**

**Prognosis:** Good

**Condition at Discharge:** Stable

**Rehab Potential (if transferring to Rehab):** Good

**Recommended Labs or Other Treatments After Discharge:** SNF physician

**Physician Certification:** I certify the above information and transfer of Lauren [REDACTED] is necessary for the continuing treatment of the diagnosis listed and that she requires Skilled Nursing Facility for less 30 days.

**Update Admission H&P:** No change in H&P

**PHYSICIAN SIGNATURE:** Electronically signed by Umasankar Kakumanu, MD on 8/29/19 at 10:20 AM

## **TAKODA TRAILS**

### **Individual Program Plan (IPP)**

#### **GENERAL INFORMATION**

Name: Lauren [REDACTED]

IPP Date :5-22-19

Implementation Date:

Living Area: # [REDACTED]

#### **CLIENT INFORMATION**

Date of Birth: [REDACTED]

SSN # [REDACTED]

Gender:F

Medicaid # [REDACTED]

Race:Caucasian

Medicare [REDACTED]

Guardian [REDACTED]  
[REDACTED]  
[REDACTED]

DD Level: Profound

[REDACTED]

Adaptive Behavior: 8months

Religion: non denom

Next of Kin: [REDACTED]

Weight: 83 lbs

Height: 4'4

#### **Meds/Purpose:**

Tylenol-elevated temperature, Diastat-seizures, Miralax -constipation, Claritin -allergic rhinitis, Keppra-seizures, Fluticasone Nasal Spray-allergic rhinitis, Lamictal-seizures, Bactroban-Clotrimin Cream to G-Tube-preventative, Lac lotion-anhidrosis bilateral feet.

Seizures:yes

#### **Adaptive Equipment:**

gait belt, swim suit, wedged under the head of her bed to reduce risk of aspiration.

#### **Supervision Level:**

Inside the home at Takoda Trails-Visual range (when out of her bedroom) Lauren in eyesight of staff when outside her room. 15 minute checks while in her room.

Outside the home at Takoda Trails-Visual range. Assigned staff can see Lauren at all times..

CLW- Visual Range. Lauren in eyesight of staff at all times

## REVIEW OF PREVIOUS IPP

### SERVICES

1. Medical to monitor health status (provided).
2. NPO diet monitored by dietary (provided).
3. Offer regular opportunities to participate in community outings as well as CLW by ATC's and RS1's (provided).
4. Medical to provide Vision exam within 1 year (provided)..
5. Supervision for my safety (provided).
6. Medical staff to monitor Laurens medications and overall health provided by nursing (provided).
7. To have personal needs monitored by QIDP (provided).
8. Fire safety training provided by ATC (provided).
9. Resident rights training by ATC (provided).
10. Ensure my rights are maintained and advocacy (provided).
11. To continue to have [REDACTED] as Laurens guardian (provided).

### ACTIVE TREATMENT PROGRAMS

1. Communication- Make a choice between 2 items with 1 PP 10% of sessions. Has progressed. Will continue.
2. Grooming - brush 1 stroke of hair with 1 PP 10% of sessions. Has regressed. Will continue.
3. Oral Hygiene- Hold tube of toothpaste for 3 seconds before oral hygiene with 1 PP 10% of sessions. Has progressed. Will continue.
4. Showering- Wash her torso with 1 PP 10% of sessions. Has progressed. Will continue.
5. Dressing- Pull down shirt with 1 PP 5% of sessions. Has progressed. Will continue.
6. Toileting- Hold clean attend while staff changes soiled one with HOH 75% of sessions. Has progressed. Will continue.
7. Self Medication- Cooperate and accept meds from nurse when fed with 1 VP 75% of sessions. Has progressed. Will continue.
8. Handwashing/Handwipe- Wipe hands with handwipe with HOH assistance 50% of sessions. Has progressed. Will continue.
9. Money Management- Drop coin in container with 1 PP 10% of sessions. Has progressed. Will continue.
10. Privacy- Close door before changing clothes with 1 PP 5% of sessions. Has progressed. Will continue.
11. Vocational- participate in group activity with HOH 65% of sessions. Has progressed. Will continue..
12. Behavior- Have 20 or less episode a month of SIB. Has progressed. Will be modified to 10 episodes..

### UNUSUAL INCIDENTS/INJURIES REVIEW

I had very few incidents over this past IP year. I had 3 incidents with injuries of unknown origin. None were serious and all were resolved.

### RESTRAINTS REVIEW



none

## COMPREHENSIVE FUNCTIONAL ASSESSMENT SUMMARY

## HEALTH MANAGEMENT – PHYSICAL HEALTH

I am seen throughout the year on a routine and as needed basis. Nurses are in contact with the physician at the point of any change in condition that warrants physician intervention. 8/7/18 Received N.O.'s for Bactroban Ointment BID x 5 days and Augmentin 875mg BID x 5 days for noted reddened area to my nose. 8/9/18 Received N.O. to continue Augmentin 875mg BID x 7 more days. 9/9/18 Annual Flu Vaccination was administered in the right deltoid with no adverse reactions noted.

## AUDITORY

My audio eval was conducted 12-21-18. I was unable to complete pure tone screening due to her cognitive status. Will rescreen annually.

## HEALTH SKILLS

Nursing did a self medication assessment on me. There are several areas I was assessed with inability to perform in self medication tasks. I am unable to recognize med by size, color, and shape along with telling what any of my medication is for. I have a program to cooperate and accept meds from the nurse which I do with VP's. I cannot get my medication from storage. My overall assessment shows I need certified staff to administer my medication and am in need of DN services per state rules.

## VISUAL

12/14/18 Seen by Dr. Landrum in vision clinic where an examination was completed with moderate cataracts noted bilaterally. N.N.O.'s or concerns were noted with a recommended follow up in 8 months for more retinal views.

## HEALTH MGMT – MENTAL HEALTH/EMOTIONAL DEVELOPMENT

### MENTAL HEALTH/EMOTIONAL DEVELOPMENT

I function within profound range of mental retardation. I scored a 1 year 2month old in the communication domain of the Vineland Adaptive Behavior Scales development. My daily living was 3 months old while my socialization skills were 6 month old. My adaptive behavior composite was 8 months. I have Behavior strategies that addresses my disruptive (non compliance) and my SIB (hitting, pinching, scratching). Over the last 6 months my SIB numbers have increased. In Nov, Dec, and Jan I averaged 1.3 for my SIB. For Feb, Mar and Apr my SIB decreased to less then 1 episode per month..

### DEFINITION OF BEHAVIOR(S)

## DATA

[illegible]

scratching)													

## HEALTH MANAGEMENT – PSYCHOTROPIC MEDICATION PLAN

### PSYCHOTROPIC MEDICATION REVIEW (HISTORY/CHANGES IN REVIEW PERIOD)

None

### PSYCHOTROPIC MEDICATIONS (INCLUDE RISKS/BENEFITS)

none

### PSYCHIATRIC DIAGNOSIS/SYMPTOMS

none

### INTERDISCIPLINARY DISCUSSION

I have behavior strategies that address my non compliance, hitting, pinching, and scratching self. I have to have my dental appointments under GA due to non compliance. Over the last 3 months I have had 2 instances of SIB. I wear a swim suit that does not restrict me but does delay me getting to and possible pulling out my tube.. Team will continue tracking the behaviors of non compliance and SIB.

### BEHAVIORAL STRATEGIES

Disruptive Behavior (non compliance)

-If I am non compliant with a request

1. Let me know what you are doing (hygiene, medication, etc).
2. Let me know you will be done as quickly as possible
3. Ensure that country music is playing in the background as this tends to calm me .
4. Give her over exaggerated praise as she may or may not be more compliant with praise

SIB

-Redirect me from any SIB.

-Intervene if redirection is not accepted.

### TITRATION PLAN

None. No Psych meds

## HEALTH MANAGEMENT – NUTRITIONAL/DINING

### NUTRITIONAL/DINING

Lauren is a 31-yr-old female who is NPO. Via mic-tube she receives 400 ml Fibersource HN QID, 125ml water flushes QID, & 200ml cranberry juice daily. She is tolerating all nutrition without difficulty and has no known food allergies. No changes to nutrition in the past year. TF and flushes provide a total of 1920 kcal, 2300ml fluids, 1796ml free water, and 86g protein on a daily basis. This more than meets her estimated needs of 1100-1300 kcal, 1200-1500ml fluids, and 27-34g protein. Lauren requires assistance with monitoring her nutritional status.

## **HEALTH MANAGEMENT – ORAL HYGIENE/DENTAL CARE**

### **CURRENT ORAL HYGIENE STATUS**

Lauren is an established patient at Miami Valley Dental where she receives all needed dental treatment under GA yearly. This need is do to historical issues with non-compliance which resulted in the inability to do a thorough examination and or any needed treatment. 8/20/18 Seen at Miami Valley Dental under GA where an examination, x-rays and cleaning was all completed with N.N.O.'s and a recommended follow up in 1 year.

## **MOTOR DEVELOPMENT**

### **GROSS MOTOR**

I have good gross motor skills. I am able to grasp items and manipulate them from hand to hand. I am able to utilize all my major muscle groups without any difficulty. I exhibit decent posture and balance. I am able to lift, bend, and carry light objects without any difficulty. I show dominance with my right hand.

### **FINE MOTOR**

I am able to reach grasp and manipulate items from hand to hand. I am able to carry items. I would have some difficulty opening containers of various types such as milk cartons. I can hold a pen but do not have legible handwriting.

### **MOBILITY SKILLS**

I ambulate independently within the home and other familiar areas. I may occasionally sustain minor injuries while doing so due to visual impairment. A gait belt is used for me in unfamiliar environments and on wheelchair lift. The Team felt that as the injuries are almost always very minor, it is not appropriate to limit my independence while ambulating within familiar areas. Only acceptable when staff note that obstacles or other hazards make injury imminent. Whenever I am ambulating outside of my home or other familiar areas (i.e. My group's room at CLW) staff should use one-person assistance with a gait belt. When getting on or off of a bus I should be accompanied by staff on the bus lift with the use of a gait belt.

## **COMMUNICATION**

### **RECEPTIVE COMMUNICATIONS**

I recognize familiar voices and am able to localize sound. I respond to environmental noise/ speech at conversational levels, I recognize my name. I am able to follow routine one step commands with verbal or physical prompts and additional processing time. I am unable to follow more complex directions. I am also unable to respond verbally or nonverbally to yes/no/wh questions. I'm not able to identify objects by label or function. I cannot comprehend basic concepts of size, shape, position or body parts. I cannot point to named objects and do not exhibit object manipulation skills which is likely limited by tactile defensiveness.

### **EXPRESSIVE COMMUNICATION**

I am non-verbal. I communicates via vocalizations and avoidance. I make requests by reaching for or touching a desired object. I show rejection by vocalizing and moving/pushing away. I do not typically offer any sort of greeting, nor will I initiate communication with consistency.

## COMMUNICATION MODE

I am non-verbal. I have a communication program to make a choice between 2 items.

## PERSONAL MANAGEMENT

### TOILETING

I am incontinent. I wear medium attends. I will not indicate a need to be toileted, and may offer resistance during toileting/changing. I need total assistance with all aspects of toileting and changing. I have a program to hold a clean attend while staff changes the soiled one. I wear a body suit to prevent me from smearing fecal matter.

### SHOWERING

I demonstrate limited insight and functional ability regarding bathing. I need assistance with all bathing-related tasks. I do enjoy occasional baths as opposed to showers at times. I have a program to wash my torso.

### DRESSING

I demonstrate limited insight regarding appropriate dressing procedures. I cannot dress myself without total staff support. I do not understand weather-appropriate dressing. I am not able to undress myself without assistance. Quite frequently, I choose to remove my shoes and/or socks, regardless of the time or place. I have a dressing program to pull down my shirt.

### PERSONAL HYGIENE

I demonstrate limited insight and ability regarding personal hygiene tasks. I have a handwashing/handwipe program to wipe my hands with a handwipe. I also have a grooming program to brush my hair. I requires intensive staff assistance and hands-on prompting to complete all such tasks. I have tactile defensiveness which interferes with my cooperation during oral hygiene, nail care, and regular haircuts. My father continues to desire to cut my hair and is the only one to do this.

### DOMESTIC LIVING SKILLS

I do not demonstrate adequate insight or functional ability to independently initiate and complete most tasks of domestic living. While I may cooperate briefly to assist staff with performing these tasks, I will more often offer resistance due to tactile defensiveness. Additionally, I rely on staff to do laundry, clean the home, and maintain my own personal belongings. I should not be involved in meal prep, due to my NPO status.

### SAFETY/SURVIVAL SKILLS

I lack many safety/survival skills. This makes me more likely to put myself in potentially dangerous situations when not appropriately supervised. I do not fully understand that precautionary measures must be taken in order to avoid chemical poisoning, burns, and other injuries. Regarding fire drills, I require staff to lead me out of the building. I tend to become very agitated due to the noise and urgency. I do not understand what to do in the case of a tornado. Annual fire/safety training is provided to me by the Active Treatment Coordinator. I like to open and close doors.

## SOCIAL DEVELOPMENT/LEISURE

### INTERACTION WITH OTHERS

My interaction with both peers and staff is very limited. I prefer to avoid other people and engage in individual activities (e.g. music, rolling ball.). I am very tactile-defensive. This interferes with most attempts at physical interaction with me. When agitated, I may scratch or hit others around me. I typically do not go out of my way to aggress toward other people.

#### **SEXUAL AWARENESS**

I demonstrates very limited insight into human sexuality and related issues. I do not appear to recognize myself as female. I do not appear to understand the purpose of sexuality. I do not understand societal boundaries pertaining to such . I do not engage in any inappropriate behaviors that are sexual in nature at this time. Sexuality training does not seem appropriate at this time, given low need and low likelihood of efficacy.

#### **RECREATIONAL/LEISURE INTEREST**

My favorite thing to do is listen to music (especially country music). I will often seek out the sources of music in my environment. While listening to music I appreciate sitting and rocking for self-stimulation. I also enjoy going for walks.

#### **COMMUNITY ACCESS SKILLS**

I do not understand public transportation. It is all done by Takoda Trails and CLW for me. I also do not know how to use a phone in an emergency or how to dial 911. I require close supervision while in the community for safety and to access safe routing and emergency assistance. I am provided opportunities for community access.

### **EMPLOYMENT-PATH TO EMPLOYMENT**

#### **WORK INTERESTS**

I attend Creative Life and Work Services. I enjoy getting up and attending. I enjoy participating in activities at CLW. I enjoy participating in arts and crafts, TV, games, and magazines at CLW. I am in CLW #2 which is more sensory based.

#### **WORK SKILLS**

My attention span is very short. Staff encourage me to participate. Depending on my mood, I will stick to activities sometimes longer than others. I enjoy running around the room and listening to music.

#### **WORK ATTITUDES**

I enjoy workshop. I should be encouraged to participate in activities and praised for all attempts. I should also be encouraged to make choices throughout the day to construct/personalize my day. I am not able to comprehend the concept of work equals money or/a boss employee relationship.

#### **WORK-RELATED BEHAVIORS**

I do at times have work related behaviors. I exhibit disruptive behaviors (non compliance) and at times SIB (hitting, pinching, scratching) . I do recognize my own name. I am not able to carry on verbal exchanges with staff and peers. I had a vocational program to participate in a sensory activity. At CLW my vocational and behavior data is implemented with documentation. My handwashing and toileting goals are implemented informally without document.

### **MONEY MANAGEMENT**

### **MONEY CONCEPT**

I do not have a concept of money. I am dependent on staff for handling or carrying my money and purchasing any items for me. I do not correlate the exchange of money for goods. I have a money management program to drop coin in a container.

### **MONEY USAGE**

I do not have any idea for the usage of money. I am dependent on staff for handling or carrying my money and purchasing items. I do not correlate the exchange of money for goods. I would not know how to locate a cashier or give the denomination to give them without staff assistance.

### **MONEY BUDGETING**

I do not know how to budget my money nor do I understand the concept. I have a money management goal to drop coin in container. I am dependent on staff for saving and budgeting my money. Team feels it is in my best interest to have Takoda trails as my payee. I cannot carry any money on my person responsibly. My guardian allows for any amount of money to be spent on me for my needs.

## **CLIENT RIGHTS**

### **EXERCISING OF RIGHTS**

I express my rights to the best of my ability. I have guardianship to assist me in the understanding. I have exercised the ability to choose what I want to do and right of refusal most often. I have full access to my personal belongings and can have private time any time I choose.

### **COMPREHENSION**

I cannot comprehend most of my rights. I seem to be aware that my father Greg Carter is my guardian. My guardian is very active in my life and assist me with the comprehension of my rights.

### **RESTRICTIONS**

1..none

### **SUPPORTS**

1. Guardianship
2. ambulatory
3. family support

## **CLIENT'S INPUT**

### **PREFERENCES AND OPTIONS**

I chose to attend CLW and stick with my normal routine. My father/guardian chose not to come or be conference called to my IP. Several disciplines showed up and discussed my progress over the past 1p year.

## **INTERDISCIPLINARY TEAM RECOMMENDATIONS**

### **ADOPTED IDT RECOMMENDATIONS**

### **PROGRAMS**

1. Communication
2. Oral hygiene
3. Dressing
4. Grooming
5. Showering
6. Handwashing/handwipe
7. Money Management
8. Self Medication
9. Toileting
- 10 Privacy
- 11.Vocational
- 12 Behavior

#### SERVICES

1. Medical to monitor health status.
2. NPO diet monitored by dietary.
3. Offer regular opportunities to participate in community outings as well as CLW by ATC's and RS1's.
4. Medical to provide Vision exam within 1 year..
5. Medical to provide Dental exam within 1 year of last appointment.
6. Improve hygiene skills (Showering and Handwashing ). Formal programs implemented by RS1's.
7. Improve Oral Hygiene skills (toothbrushing). Formal program implemented by RS1's..
- 8 Improve Money Management skills. Formal program implemented by RS1's.
9. Increase independence in Self-Medication. Formal program implemented by LPN..
10. Supervision for my safety.
11. Medical staff to monitor Laurens medications and overall health provided by nursing.
12. To have personal needs monitored by QIDP.
13. Increase in vocational skills. Formal program implemented by CLW staff.
14. Fire safety training provided by ATC.
15. Resident rights training by ATC.
16. Ensure my rights are maintained and advocacy.
17. To continue to have [REDACTED] as Laurens guardian.

#### PLACEMENT GOAL

##### SHORT-TERM PLACEMENT GOAL

##### IDT'S GOAL (WITHIN NEXT 1-3 YEARS)

Team would like to see me to excel at programming while at Takoda Trails. Team wants me working towards independence. Would also like for improved social skills. I also needs 24 hour supervision.

##### LONG-TERM PLACEMENT GOAL

##### IDT'S GOAL (WITHIN 3-5 YEARS)

Team would like me to continue with 24 hour supervision . Team would like for me to continue to excel at programming and working towards independence

---

QIDP

DATE

# NURSE'S NOTES

Name Lauren Doctor Zakem Room No.

Date and Time	Nurse's Name
7/24/19 1p	Res seen in Podiatry Clinic. Wound tolerated well
8/8/19 9A	Res monthly vital signs obtained. BP 116/82, P 78, R 18, T 97.4. No acute distress noted
8/15/19 9:19	Res alert and awake, all safety measures in place. Micky tube placement verified by aspiration and its patent. No acute distress noted
8/23/19 9:45A	Micky tube intact and patent. Placement verified by bubble air. Tolerated feeding and flushes well. No acute distress noted
8/24/19 6:29	Res Right upper arm multiple bruises. Pink/red in color. Drainage noted, skin intact. All parties notified
8/25/19 6:45pm	Staff reported multiple skin discoloration on resident. During assessment micky button noted open & moderate amount of dark (coffee) drainage & a foul smell. Some drainage also noted from mouth. Also multiple dark or bruise-like discoloration noted on bil lower and bil upper extremities. Skin felt cold to touch. VS P 76 or 97% R 18 T 95.3 R 18 B/P UTO. MD notified Guardian notified. Individual sent out to ER for eval via 911 on stretcher. Ref Details



# NURSE'S NOTES

Name: LAUREN Doctor: LAUREN Room No. #

Date and Time: \_\_\_\_\_ Nurse's Name: \_\_\_\_\_

8/25/19 7/11 phone call to Mercy Hospital. ER -  
@ 10pm Charge Nurse indicated that she's  
being admitted for bowel obstruct-  
ion. All responsible parties have  
been notified.

8/26/19 1pm Spike to Steven RN - Lauren  
States: Lauren is stable -  
She will be in there for  
a few more days + there  
is no surgery scheduled  
@ this writing. Quarantined

8/27/19 9<sup>20</sup> A - Reilly RN - State Lauren  
is stable - Has been "NPO"  
with no tube feeds since  
arrival - ATB admin via  
IV - bowels are starting  
to move - had repeat abdominal  
Xray - results are pending.  
No discussion of discharge  
date @ this writing. Quarantined

8/29/19 Res back to facility via  
stretcher and transported by  
Mercy Hospital ambulance. G-tube  
intact, 30cc residual noted.  
Site red and dry drainage noted.  
Abdomen soft and non-tender.  
Bowel sounds hyperactive in all  
quadrants. Left antecubital  
areas multiple bruises, red in  
color. (possible IV site). Right upper

# NURSE'S NOTES

Name J. Cannon

Doctor Zakem

Room No. \_\_\_\_\_

Date and Time

Nurse's Name

8/29/19

2P

Arm brownish bruises, approx 2cm by 2cm, lower arm scattered bruises. N.O. Potassium Chloride homeg solution. Take 15ml per 5 tubes 3 times daily (9 doses). Resume all previous meds. MD notified.

8/29/19

2:05

Admission Vital Signs; BP 121/76, P 68, R 16 T 97.8. O<sub>2</sub> Sat 96% RA - calm

8/29/19

@ 11pm

All scheduled meds & treatments were - very well tolerated. Bowel sounds remain 4x4 quadrants, abdomen soft/non-tender. No further new skin areas reported by staff or noted @ this time. Temp 97.6, Pulse 72, Resp 18 easy & even, B/P 118/74, O<sub>2</sub> Sat 97% room air.

9/3/19

CW reports excoriation to inner buttocks. N/O Apply Relevarous BID until healed.

9/4/19

N.O. Miralax 17 gms in 8oz of liquid daily. All aware.

Month: 10 Year: 1977  
Home: 5 Shift: 7

Document BMs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.

[illegible]

Nurse Initials:

**RSI Sign-in:**

April

**Nurse Sion-in:**

Franklin D. Roosevelt

## Month: 0 Year: 1

Home: 5 Shift: ✓

**Document BMs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.**

Ø=No BM S=Small M=Medium LG=Large L=Loose (Example: John Doe documents a medium BM "M / JD")

Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<del>_____</del>	T'A	H'A	L'A	P'A	P'A	O'A	L'	L'A	'	O'A	L'	O'A	L'D	O'A	L'A
<del>_____</del>	O'A	L'A	O'A	L'A	L'A	L'A	O'A	O'A	L'A	H'A	O'A	L'A	L'A	O'A	L'A
<del>_____</del>	O'A	<del>L'A</del>	O'A	L'A	L'A	L'A	L'A	L'A	O'A	O'A	H'A	L'A	O'A	O'A	O'A
<del>_____</del>	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A	L'A
<del>_____</del>	O'D	L'A	L'A	O'A	L'A	L'A	L'A	L'A	'	O'A	L'	O'A	L'D	O'A	O'A
<del>_____</del>	L'D	L'A	L'A	O'A	H'A	O'A	L'	L'A	'	O'A	L'	O'A	O'D	O'A	L'A
<del>_____</del>	O'D	L'A	L'A	L'A	O'A	L'A	L'A	L'A	O'A	O'A	L'A	L'A	O'A	L'A	L'A
<del>_____</del>	O'D	O'A	H'A	O'A	O'A	O'A	L'	L'A	'	O'A	L'	O'A	O'D	O'A	O'A
Nurse Initials:	<del>_____</del>	<del>_____</del>	WB	WB	WB	<del>_____</del>	<del>_____</del>	WB	<del>_____</del>	<del>_____</del>	<del>_____</del>	WB	<del>_____</del>	WB	<del>_____</del>

### RSI Sign-in:

April

**Nurse Sign-In**

Frank G. Jones, Jr.

# TAKODA TRAILS - BOWEL RECORD

Month: 8 Year: 19

Home: 5 Shift: 1

Document BMs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.  
 0=No BM S=Small M=Medium LG=Large L=Loose (Example: John Doe documents a medium BM "M/JD")

Individual	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
[Redacted]	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15
Nurse Initials:	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15	01/15

RS-1 Sign-In: Amel Karell

Nurse Sign-In: [Signature] [Signature]

## Home: 5 shift

Document BWs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.

Ø=No BM S=Small M=Medium LG=Large L=Loose (Example: John Doe documents a medium BM "M / JD")

Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
[REDACTED]	10/5/12	2/1/12	0/1/12	0/1/12	5/5/12	0/1/12	0/1/12	3/1/12	1/1/12	0/1/12	0/1/12	3/1/12	0/1/12	0/1/12	3/5/12
[REDACTED]	12/1/12	0/1/12	1/1/12	2/1/12	0/1/12	0/1/12	1/1/12	1/1/12	0/1/12	1/1/12	0/1/12	0/1/12	0/1/12	0/1/12	0/1/12
[REDACTED]	1/1/12	1/1/12	0/1/12	2/1/12	0/1/12	0/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12
[REDACTED]	1/1/12	1/1/12	1/1/12	0/1/12	0/1/12	0/1/12	1/1/12	1/1/12	1/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12
[REDACTED]	1/1/12	1/1/12	1/1/12	0/1/12	0/1/12	0/1/12	1/1/12	1/1/12	1/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12
[REDACTED]	1/1/12	1/1/12	1/1/12	0/1/12	0/1/12	0/1/12	1/1/12	1/1/12	1/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12
[REDACTED]	1/1/12	1/1/12	1/1/12	0/1/12	0/1/12	0/1/12	1/1/12	1/1/12	1/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12
Nurse Initials:					0/1/12	0/1/12	1/1/12	1/1/12	1/1/12	1/1/12	1/1/12	0/1/12	1/1/12	1/1/12	1/1/12

RS-I Sign-In:

And

### Nurse Sign-In:

ms

# TAKODA TRAILS - BOWEL RECORD

Month: 8 Year: 1993  
Home: 5 Shift: 3

Document BMs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.  
Ø=No BM S=Small M=Medium LG=Large L=Loose (Example: John Doe documents a medium BM "M / JD")

Individual	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[REDACTED]	L'AY	L'AY	M'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
L	Ø'AY	L'AY	Ø'AY	Ø'AY	L'AY	L'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	L'AY	L'AY	Ø'AY	Ø'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	L'AY	L'AY	Ø'AY	Ø'AY	L'AY	L'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	L'AY	L'AY	Ø'AY	Ø'AY	L'AY	L'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	Ø'AY	Ø'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
[REDACTED]	Ø'AY	Ø'AY	L'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY	Ø'AY
Nurse Initials:																

RS-I Sign-In: Anne

Nurse Sign-In: [Signature]

# TAKODA TRAILS - BOWEL RECORD

Month: 8 Year: 19

Home: 5 Shift: 3

Document BMs on appropriate shift record. Initial each entry and sign-in at the bottom. Inform nurse of any abnormalities.  
 Ø=No BM S=Small M=Medium LG=Large L=Loose (Example: John Doe documents a medium BM "M / JD")

Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
[REDACTED]	Ø	L	Ø	Ø	L	L	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	Ø	Ø	Ø	Ø	L	Ø	Ø	Ø	Ø	L	Ø	Ø	Ø	Ø	Ø
[REDACTED]	Ø	L	Ø	Ø	L	Ø	Ø	Ø	Ø	Ø	Ø	L	Ø	Ø	Ø
[REDACTED]	L	L	Ø	Ø	L	L	L	L	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	L	L	Ø	Ø	L	L	L	L	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	L	L	Ø	Ø	L	L	L	L	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
[REDACTED]	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Nurse Initials:															

RS-1 Sign-In: Amel

Nurse Sign-In: [Signature]