Action Item#12-18

Medical/Physical Health, Safety and Well-Being Tracking

## Helping Hands of Flagler County, LLC

Date							
Name:	DOB:						
Residence (circle one):	Group H	ome / l	Family /	Independe	ent Living		
Contact Telephone Num	ıber:						
Contact Telephone Number: Telephone:							
Health – Individual	s are in	n best	possib	le health	h		
Health Screen			N/A	Date	Comments		
Annual Physical							
Medication Review							
Follow Up							
Neurological							
Cardiac							
Gastroenterology (GI)							
Endocrinology							
Psychiatric							
Dental							
Pap smear							
Mammogram							
Prostate							
Colonoscopy	ļ						
High Blood Pressure							
Diabetes							
Cholesterol		<u> </u>					
Thyroid							
Other:	<u> </u>						
<u>,                                      </u>		<del> </del>					
Tranitalization							
Hospitalization Reason for Hospitalizati	on/Disch	orge D	ato:				
Reason for mospitalizati	OII/DISCII	arge D	ate.				
Behavioral/	YES	NO	N/A	Date	Comments		
Emotional Health							
Tobacco Use			-				
Alcohol Use							
Depression							
Dementia	-						
	-	1		<u>-</u>			
Psychiatry	<u> </u>			<u> </u>			
Other:		1			·		

Safety

Safety Individuals are Safe	YES	NO	N/A	Date	Comments
Functional Heating/					
Cooling System	·				
Ceiling fans / Walls in					
Good Repair					
First Aid Kit?					
Portable Fire					
Extinguisher in Good					
working condition					
Exits lights working					
Easy Access to doors				_	
Person educated on what					
to do in case of a fire					
Fire Drill performed					
Person educated on what			1		
to do in event of a					
tornado warning					
Person is educated on					
how to respond in an					
emergency (ex:					
incapacitated staff,					
natural disaster, 911,					
altercations)					
Person has emergency					
supplies and equipment				! !	
to use in event of					
emergency (flashlights,					
batteries, bottled water,					
emergency food, personal					
response equipment)	ļ				
Person educated on					
emergency evacuation					
procedures/disaster plan	-				
Person feels safe at home		ļ .			
Person feels safe in					
community and/or					
neighborhood	-				
Person feels safe at					
work/day program	<del></del>		-		
Person educated on what					
is and how to report					
abuse, neglect or					
exploitation	1	<u> </u>		<u> </u>	

## Helping Hands of Flagler County, LLC

## **Well Being**

<u>Person Centered Practices:</u> Individual's needs are identified and met through Person Centered Planning <u>Community:</u> Individuals have opportunities for integration in all aspects of their lives including where they live, work, access to community services and activities, and opportunities for new relationships)

<b>Person Centered</b>	YES	NO	N/A	Date	Comments
Person included in development of IP and/or					
Support Plan Supported person to				<del></del>	
identify and develop					
individual goals					
Supported person to make					
change/update Support					
Plan and/or IP (comment					
on change)					
Conversation about			,		
progress toward person's					
goal(s) (comment on talk					
and how you are measure	1	İ			
progress)					
Person made progress					
toward or achievement of					
goal? (comment what and					
how)					
Person aware of his/her					
services schedule /			1		
location					
Person aware choice of					
provider and what to do if					
not satisfied					
Person is satisfied with					
service(s) / provider					
(comment if not)					
Person's personal					
property is respected and					
protected					
Person's opinions are					
solicited and respected	-		<u> </u>		
Person's privacy is					
respected					
Person asked for		İ			
permission before sharing					
personal info. (comment what)					
Person is educated/	-				
understands their rights					
(comment if non-verbal					
and their response)					
and then response)				1	<u></u>

Community

Community	r r				
Living Conditions	YES	NO	N/A	Date	Comments
Person likes where they					
live (comment why)	ļ				
Person wants to move				į	
(comment why / where)					
Person has roommates					
(comment on preference)					
Person has own bedroom					
Person shares a bedroom					
(comment on preference)					
Person helped and/or					
likes the décor/					
furnishings (comment on					
preference)					
Person has privacy in					
home (comment if not)			-		
Person can lock bedroom					
door (comment if not)					
Support person to					
determine house rules in					
collaboration with other					
residents (rules					
reviewed, who created					
rules, what happens if					
rule is broken or					
someone disagrees with					
a rule)					
House rule was amended				Î	
(comment what/by who)					
Person has access to					
food (comment: can eat					
or drink anytime, any					
restrictions, are educated					
about food restrictions)	<u> </u>				
Work/Day Option	YES	NO	N/A	Date	Comments
Person makes informed					
choice where to work		<u> </u>			
Person wants to work					
elsewhere (comment					
why/where, what					
provider did to help)					
Person informed about					
options for integrated					
work settings or day					
activities					

**Community continued** 

Community continu		3.70			<b>C</b>
Community Fun	YES	NO	N/A	Date	Comments
Person exposed to and/or					
went to a community					
activity (comment					
what/where)					
Person received	-				
opportunities to engage					
in community life					
(comment on community		i i			
activity or limitations)					
Person chose where to					
go (comment alone or					
with a friend and where					
to / or any barriers)					
Person has a hobby					
(comment what hobby		ļ			
and what was done to					
join a similar group)					
Person's preferences					
concerning social roles					
in the community was					
addressed (comment		1			
what he/she would like					
to do/join)					
Person exposed to and/or					
became a member of a		1			
club or organization					
(comment what/where					
and any barrier)					
Person attended a club					
activity and/or meeting		İ			
(comment what/where)					
Person provided with				]	
information about					
potential social roles in					
the community					
(comment how you					
provided the info)					
Person tried above social					
role (comment if liked or					
disliked the community				!	
role)					

**Community continued** 

Community continued						
Who Spend Time With	YES	NO	N/A	Date	Comments	
Person made a new						
friend (comment what						
activities to meet and/or						
helped promote new						
friendships)		_				
Person spent time with						
friend(s) (comment any						
barriers)						
Person can see friends						
and family when he/she						
wants to (comment any		1				
barriers)				·		
Person can communicate						
per preference (phone,						
text, email) to develop						
and maintain						
friendships/ relationships						
(Comment any	1					
restrictions)						
Person has access to a						
phone, email or text						