

John [REDACTED] On-Site/On-Call Assessment Form
Attachment to OSOC Assessment Form based on 5123: 2-9-30

1. John has sleep apnea and refuses to wear a c-pap. Staff monitor his breathing hourly during the night per his ISP. He has also been diagnosed with a psychotic disorder and sees a psychiatrist regularly. Without the presence of staff during the night he could have many medical complications arise from these diagnoses.
2. John frequently shreds clothes, especially when not visually supervised. During the night he has a long history of stuffing toilets with articles of clothing as well as dismantling and breaking parts of the toilet handle and the inside plumbing parts. Not only does this prove to be a costly behavior, it also creates a significant inconvenience for the other individuals in the home. John also has a more recent history of biting himself and acting aggressively towards others. Per the ISP staff should redirect and encourage the use of his blanket as a comfort measure. Staff are able to take proactive measures with reducing these behaviors by John knowing staff are awake and checking on him during the night and assisting when he is in the restroom.
3. John frequently shreds clothes and stuffs toilets (also described above as this is both behavioral and sensory related). John also requires hands on assistance with toileting to help with accidents, remake his bed when he gets up and check on any items of clothing that may have been while in bed. He often comes out the living area and attempts to sleep in the recliner so he can be near staff and know they are there for assistance. During the hourly night checks (per ISP) staff have found him staring out the windows of his bedroom, walking through the house looking for food and drinks and seeking confirmation that he's safe and can return to bed.
4. John needs food to be in bite size pieces and prompted to slow down when eating and drinking. John will obsessively eat and drink at night without staff supervision which presents a large risk for his health and safety. When he gets up during the night staff often find him looking for food and drinks. They are able to assist when he is hungry and/or thirsty with his dietary needs in mind. If staff were sleeping it would be impossible to achieve this safety measure. It is only because staff are awake that John does not consume large excessive quantities of liquid and/food, posing a likely risk to his health and safety.
5. Without the presence of awake staff the safety considerations are endless. It is only due to the presence of an awake staff that John feels safe in his home. In the absence of awake staff it is believed he would be putting his health and safety at risk by excessively eating and drinking, shredding clothes, biting himself or hurting others. John's history tells us he was much worse off in the past with his autism and psychotic behavioral episodes. He has grown so much and it is due in large part to the supervision and supports and level of care he has been receiving since moving to his current home living arrangements. Without these supports he could revert back to feeling insecure and therefore putting himself at major risk of unnecessary health and safety risks.
6. Without staff assistance John could not safely exit the home in the event of a fire. He does have a history at times during fire drills where staff had trouble getting him to exit the home. In the event of a true fire, weather emergency or any other emergency requiring prompt staff assistance there is a much greater risk for fatalities if a staff person was sleeping.

[REDACTED]

Provide an awake staff member for John [REDACTED] at all times while in the care of his service and support provider, [REDACTED]. John requires staff to be awake throughout the night due to his long-term diagnoses including mental retardation, autism, sleep apnea, overactive bladder and psychotic disorder. Due to John's refusal to wear a C-Pap during sleep hours it is imperative staff check his bed wedge regularly for proper positioning along with observing for normal breathing patterns. John has a history of stuffing toilets and dismantling the parts during the nighttime hours. John requires assistance with toileting to clean any accidents which may arise and ensure the toilets are not being destroyed. He often wakes at night to come out and ensure staff are there. John has a more recent history of biting himself, picking at his skin and at times may act aggressively towards others. He has a history of excessively drinking liquids during the night without staff supervision and also has a tendency to obtain items from the trash and try to eat and/or drink them posing a significant risk to his health and safety. He does not respond appropriately to basic safety guidelines or demonstrate an ability to follow safety rules in the kitchen which left unsupervised could cause personal injury, injury to others or property damage. Without an alert staff he would be unable to exit the home in a timely manner for an emergency or fire evacuation especially during the night. In order to adequately monitor for the issues above, staff are to be awake to listen for and/or visually observe for any potential concerns allowing them to provide appropriate supports and assistance. Awake staff are medically necessary to ensure the health and welfare of John [REDACTED].

Physician Signature _____

Date _____