

CAPS Assessment Comments Cognition Examples

November 2017

Documenting Cognition-

- Provide an example of the need that ties to health and safety.
- Explain how the provider is assisting the individual with the above example.
- Describe the frequency to support the assist level.

Self-Preservation:

Minimal Assist: Ben requires monitoring and redirection at least once a week when he leaves for medical appointments or running errands, due to confusion when in the community and has in the past been unable to find his way home. Ben has been picked up by the police for wandering on a busy road near his home. This need does not occur daily, because Ben is oriented to his home. Although, family members are concerned that he may need more supervision at home in the near future.

Substantial Assist: Janet requires monitoring, redirecting and support on a daily basis to support meal preparation and with understanding her diabetic needs. In the past Janet has left the stove on and used the microwave with metal inside resulting in the fire department being contacted. Her family has turned off the gas to the stove and unplugged the microwave to prevent further issues. Janet's HCW prepares her meals for her offsite to avoid potential behaviors.

Full Assist: Mike has advanced dementia and is unable to understand his environment and how to interact with people in the facility. In the past this has resulted in Mike exiting the facility and getting lost in the community. Mike also is unable to understand his need to eliminate and as such requires constant redirection and cueing to prevent incontinence. Mike's care plan also requires redirection to prevent him from entering other resident's rooms uninvited and cueing to understand the need for his heart medication. In total Mike is unable to be left alone due to his constant risk of harm and safety.

Decision-Making:

Minimal Assist: Prior to moving into the Adult Foster Home, Phillip was living alone in his own apartment. He did not recognize when food became spoiled or when shopping trips were needed. Family reported that he was not aware of the need to pay his bills. However, Phillip is aware of daily routines such as feeding himself, dressing appropriately, etc. The AFH provider must monitor to ensure that he is not eating

spoiled food which he hoards in his room. As part of Phillip's care plan they check his room for spoiled food once a week. Phillip's family pays all of his bills to avoid late or over payments which has resulted in overdrafts in the past.

Substantial Assist: Darren requires daily monitoring and redirection from his caregiver due to complications from a TBI to ensure that he is completing his daily routine. In order to do this the caregiver comes to Darren's home at lunch time each day and monitors to complete the tasks to ensure that he has eaten appropriately, taken his medication, dressed appropriately, and has completed any other necessary daily tasks. Tasks include creating a grocery list, paying his bills, and taking a shower. When any of the tasks have not been completed Darren's HCW must cue him through the task in order to complete it. In the past when Darren did not receive this level of care, he was hospitalized due to malnutrition and infection from not cleansing an open wound.

Full Assist: Tony requires assistance throughout each day in order to complete ADL and IADL activities. Prior to moving to the facility, he was found in his home where he lived alone, in his soiled underwear and no other clothing. Tony is aware of the need to wear clothing, however, due to dementia related impairments he will put on the wrong clothing despite being told he needs to wear a jacket for example. Tony reports that he is able to change his incontinence supplies when he has accidents, which occur on a daily basis. However, staff have reported that they must cue Tony to change his incontinence supplies every 2 hours as he will not change them on his own. Staff monitor this constantly, but without cueing he will not change his incontinence supplies.

Ability to Make Self-Understood:

Minimal Assist: Margaret is at the beginning stages of Alzheimer's disease and there are multiple days throughout the month when she is unable to communicate her needs to her caregiver. When this occurs her caregiver begins going through her checklist of Margaret's known needs such as incontinence supplies, when she last ate, or if she has taken her pain medication. During these times if her caregiver is not there to monitor and support her she would not complete these tasks. This has caused Margaret to lose 35 pounds over the last 3 months.

Substantial Assist: Sal suffers from an acquired brain injury caused by prolonged mismanagement of diabetes and is unable to tell his caregiver when he is hungry or when he needs pain medication. His caregiver must monitor Sal by interpreting sounds, facial expressions and body movement to determine what Sal needs. His caregiver is

there each day to ensure his medications are taken appropriately and that he gets a minimum of 3 meals throughout the day. Sal has struggled to communicate with providers in the past, resulting in mismanagement of his medication and poor nutrition.

Full Assist: Harlan is unable to communicate his needs due to a severe stroke. Harlan requires his HCWs to constantly monitor him in order to determine if he is in pain or requires other assistance, such as changing his incontinence supplies or eating. Without constant monitoring Harlan's muscles spasm, which have resulted in him falling out of bed and causing physical harm. In addition, Harlan's caregivers also check his incontinence supplies and maintain his feeding tube throughout the day.

Challenging Behaviors:

Minimal Assist: Bill has Huntington's disease and has a history of becoming agitated and tries to bite when a male caregiver attempts to bathe him. The facility has a care plan in place, but due to staffing at least twice a week a female is not available to assist with the task. Bill needs to be redirected and reassured by the male provider that he is in a safe space and no one is there to harm him. After about 15 minutes, Bill is usually able to go through the tasks with the male provider.

Substantial Assist: Facility staff report that Tim can be very disruptive during the evening meal. If another resident is sitting at a table where he wants to sit he becomes verbally and physically aggressive and loud, until the other resident leaves. He has gotten into physical altercations with other residents resulting in one person being taken to the hospital with a concussion. Staff get him refocused by redirecting him to eat his meal and reminding him that his favorite T.V. show is on after dinner.

Full Assist: Kathy constantly talks and yells. Her behavior is directed toward other residents, and is unintelligible for the most part. Kathy goes into the kitchen and other resident's rooms and rearranges the area. Her behaviors require her to have her own room as she will otherwise continually agitate other residents. This occurs multiple times daily, and staff are constantly redirecting her by distracting her with her favorite game Skip-Bo. Kathy has unpredictable episodes of physically aggressive behavior, with a history of hitting staff and other residents. Facility staff members have been trained in addressing her behavior. This placement has been stable for 9 months.