

CONSUMER INFORMATION

INDIVIDUAL: Michelle Tolini

DATE: 12/15/20

HOME PROVIDING SERVICES	PROVIDER INFORMATION
Name: Endearment House Group Home Address: 4336 Yardley Ave N City, ST Zip: St. Pete, FL 33713 Phone: 727-623-9492 Email: latanya.a.wilson@gmail.com	Adult Care Housing, Inc. 1762 72nd Ave. NE Saint Petersburg, FL 33702 Provider Number: 684228396 Service: Residential Habilitation
INDIVIDUAL INFORMATION	INDIVIDUAL INFORMATION
Name: Michelle Tolini Address: 4336 Yardley Ave N City, ST Zip: St. Pete, FL 33713 Phone: 727-418-0000 Email: michelle@adultcarehousinginc.com Region: Suncoast	Social Security #: 123-45-6789 Recipient ID: 4455554 Medicaid #: 1234567891 Date of Birth: 01/15/77 Legal Status (competency): Guardian Advocate Admission Date: 1/10/2020
GUARDIAN	PARENT/ EMERGENCY CONTACT
Name: Tina Johnson Address: 123 Main St. City, ST Zip: St. Pete, FL 33710 Phone: 727-417-1477 Email: tina@aol.com Relationship: Guardian Advocate & Friend	Name: Jeremy Gunn Address: 1234 66 th St. N City, ST Zip: St. Pete, FL 33710 Phone: 813-999-1234 Email: jeremy@gmail.com Relationship: husband
SUPPORT COORDINATOR	INDIVIDUAL'S EMPLOYER
Name: Barbara Braun Agency: A team Approach Address: 1234 55 th St S. City, ST Zip: St. Pete, FL 33710 Phone: 813-505-5555 Email: Barb@awesomewsc.com	Supervisor's Name: Unemployed Company: Address: City, ST Zip: Phone: Email:
BEHAVIOR ANALYST	DAY TIME ACTIVITY (SCHOOL, ADT, ETC.)
Name: Jason Steifman, Roe & Assoc. Address: 1234 Dr. MLK Jr. St. N City, ST Zip: St. Pete, FL 33710 Phone: 727-555-9999 Fax: 727-555-6666 Email: Jason@BA.com	Name: PARC Address: 3720 Tyrone Blvd City, ST Zip: St. Pete, FL 33710 Phone: 727-444-9966 Fax: 727-555-9987 Email: Brian@Parc.com

PHYSICIAN INFORMATION

PRIMARY CARE PHYSICIAN	DENTIST
Name: Barbara Dzubinski Address: 9555 Seminole Blvd. #104 City, ST Zip: Seminole, FL. 33772 Phone: 727-394-1500	Name: Dr. Sapre Address: 3098 66 th st N City, ST Zip: st. Petersburg Fl, 33710 Phone: 727-461-1455
OTHER: Psychiatry	OTHER: Optometrist
Name: Dr Adan Address: 1938 soule rd City, ST Zip: Clearwater, FL. 33775 Phone: 727-726-7442 Fax: 727-288-1111	Name: Marnier Optometry/Andrew Diaczyk Address: 4887 34 th St. S City, ST Zip: St. Petersburg, FL. 33711 Phone: 727-864-4047

MEDICAL INFORMATION

INDIVIDUAL: Michelle Tolini **DATE:** 12/15/2020

DIAGNOSES: Rheumatoid Arthritis, GERD, Intermittent explosive disorder, insomnia

ALLERGIES: Sulfa and orange blossoms

MEDICATION

MEDICATION	DOSAGE	HOW OFTEN	PURPOSE	SIDE EFFECTS	CONTINUE	D/C
Benadryl	50 MG	1x day	Sleep & Allergies	Drowsy	X	
Ibuprofen	800 mg	2x day	Pain & inflammation	Stomach upset, ulcers		X 6/7/20
Diclofenac	75 mg	2x day	Joint pain & Inflammation	Stomach issues	New 6/8/20	
Pepcid AC	20 mg	PRN	Reflux	Constipation	X New 6/8/20	
Prozac	20 mg	1x day	IED/ rage	Nausea, insomnia,	x	

QUARTERLY/ ANNUAL PHYSICIAN VISITS (INCLUDE DENTAL, LABS, PSYCHIATRIST, ETC.)

DATE	PHYSICIAN	PHYSICIAN SPECIALTY	REASON	OUTCOME
03/15/2020	Dr. Dzubinski	PCP	Labs & check up	Lab work ok
06/07/2020	Dr. Dzubinski	PCP	Review meds and changes	D/C Ibuprofen Start Diclofenac
9/20/20	Dr. Dzubinski	PCP	Labs & check up	Labs: high white count
4/01/20	Dr. Adan	Psych	Check up	good
6/01/20	Dr. Adan	Psych	Check up	Reviewed meds
8/01/20	Dr. Adan	Psych	Check up	good
12/16/20	Dr. Sapre	Dentist	Check up/ cleaning	scheduled
01/22/21	Marnier Optometry	Optometry	Annual vision test	Scheduled
02/12/21	Dr. Reyes	OBGYN	Annual well woman	Scheduled

NOTES

Michelle's doctors reviewed her medications in May and June due to ongoing stomach issues. Her PCP and Psych kept her on most of her meds but changed her from Ibuprofen to Diclofenac for her Arthritis, which is less harsh. PCP also added PRN Pepcid.

QUARTERLY/ ANNUAL SUMMARY

INDIVIDUAL: Michelle Tolini

DATE: 12/15/2020

SUPPORT PLAN EFFECTIVE DATE: 03/01/2020

1st Quarter 2nd Quarter 3rd Quarter/ Annual* 4th Quarter

* *Annuals should contain a summary of all 3 quarters. Please also include Consumer Information Sheet and Medical Information Sheet with Quarterly.*

SOCIAL SUMMARY

(Include history, current status, community inclusion, day time activities, employment, friends, etc.)

Michelle moved into Endearment group home on 1/10/20. She came to us from supported living, where she lived with her husband Jeremy. In late 2019, Michelle started to refuse to take her medication which helps with her Rheumatoid Arthritis, GERD, Intermittent explosive disorder, Insomnia. The more she refused medication the worse her health became; she was unable to perform ADLs independently. She also had an increase in behavioral episodes that included screaming, crying, property destruction. During an emergency circle of supports meeting, it was determined that Michelle needed more support than she can receive in supported living and that her best option would be to move into a behavior focus group home.

Michelle enjoys going into the community. She wants to go to the convenience store daily to get a fountain diet coke. She likes to go out to eat, go to the local brewery (she has prescription from her doctor that allows her to have 2 drinks), and shopping (but not Walmart or the grocery store). Michelle likes to hang out at the park and feed the ducks, birds, squirrels, and any other animal she sees. She also has regular date nights with her husband.

At home Michelle likes to play card games and some board games but she hates BINGO. She enjoys binge watching TV shows with no commercials and pays for her own commercial free Hulu account. She also enjoys texting friends, playing on Facebook, and reading political articles. Michelle is a registered voter and prefers to vote my mail. Michelle also likes to garden and feed the wildlife at the group home, mostly birds and squirrels.

Michelle has no desire to work. However, she enjoys ADT, especially the art program at PARC. She has been successful in selling many of her art pieces that contribute to her monthly spending. Michelle has declined a VR referral.

Michelle knows her rights. She is a great self-advocate and advocates strongly for her peers, friends, and husband. The group home reviews rights, goals, and individual choices and interests on at least a monthly basis.

Q1 (3,4,5): March started the Covid-19 closures. Michelle's ADT closed temporarily, and group home residents were required to stay at home (no community integration). It also meant Michelle could not have date night with her husband. There have been increases in behavioral episodes. Group home staff has tried to engage Michelle in group activities with her housemates, but she regularly refuses. Michelle prefers to be in her private bedroom and watch TV and play on her phone or computer. She leaves her room for meals and using the restroom. The only activity Michelle regularly engages in outside of her room is sitting on the porch feeding the birds and squirrels.

Q2 (6,7,8): Michelle has been able to go back to PARC this quarter and we have seen a major increase in her happiness. She is able to see her husband at the ADT 5 days a week between intermittent ADT closures. They are still not able to go into the community, but the ADT socialization has helped. Michelle sold 3 pieces of art this quarter and made \$150. She bought a bird feeder for the yard and bird seed (online). She also started a small garden with sun flowers. She has been engaging

more with her housemates. She will agree to play an occasional card game and another resident is helping her tend to her garden and feed the birds.

Q3/ Annual (9,10,11 & 3-11): In September, the restrictions on group homes and community integration became relaxed. We can have visitors at the group home if they go through a Covid-19 screening. Michelle, while still not able to go out and have date night, has had her husband over for Sundays to hang out and have dinner. They enjoy sitting on the porch and feeding the animals. She is not also feeding 3 stray cats and a bunny. Michelle voted. However, she would not let the group home mail in her ballot. She made them turn it in at the supervisor of elections office.

Annual

Over the last 9 months we have seen Michelle's happiness increase. She has started to make some friends at the group home that share her favorite activities. She regularly sees her husband now that the Covid-19 restrictions have lessened.

Q4 (12,1,2)

FUNCTIONAL SUMMARY

(Identify skills or limitation in ADLs, communication, physical, cognitive, and community)

When Michelle first moved into supported living she was independent in performing all of her ADLs. Her SLC started noticing a decline. Her husband Jeremy reported that she refused to take her medication for her arthritis at first and then all medication. Michelle would have major flares that then impacted her ability to complete any self-care outside of using the restroom. He would have to assist her with infrequent showers, brushing her teeth, and even help her out of bed or getting up from a sitting position. She also became unstable walking upstairs, curbs, anything that was not a flat surface. During an emergency circle of support meeting it was decided Michelle would do better in a group home setting until her medication could get her arthritis and behavioral issues under control or to a manageable state.

Upon moving into the group home Michelle required the assistance of staff to complete all her care needs and more hands-on assistance during bad arthritis flares that could last anywhere from 3 days to 3 weeks. Upon moving into the group home, Michelle required a shower chair and handheld shower head and grab bars in the bathroom. Staff must assist her into the shower and out. She is able to wash herself with the handheld shower head and scrub brush for hard to reach areas. Even though grab bars are installed, Michelle will regularly call to staff to help her off the toilet, and she needs standby assistance when brushing her teeth. She needs stand by assistance while walking, on stairs, changing positions from sitting or lying to standing. She also has a hard time lifting anything heavier than 20 pounds. She occasionally needs assistance with small buttons and her bra.

Michelle has an IQ of 65. She can read, write and talk. She is also good with managing money. She is excited that the group home pays for all the utilities. She has set up automatic billing for her Hulu subscription.

Michelle wears glasses, integrated bifocals. She has normal hearing.

Michelle has mixed needs while in the community. She knows to watch for cars, what to do in an emergency, etc. However, Michelle will approach both random strangers and strange animals with no regard for her personal safety.

Q1 (3,4,5): Michelle has needed a lot of assistance with toileting and showering. Staff have to assist her off and on the toilet, stepping into and getting out of the shower. She does not want the assistance and will verbally threaten staff. Eventually, she will ask for assistance after trying by herself multiple times. She has had 2 falls this quarter due to not accepting help. She had a couple of bruises but was fine. Michelle requires daily assistance with getting dressed. She is unstable putting on her undergarments. She also requires assistance with buttons, snaps, and bra closures. Note, Michelle

refuses to wear a bra since she isn't leaving the house. Also, most days she refuses to put on daytime clothes, but will change her outfit to a clean set of pajamas. Michelle seems sad, possibly depressed. We will make an appointment with Dr. Adan to discuss.

Q2 (6,7,8): Michelle is requiring less assistance with transferring, about 3 x a week. She has been taking her medication more regularly which seems to be helping with decreased pain, decreased inflammation and better range of motion. She is also more motivated now that she is able to go back to ADT and see her husband and friends. She has also been mostly independent with clothing. Occasionally she needs assistance with small buttons and small clasps. Since she is leaving the house every day, she is wearing daytime clothes.

Q3/ Annual (9,10,11 & 3-11): Michelle is only requiring periodic assistance with ADLs, just when she has an arthritis flare. Now it is only a couple of days a month. She is able to put on all of her clothes, including her bra and able to button. She only needs assistance with putting on necklaces that have a small clasp.

Annual

Over the last 3 quarters we have seen Michelle become more independent in her daily living skills. She went from daily assistance in the first quarter to only needing assistance a couple of times a month in the 3rd quarter. This is a direct result of her taking medication consistently. Her medication is helping her to manage her arthritis. She also has an improved mood as she feels better and is more independent. Her vision (with glasses) and hearing appear to be functional. She has appointments in the 4th quarter for both.

Q4 (12,1,2)

MEDICAL SUMMARY

(document health issues, permanent disabilities, medical diagnoses/prognoses, physician care, etc.)

Michelle has an intellectual disability. She has an IQ of 65. She has been diagnosed with Rheumatoid Arthritis, GERD, Intermittent explosive disorder, and Insomnia. She sees a primary care physician and psychiatrist regularly. She sees a dentist, optometrist and OBGYN annually and as needed. Michelle frequently refuses medication.

Q1 (3,4,5): Michelle takes Ibuprofen for her arthritis, Prozac for her IED, and Benadryl to help her sleep. Michelle frequently refuses her medication. She says it hurts her stomach, so she doesn't want to take it. Her doctor has recommended that she cut down on her diet coke intake which may alleviate some of the reflux. We are seeing a decline in Michelle's physical ability as she continues to refuse medication. We are also seeing an increase in her behaviors.

Q2 (6,7,8): Michelle met with her doctor to discuss the side effects of her medication. She claims that she can't take the ibuprofen due to major stomach upset. She also has discussed her pain level increasing and decline in independence. Her doctor has discontinued her Ibuprofen and replaced it with Diclofenac which is specifically for joint pain and inflammation. It can be hard on the stomach, but the PCP said to take with food, and she added PRN Pepcid to deal with GERD. Michelle has refused to decrease her diet coke. Michelle's PCP has recommended that she see a Rheumatologist. We are looking for one that takes Medicaid and is open for new patients.

Q3/ Annual (9,10,11 & 3-11): Michelle has been more willing to take medication since the change and the added Pepcid PRN. The Diclofenac is really helping with decreasing pain and increasing her physical independence. She still will get reflux, especially if she refuses to eat, but the Pepcid is helps keeps it at bay. Michelle will ask for it as needed.

Annual

Over the last 9 months Michelle's health has drastically improved between medication changes and regularly taking medication. We have found a Rheumatologist, but they are not scheduling any new patients until March 2021. They will call in January to make her first appointment.

Q4 (12,1,2)

BEHAVIORAL SUMMARY

(e.g. description of problem behaviors, estimated frequency/duration of problem behaviors, last occurrence of low frequency behaviors, description of severity/intensity/damage/impact to self/others/environment, extent to which behaviors result in harm or create a life-threatening situation, extent to which problem behaviors caused harm requiring documented medical care, behavioral observations, any hypothesis of function, interventions tried and their effectiveness. List of all major incidents, baker-acts, etc.)

Michelle is diagnosed with Intermittent Explosive Disorder. She also has times of sadness, depression, and anxiety. She sees a psychiatrist to manage her medication and has a behavior analyst. Michelle has several behaviors of concern. She is on one medication for behavioral intervention that has not changed this year.

Michelle requires line of site supervision in common areas, within arms reach in the community, and 30 minute bedroom checks while awake. Due to insomnia she does not require nightly room checks. Staff are to resume checks when she is awake at night. This is obvious to staff since she turns on her TV.

Verbal aggression and bullying: When Michelle is angry, she will yell, curse, call people names and threaten bodily harm. She gets frustrated when she cannot be independent physically. She also gets very upset after she watches the news or reads political and or current event articles online. She will frequently approach staff asking about their political views. If she disagrees with them, she will call them names. She has also called republican staff terrorists and has threatened to call abuse on them for negligence as a citizen. While this does not bother the staff, it upsets the other residents. Michelle can also be manipulative to get what she wants.

Property destruction: When Michelle is very upset, she will engage in throwing items, breaking things, banging on walls, doors, windows. Typically, this occurs after incidents with verbal aggression and threats of harm if staff are unable to calm her down. Michelle has broken windows, TVs, cell phones and even once punctured a van tire.

Food stealing: (New 2nd quarter) Michelle has recently started stealing food. She will sneak into housemates' rooms and steal their personal snacks. She will also steal items from the pantry and leftovers in the fridge. Michelle will then sneak the stolen food outside to feed to the birds, squirrels, bunnies, and cats. When confronted Michelle will become verbally aggressive and will threaten physical violence.

Q1 (3,4,5): Michelle has averaged 2 episodes per day of verbal aggression and bullying. She is angry due to her limited mobility, not seeing her husband and friends, not going out into the community, not being able to get her daily fountain soda, and not going to ADT. In March, Michelle broke a large window and cell phone during one incident after she was told no, she could not have a fountain soda or go to the store to get one. She did \$1600 in damage. She also has had weekly episodes of pounding on walls while screaming which then turn into her throwing items at staff as they approach her. She will not break or damage anything of her own, she typically targets staff items like phones or their cars. Staff has utilized PCM 2x month on average during major incidents with aggression to property and throwing things. Michelle is refusing most of her medication.

Q2 (6,7,8): Michelle is taking her medication more often, more independent, and able to go to ADT. These have all improved her mood which has helped decrease maladaptive behaviors. Her verbal aggression is down to 2x week, she also only averaged 2 tantrums with property destruction per month and had one incident that required PCM this quarter. At the beginning of the quarter we spoke with Michelle's behavior analyst about adding in incentives for good behavior and taking medication. If Michelle is compliant with taking her medication daily, she will be able to have a fountain diet coke the next day. Group home has committed to send staff to get a soda for Michelle at the local Circle K. Michelle has started exhibiting a new behavior this quarter. She is stealing food and feeding it to the

critters outside. She has been engaging in this about 5 times a week, depending on what food is in the home. She prefers to take nuts, raisins, leftover meat, rice, corn, peas, and grains.

Q3/ Annual (9,10,11 & 3-11): In October Michelle called abuse on group staff saying they were both coercing and intimidating residents to push their Republican agenda. She claimed staff were threatening to hurt the clients if they did not fill out their ballot according to staff's party affiliation and that some clients were harmed and still had bruises to show it. The day prior to the call, Michelle was physically aggressive; she punched and kicked 2 residents that told her they were voting for Republicans. She left bruises on both housemates and she fell while kicking her housemate. She sprained her ankle and hurt her knee. She had to go to the emergency room for an Xray. Group home staff were cleared by abuse. Michelle's behavior analyst will be adding false allegations and physical aggression to her behavior plan. Michelle's verbal aggression and property destruction have increased as the presidential election has neared. She has at least 2 episodes a week of property destruction and daily incidents of verbal aggression. We have had a decrease in food stealing. Michelle's guardian advocate set up a monthly delivery service from Chewy.com to deliver bird food and cat food to the group home. Michelle now will occasionally, 1xweek, steal food she has determined to be a treat for the critters. Her behavior analyst has also changed her reward system so she will only get a fountain diet coke if she takes all her medication and has no incidents of property destruction/ aggression. We hope after the election to have a decrease in verbal aggression/ outbursts.

Annual

	Q1	Q2	Q3
Verbal Aggression	2x day	2x week	daily
Property Destruction	1 x week	2x month	2x week
Food Stealing	0	3x week	1x week
Physical Aggression	0	0	1
False allegations	0	0	1
PCM	2x month	1 x quarter	0

From the beginning of the year we have seen an overall decrease in maladaptive behaviors. Some of this has been because Michelle is regularly taking medication and has an incentive in place to meet goals. We have seen several new behaviors emerge, food stealing, false allegations, and physical aggression. We have worked closely with her behavior analyst to update her plan and add new interventions. Michelle has done over \$4000 worth of property destruction in the last 9 months. There was one incident with \$1600 worth of damage. Michelle has broken windows, phones, TVs, punctured tires, broken screens, locks on cabinets, plates, etc.

Q4 (12,1,2)

SUMMARY OF PROGRESS TOWARDS GOALS

(include progress of goals in the support plan, personal, behavioral, and long term)

Goals:

1. I want to be healthy. Michelle's definition: I want to take my pills every day to remain healthy and drink less diet coke.
2. I want to get my behaviors under control so I can move back into supported living with my husband. Michelle's definition: I want to live with my husband and if I have to act better to do it I will.

Goal 1: (objective) Michelle will take 90% of her medication with verbal prompts from staff for 4 weeks.

		March 20 % Med compliance
April 15 % Med compliance	May 30 % Med compliance	June 50 % Med compliance
July 80 % Med compliance	August 85 % Med compliance	September 85 % Med compliance
October 65 % Med compliance	November 75 % Med compliance	December
January	February	

Michelle's medication compliance has overall improved, we have gone from a low of 15% to a high of 85% compliance. We have seen a slight decrease in compliance over the last 2 months which seems to coincide with her increase in behaviors due to the presidential election. We have seen some improvement this month already since the elections are over. We hope she will be at 90% compliance by the end of the cost plan year.

In May Michelle had her medications changed and completed this specific objective on her IP. The new meds have helped her to be more compliant and independent.

After developing her IP, a month later Michelle decided she no longer wanted to decrease her soda intake.

Goal 2 (Objective): Michelle will decrease episodes of maladaptive behaviors to 1x month for 3 months.

	Q1	Q2	Q3
Verbal Aggression	2x day	2x week	daily
Property Destruction	1 x week	2x month	2x week
Food Stealing	0	3x week	1x week
Physical Aggression	0	0	1
False allegations	0	0	1
PCM	2x month	1 x quarter	0

Michelle has made progress behaviorally overall. There have been various factors that have contributed to new and increased behaviors. Michelle seems to be set off by politics and since it has been an election year, we saw an increase towards the election. Since the election ended, we have seen a drastic decrease in maladaptive issues and hope she will continue to do well. Hopefully, with continued success she will be able to move back into supported living during the next cost plan year.

WAS PROGRESS MADE ON GOALS?

YES: x

NO:

WERE QUATERLY/ANNUAL GOALS MET?

YES:

NO: x

WILL THE GOALS CONTINUE?

YES: x

NO:

NEW GOAL(S):

Michelle wants to have a fountain diet coke every day. She also wants to be able to spend the night with her husband in their old apartment (where he still lives). She also wants to

move back in with him in the next year.

CURRENT LEVEL OF RESIDENTIAL NEED: Behavior Focus Moderate

Individual Signature: M Tolini Date: 12/17/20

Guardian Signature: Tina Johnson Date: 12/19/20

Staff Signature: Brian Rothey Date: 12/17/20

Date Sent To WSC: 12/19/20 Method: Email

**Date Sent to Guardian: 12/17/20 Method: Email
*Please include send receipt in chart.***

Summary Reviewed and Given to Individual On: 12/17/20