The administrator at Cottonwood Shelter Home stated she likes to continue adding to the NSA even though a resident may not have changed care needs in a particular year. She is always trying to make the NSA better so caregivers understand the needs of the resident. A completed NSA allows the caregivers to meet each resident's needs. "When writing the NSA, you need to observe what your resident needs and write the NSA accordingly."

Sunshine Homes Negotiated Service Agreement

DD MH X EL PD Facility/Home: Sunshine Homes

Resident Name: John Dee Doe Admit Date: 09/11/1997

Birthdate: 01/06/1901 Social Security #: 000-00-0000

Place of Birth: McCall, Washington Medicare #:000-00-0000A

Physician: Dr. Gibbit, St. Scary's Clinic Medicaid #: 0000000

Diagnosis: Severe Schizophrenia, Seizure Disorder, Legal Responsibility: Self

Dept. Client X Prvt. Pay Next Scheduled Review Date:03/16/2010 L.O.C. Waiver

MEAL PREPERATIONS: Severe symptoms of psychosis leave him unable to prepare meals safely. Staff will prepare all meals.

Responsible Party: RCF Frequency: Daily

Level of Assistance: Total

EATING MEALS: John requires continual prompts to get him to come and eat. John does not have teeth or dentures and food must be cut up for him. At times he will not eat his food, he will throw it away and then come back several minutes later and ask if there is more or if staff will fix him a pizza or sandwich. Food must be placed on a plate and taken to John's table. Because of his psychosis when John walks with his plate it tips sideways spilling the food on the floor or he will stand in one spot interacting with his voices as the food is spilling on the floor.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Extensive

TOILETING: John will occasionally be incontinent or move his bowels in his pants, sometimes because he is having a delusion and sometime because he is so distracted by internal stimuli. Staff will physically assist John with a shower and changing his soiled clothes. John frequently gets feces all over the toilet and misses the toilet urinating on the floor, staff needs to clean up after him. At times John is reluctant to get cleaned up and becomes violent and staff will need to call the administrator or another staff to come in and clean him up as John may respond differently to all staff. At times it will take staff a couple of hours or longer just to get John into the shower. It always depends on his internal stimuli.

Responsible Party: Staff Frequency: As needed

Level of Assistance: Extensive

MOBILITY: John will stand in one spot gesturing or repeating things like "red red red blue blue blue blue. John will sometimes stand blocking a hall or doorway. Staff will repeat verbal commands to please move out of the doorway or hallway and may put one hand on shoulder for John to realize it is the staff talking to him and not the internal stimuli. He may become agitated if you get in a hurry so staff need to be patient, Staff will take John by the hand and escort him out of the way. Continual prompts to John to complete task.

Responsible Party: Staff Frequency: As needed.

Level of Assistance: Moderate to Extensive

TRANSFERING: Same as mobility, John needs 1:1 several prompts and hands on assist to get him to move to another spot. John will get half way into a vehicle and stop sometimes for a several minutes; staff can tap John lightly and direct him into the vehicle. John is so involved with internal stimuli that it takes him time to figure out that the staff is not a part of his hallucination. Staff needs to be very gentle as John can be easily agitated.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Moderate to Extensive

PERSONAL HYGIENE: John has very poor hygiene and requires hands on assist. Assisting John is difficult and it has to be when he is tolerating his internal stimuli to shave, wash his face, hands, and any personal hygiene tasks. John does not do this without staff assistance.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Total

DRESSING: Persistent symptoms of psychosis leave his abilities limited. Staff will give continual prompts and hands on assist for John to dress. John's clothing is locked in a closet as he will put soiled items back into his closet. John is so involved with internal stimuli that he will refuse to put socks or under garments on. Or sometimes he will just refuse.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Extensive

BATHING: John needs hands on physical assist to shower due to the severity of his psychosis. Sometimes it will take hours for staff to get him into the shower. When he is in the shower staff need to assist as John is so involved with internal stimuli that he does not know what he has washed.

Responsible Party: Staff Frequency: 3 X weekly

Level of Assistance: Total

ACCESS TO TRANSPORTATION: Persistent symptoms of psychosis leaves him unable to make arrangements. Staff will make arrangements for transportation and appointments and accompany John as he should not be in the community without supervision.

Responsible Party: Staff Frequency: As Needed

Level of Assistance: Total

FINANCE: Facility is Payee. Severe psychosis leaves him unable to manage any funds.

Responsible Party: Staff Frequency: As needed

Level of Assistance: Total

SHOPPING: Thought process and psychosis prevents appropriate shopping. Staff will do shopping. When in a public place John is known to stand for extended periods of time with catatonic like posturing or shouting out to his hallucinations. He will hock and spit on the floor. The added stress of being in unfamiliar surroundings causes an increase in his symptoms. If you try to move him along he becomes agitated. He is so involved with internal stimuli he is unable to make choices in a public setting. Staff will purchase items for him but sometime it takes weeks before John decides if he would like it. If you purchase an item that John needs to try on he may not take it back off if it is not the right size therefore you are unable to return the item.

Responsible Party: Staff Frequency: As needed

Level of Assistance: Total

LAUNDRY: Due to severe psychosis John is unable to use the machines; he depends totally on staff to do his laundry. He would be unable to follow the steps to complete the tasks. He would not be safe around chemicals.

Responsible Party: Staff Frequency: As needed

Level of Assistance: Total

HOUSEWORK: Due to severity of psychosis, and impaired problem solving John is dependent on others for all aspects of housekeeping.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Total

WOOD AND COAL SUPPLY: None

NIGHT NEEDS: John is up multiple times all night smoking and wandering and it requires staff to encourage John to go back to bed. He may wander off if staff is not watching him. He will leave cigarettes lit. Staff will need to physically assist him for his safety.

Responsible Party: Staff Frequency: Daily

Level of Assistance: Total

EMERGENCY RESPONSE: John is able to evacuate when in a familiar setting but due to internal stimuli staff need to assure that John has responded appropriately. In an unfamiliar setting John would require verbal and hands on assist for safety. Staff will have monthly fire drills.

Responsible party: Staff Frequency: As needed

Level of Assistance: Total

MEDICATION ASSISTANCE: John requires hands on assistance to take meds daily. Severity of psychosis requires staff to supervise closely to make sure he is taking them. He will respond to internal stimuli and will cup his meds in his hands and bounce them in the air sometimes dropping the pills (he takes as many as 14 pills at a time). Staff will assess for side effects. He needs monitoring by the psychiatrist, Hands on assist in crisis stabilization and assess for treatment change by consulting with his psychiatrist. He would not take meds if living independently. Ditsee Drug will set up weekly med sets. RCF will store in locked cabinet. Current Medication: Depakote 1500mg bid; Phenytoin Ex 200mg a.m. 300mg p.m.; Zyprexa 5mg a.m. 30mg hs.; Clonazepam 1mg a.m. 3mg hs.; Thioridazine 100mg a.m. 300mg hs; Trihexyphenidyl 5mg bid; Clemastine 2.68 mg bid; Docusate 100mg bid.

Responsible Party: Facility Staff/Ditsee Drug Frequency: Daily

Level of Assistance: Extensive

Review of the care plan and medication policy shows compliance with the medication regime.

Nurse signature and date

SUPERVISION: Persistent symptoms of psychosis result in severe neglect. John requires extensive to total hands on care to manage ADL's and routine health care. His psychosis interferes with his ability to use information or care for himself. He requires total 1:1 staff for all aspects of his care. He is resistive to most types of care and requires patient skilled providers. John has fixed paranoid delusions and ongoing auditory hallucinations that interfere with the ability to accomplish simple tasks. He has grossly impaired judgment and total lack of insight so he is highly vulnerable to exploitation by others. He may wander without purpose from the facility. He is given one cigarette at a time as he is unable to care for his own cigarettes. He requires total supervision in all areas of his life to be provided in a structured setting for protection and safety. He requires staff to assist him to all his appointments to consult with his doctor as he has no insight to his medical needs. John will sometimes refuse to go to appointments and it takes several attempts to get him to the doctor. He has gone to appointments and got up and walked out when he has had to wait for more than a few minutes. He can be very resistive to treatment from the doctor and requires special tolerance from staff to get him to comply.

Responsible Party: Staff Frequency: Always

Level of Assistance: Total

ORIENTATION: Always disoriented to person, place, time, and/or situation. Thought process is very fragmented and requires a structured setting with 24/7 for oversight, protection, and safety.

MEMORY: Psychosis interferes with his ability to use information. John has difficulty remembering, concentrating and using information. Requires constant reminders from staff.

JUDGEMENT: Is always poor. John cannot make appropriate decisions for himself and makes unsafe decisions, he needs intense supervision.

HALLUCINATIONS: John always hallucinates which impairs his abilities for safety or to manage any of his care. John will call out responding to internal stimuli. He has aggressive behavior, and catatonic like posturing for extended periods of time.

DELUSIONS: John has fixed religious and paranoid delusions.

ANXIETY: Occasionally John has anxiety which causes an increase in his hallucinations, symptoms will worsen and he may act out getting physically aggressive, requires special tolerance from staff.

DEPRESSION: Frequently shows signs of depression. Requires staff intervention.

WANDERING: John will wander and needs close supervision.

DISRUPTIVE SOCIALLY: John is at times verbally aggressive and socially inappropriate. He is so involved with internal stimuli he will call out loudly, spit on floor, stand in door ways for long periods of time, he leaves doors open. Can become extremely agitated and must be redirected by staff. He requires special tolerance and management.

DANGER TO SELF: His psychosis interferes with awareness for personal safety.

ALCOHOL/DRUG ABUSE: John would abuse alcohol and drugs if he had the opportunity. He would be very vulnerable and easily exploited.

SELF PRESERVATION/VICTIMIZATION: He requires continuous supervision 24/7 due to his severe psychosis and inability to avoid situations in which he would be exploited. He is extremely vulnerable and has no insight to making good judgment.

HABILATION NEEDS AND SPECIAL EQUIPMENT: Optometrist does not give John glasses as John would not wear them and would not have the mental capacity to know when to wear them. John refused dentures.

SOCIAL/RECREATIONAL: John very seldom participates in activities in or outside the facility. His psychosis interferes with this ability. He will ride with certain staff for a ride to the local mini mart (if it involves him getting a hamburger) but he does not get out of the vehicle. He enjoys his smoking but would smoke non stop and unsafely if not monitored. Staff hand him cigarettes one at a time.

COMMUNITY SUPPORT SYSTEM: Dr. Cranky, Psychiatrist; Dr. Gibbit, MD; Region IX Mental Health, Sunshine Homes.

will many times refuse to go to ing the doctor. He takes lots of ppointments as staff need to consult s to be there.
EEDS: None
is planned at this time.
tis document. Each has retained a uch should be noted). **Attach any s and documentation concerning
Date:
Date: