



<b>Name of Individual:</b>	John Smith
<b>Annual Meeting Date:</b>	5/16/2021
<b>Date Completed:</b>	5/11/2021

<b>Provider Name:</b> A Great Provider	<b>Service(s):</b> RHS
<b>Name of Person Completing this Form:</b> Shonda Smith	<b>Role:</b> House Manager

**Directions:** When using this tool, it should be completed by all IST members supporting the person noted above prior to the team meeting. The Case Manager will need the tool **no less than 5 days** prior to the team meeting date.

- Identify individual risks that are **specific to the Individual**.
- Include factual and detailed information as to why the noted area **currently** presents a particular risk to this Individual, or how the issue has presented **significant** risk in the past and might impact the Individual currently.
- You may include a recommended strategy for managing or eliminating the risk, if desired.
- During the team meeting, decisions and plans, if needed, will be made around each risk identified.

## I. Individual Risks: Relevant to Health

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?	Is this risk issue addressed somewhere now? If so, how?
	<b>Lack of Mobility:</b> <ul style="list-style-type: none"> <li>• Lack of mobility that could result in skin breakdown/pressure sores.</li> <li>• Substantially limits access to home or community.</li> </ul>		
	<b>Significant weight gain/loss or change in eating patterns:</b> <ul style="list-style-type: none"> <li>• Excessive weight loss or gain within the reporting year that is not intentional.</li> <li>• Weight loss so excessive that could be related to additional concerns.</li> <li>• Eating habits or patterns have changed to include loss or increase in appetite, not eating the foods that they had previously liked, coughing while eating, experiencing difficulty chewing or swallowing etc.</li> </ul>		
✓	<b>Choking and/or aspiration or swallowing disorders:</b> <ul style="list-style-type: none"> <li>• Has a diagnosis of dysphagia (difficulty swallowing) or demonstrates problems with swallowing, choking, refuses to eat or coughs while eating etc.</li> <li>• Has been treated for aspiration pneumonia</li> </ul>	Always eats fast which may cause him to choke. No choking episodes to date that required intervention. Has not had aspiration pneumonia.	Staff remind individual to slow down while eating.
	<b>Inability to tolerate a medical examination/procedure:</b> <ul style="list-style-type: none"> <li>• Due to apprehension, fear, medical condition, previous unpleasant experiences etc. the person is unable to tolerate a medical examination or procedure. This might include dental visits, intrusive procedures, or responds negatively to any type of medical intervention for reasons unknown.</li> </ul>		
✓	<b>Increased or unusual falls:</b> <ul style="list-style-type: none"> <li>• Increased or unusual falling that results in injury such as fractures or severe injury.</li> </ul>	Unsteady gait. Uses a walker. Stroke in 2019. Fell last year and broke hip.	Risk mitigation plan currently in place.

✓	<b>Seizures:</b> <ul style="list-style-type: none"> <li>Has a diagnosis of seizure disorder that is not controlled.</li> <li>Has active seizures</li> </ul>	Needs to be protected from injury during a seizure.	Not experienced a seizure in over 10 years. On seizure medication.
✓	<b>Allergies/Allergic Reaction:</b> <ul style="list-style-type: none"> <li>Allergic reaction could cause serious illness or possible death.</li> </ul>	Allergic to penicillin. All medical personnel need to be aware so it is not prescribed.	Has had same physician for 15 years. Medical sheet is taken to all appointments. Not been prescribed she was little.
✓	<b>Medication Side Effects</b> – Individual’s medication side effects needs to be monitored.	Individual is on many medications. Side effects need to be monitored by staff to ensure there are no adverse effects.	Medication Admin. Plan in place. Staff are trained on side effects and documentation.

**II. Individual Risks: Relevant to Personal Safety**

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?	Is this risk issue addressed somewhere now? If so, how?
	<b>History of smoking in bed:</b> <ul style="list-style-type: none"> <li>Individual smokes in bed but has a tendency to fall asleep.</li> </ul>		
✓	<b>Inability to pay bills:</b> <ul style="list-style-type: none"> <li>Individual has a tendency to give all their money away.</li> </ul>	Individual gives money away to friends and family. Doesn’t understand the concept of money.	Has a Rep Payee. Individual has a job but never has money or receipts. Bills have been paid because of Rep Payee.
	<b>History of pedestrian safety issues:</b> <ul style="list-style-type: none"> <li>History of walking into street in front of cars. Lacks understanding of pedestrian safety.</li> </ul>		
	<b>Unable to safely evacuate during an emergency:</b> <ul style="list-style-type: none"> <li>Inability to evacuate from a building without assistance.</li> </ul>		
	<b>Exploitation:</b> <ul style="list-style-type: none"> <li>Allows individuals to live in home without being on the lease.</li> <li>Gives away or spends all their money to/on strangers.</li> </ul>		
✓	<b>Communication Issues</b> – Individual is unable to clearly express wants and needs.	Individual is unable to tell staff her wants and needs.	Has a communication device. Staff should learn how the individual communicates in person-specific training.

**III. Individual Risks: Relevant to Behavior**

✓	Identified Risk Issue	Describe the behavior or issue(s) that indicates this as a current Risk?	Is this risk issue addressed somewhere now? If so, how?
	<b>History of or presently engages in aggressive or dangerous behavior:</b> <ul style="list-style-type: none"> <li>History of extremely serious criminal acts such as: pedophilia, murder, rape, arson, etc. (Note: History of a less severe act, that is now managed and no longer occurs, should be closely reviewed to determine if it continues to be a risk.)</li> </ul>		

	<p><b>Criminal justice involvement:</b></p> <ul style="list-style-type: none"> <li>• Criminal justice involvement which can lead to incarceration and/or the risk of being exploited, abused, medically neglected and loss of services.</li> </ul>		
	<p><b>Fascination with fire or of fire setting:</b></p> <ul style="list-style-type: none"> <li>• Currently demonstrates or expresses an intense interest in fire, matches, setting fires etc. or has any history of arson.</li> </ul>		
	<p><b>Contact with Emergency Medical Services, law enforcement, or mobile crisis:</b></p> <ul style="list-style-type: none"> <li>• Engages in dangerous behavior that can only be managed by calling an emergency entity.</li> <li>• Recent suicidal ideation or attempts to commit suicide.</li> <li>• Destruction of property so serious that it could lead to criminal charges.</li> </ul>		



# Risk Analysis and Planning Tool



<b>Name of Individual:</b>	John Smith
<b>Meeting Date:</b>	5/16/2021
<b>Date Completed:</b>	5/16/2021
<b>Name of Person Completing this Form:</b>	
<b>Team Members:</b>	

**Directions:** Before the team meeting the case manager may use the following grid to record the individual risks that have been identified by all team members (e.g. Individual, guardian/family, providers, etc.) (i.e., using the “Risk Issues Identification Tool”). At the team meeting, use the grid to facilitate open discussion, analysis, brainstorming and planning in order to:

- Review with the team all the identified Individual risks that were recorded on the Risk Issues Identification Tool, or as otherwise identified during the team meeting;
- Review the reasons associated with each risk issue identified;
- Develop final actions, supports, and services for addressing each risk; and
- Note where the information to address each risk will be documented in the PCISP (i.e. which Life Domain).

## Risk Score

Risk	History/Frequency	Risk Matrix				Is a Risk Mitigation Plan needed to solve a problem?
		Severity	Likelihood	Total Risk Score	Risk Level	
Choking	Always eats fast. No choking episodes that required intervention. Has not had aspiration pneumonia.	3	1	4	Minor	No
Falls	Uses a walker. Stroke in 2019. Fell last year and broke hip.	5	4	9	Major	Yes
Seizures	Not experienced a seizure in over 10 years. On seizure medication.	2	1	3	Minor	No
Allergies	Has had same physician for 15 years. Medical sheet is taken to all appointments. Not been prescribed she was little.	1	1	2	Negligible	No
Med. Side Effects	Staff track side effects daily on MAR.	2	1	3	Minor	No

Inability to pay bills	Has a Rep Payee. Individual has a job but never has money or receipts. Bills have been paid because of Rep Payee.	3	2	5	Moderate	No
Communication	Uses a communication device.	1	1	2	Negligible	No

**Discuss during the Team Meeting**

What is the risk?	What is the problem we are trying to solve with this risk mitigation plan?	What if we do not put a risk mitigation plan in place (e.g. do nothing)?	What action did the IST decide to take to manage this risk?	Which Life Domain should this risk be included? (Note: only should be noted once in PCISP.)
Falls	Moves too fast which affects balance. Refuses to have staff assist.	More falls will occur that may result in significant injury.	Institute a risk mitigation plan that includes reminders from staff; removal of tripping hazards; ensuring staff are within arm's reach when ambulating.	Healthy Living

**Identified Risks the IST agreed are no longer a risk or are not determined to be a risk or a risk that does not warrant a risk mitigation plan.**

Identify the possible risk	Why the identified risk is no longer a risk or determined not to be a risk or a risk that does not warrant a risk mitigation plan by the IST?	Which Life Domain of the PCISP will this be noted?
Choking	Individual eats too fast but has not had a choking incident that required intervention. Staff should be aware of this habit and provide reminders during meals.	Healthy Living
Seizures	Seizures appear to be controlled with medication as one has not occurred in the last 10 years. Staff would benefit from a general understanding of seizure recognition and safety.	Healthy Living
Allergies	Current medical professionals have the information on file. No incidents have occurred since childhood.	Healthy Living
Med. Side Effects	Medication Side Effects and monitoring should be included in the medication administration plan and staff training.	Healthy Living
Inability to pay bills	Prior risk plan did not prevent him from giving away the money he earned at his job. Team will develop an outcome with strategies to develop money management skills.	Daily Life and Employment
Communication	Individual utilizes a communication device. Individual-specific training should include how an individual communicates.	Daily Life and Employment