

Physical Needs 4 Hours *Eric Brotman*

Monthly Menu 80076

Prepared one week in advance and on file for 30 days

Three meals per day

No more than 15 hours between third meal of one day and first meal following day

No powered milk except for cooking.

No raw milk

Meals can be elective

Tray service if needed.

Clients who do not want to eat food from facility and want to eat out is ok. Facility still needs to provide **receive full meal service**.

Handout: Sample Menu

<http://www.psi-ceu.com/wp-content/uploads/2015/09/pn-sample-menu.pdf>

Nutrition

Common myth that people with ID always prefer junk food.

Provide fresh fruit and vegetables.

Praise healthy food choices

Population secondary conditions related to diet such as fatigue
constipation and diarrhea

Beth, Marks et al.

“Health Matters: The Exercise and Nutrition Health Education Curriculum for People with Developmental Disabilities”

Paul Brooks Publishing. Baltimore Maryland, 2010

https://www.amazon.com/Health-Matters-Curriculum-Developmental-Disabilities/dp/1557669996/ref=sr_1_2?ie=UTF8&qid=1517327135&sr=8-2&keywords=Health+Matters+for+People+with+Developmental+Disabilities

Nutrition Standards of Care for Intellectually Disabled

Montana Disability and Health Program

http://mtdh.ruralinstitute.umt.edu/?page_id=813

USDA Dietary Guidelines 2015 - 2020

<https://www.cnpp.usda.gov/dietary-guidelines>

Food Management and Health Promotion Strategies

Developmental Disabilities Administration

Washington State

<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Food%20and%20Health%20Promotion%20Strategies%20060115.pdf>

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Dietary restrictions and modified prescribed by a physician. 80076.4

Some medications may also have dietary restrictions.

Modified diet as prescribed by MD may include low sugar, salt or fat etc.

Many clients need food chopped or purred to have dentures or no teeth or eat too quickly and may choke.

Adaptive devices available. Many clients have contractures or coordination.

Handout: Adaptive devices For Eating

<http://www.easierliving.com/dining-aids/>

Storage 80076

Nonperishable foods (cereal, pasta, rice, beans) stored for a **minimum of one week and fresh perishable foods for a minimum of two days** shall be maintained on the Premises

Freezers, refrigerators clean air circulation to maintain the temperatures.

No pesticides toxic substances stored near food - preparation areas equipment or utensils are stored.

Soaps, detergents, cleaning stored separate from food supplies.

Kitchen, food prep, storage areas clean, free of litter rubbish free of rodents and vermin.

The obvious:

Have all equipment tableware, dishes, mixing bowls utensils.

Plates cannot be dented or chipped. No weak table.

Equipment for food storage and preparation well-maintained.

Temperatures 80076

Freezers shall temperature of **zero degrees F (17.7 degrees C).**

Refrigerators maximum temperature of **45 degrees F (7.2 degrees C).**

Dishwasher temperature: **165 degrees F**

Federal and State Government Inspected 80076

Meat and poultry approved by inspected free of contamination. Retain labels

Decipher food labels and expiration dates

Canned goods must be in accordance the University Agricultural Extension Service

Food prepared of the premises must meet be prepared in commercial service.

No food in damaged containers used or stored

Handout: Food Label USDA

<https://www.fda.gov/downloads/Food/IngredientsPackagingLabeling/LabelingNutrition/UCM511646.pdf>

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Foodborne Illness

CDC estimates 48 million people get sick from a foodborne illness
128,000 are hospitalized
3,000 die annually

The 2011 estimates provide the most accurate picture of which foodborne bacteria, viruses, microbes (pathogens) are causing the most illnesses in the United States.

According to the 2011 estimates, the most common foodborne illnesses are caused by Norovirus and by the bacteria Salmonella, Clostridium perfringens, and Campylobacter.

Video: 7.14 Minutes

Preventing Foodborne Illness

Youtube Uploaded FDA

<https://www.youtube.com/watch?v=O9vPNjlqHBc>

Learn more about Foodborne Illness

Smart Seminars Online Course: Foodborne Illness

<http://www.psi-ceu.com/courses/preventing-foodborne-illness/>

Preventing Foodborne Illness

Learn safe food preparation and handling that prevents the spread of food-borne illness that includes proper dish washing, storage sanitation and hand washing. **80076**

Develop ongoing protocols to ensure food is properly prepared and stored.

Learn proper cooking methods and in particular best temperature for different types of meats.

Five Keys to Safer Food

World Health Organization

http://www.who.int/topics/food_safety/flyer_keys_en.pdf

Handwashing

All staff practice personal hygiene and sanitation

Handwashing for clients

Instead of engaging in power struggle with residents to wash hands

Schedule three to four times a day as regular times that everyone washes hands together

Infection control 85001

Hand washing

Gloves

Cleaning with disinfectant

Proper disposal of infectious materials

Staff training in Universal Precautions

Handout and Source Universal Precautions Occupational and Safety US Dept Labor

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

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CDC Factsheet Handwashing

<https://www.cdc.gov/healthywater/emergency/pdf/factsheet-wash-your-hands.pdf>

Video: 4.57 minutes

Home Care 10: Infection Prevention & Control by BVS Training

Uploaded Aug 1, 2017 BVS Training

<https://www.youtube.com/watch?v=7TlyieJnEX4>

Universal Precautions 80065 80074.5 80001 u.1

Universal Precautions means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal

Precautions consist of regular hand-washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.)

Video: 5 minutes

OSHA Bloodborne Pathogen Training

Youtube Uploaded Jan 30, 2014 Federal Safety Solutions

<https://www.youtube.com/watch?v=6sEMCmXa24o>

Tips For Reducing Exposure to Bloodborne and Other Infectious Diseases CDC

https://www.cdc.gov/niosh/docs/2015-102/pdfs/f14_handout_4_2015-102.pdf

https://www.sa.gov.au/__data/assets/pdf_file/0004/16933/intellectual-disability-promoting-hygiene-adults.pdf

Tasks of Daily Living 80001

Handout

Tasks of Daily Living

<http://www.psi-ceu.com/wp-content/uploads/2015/09/pn-adl-Definitiiions.pdf>

Some clients may need assistance with some or all tasks of daily living.

Our requirement to assist clients is balanced with the right of the individual to learn how to complete the task themselves. Our job is to always look for the space to teach the client to complete tasks even partially with our guidance and support. Of course, sometimes we just need to assist the client in completing the task.

We should always assist in a way that respects the dignity and independence of the person. Think of how vulnerable you might have felt when you may have needed assistance with simple tasks and felt vulnerable.

Handout: Source

Promoting daily living skills in adults

https://www.sa.gov.au/__data/assets/pdf_file/0007/17359/intellectual-disability-promoting-daily-skills-adults.pdf

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Bathing: Cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub or shower, reaching head and body parts for soaping, rinsing and drying.

Case Study: Joan needs assistance and prompting to take a shower. Joan can take shower herself and even clean herself. Sometimes she takes a shower without prompting. Most of the time she communicates she does not need to when prompted.

Intervention: Joan loves approval and praise. She is a good candidate to receive praise and possible tangible reward for taking a shower. A schedule that specifies all her daily activities including taking shower could also benefit Joan.

Come clients with autism or Asperger's may have sensory issues that are associated with maintaining hygiene. These issues should also be explored.

Asperger's and Hygiene: Solutions for an Overlooked Issue

Goodtherapy.org

<https://www.goodtherapy.org/blog/aspergers-and-hygiene-solutions-for-an-overlooked-issue-0729144>

Case Study: Bill loves taking a shower on his own. Needs assistance to use soap and clean himself. Does not understand how to use hot or cold faucet.

Intervention: Bill has a cognitive deficit that makes it hard for him to associate the right faucet with temperature. He is a good candidate for a visual aid such that is attached to the faucet to cue him which faucet to use. Step by step simple instructions with practice will likely benefit Bill.

Dressing: Putting on and taking off, fastening and unfastening garments and undergarments and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

Case Study: Mark has trouble buttoning tying his shoes. Mark is has moderate intellectual disability. He was placed in his residence after being in the Developmental Center for 20 years. He does not have any psychomotor or fine motor coordination deficits. At the developmental center the staff always tied his shoes for him
Intervention

Intervention: Mark would benefit from step by step instruction in learning to tie his shoes. There may also be more simple solutions such as elastic ties.

Case Study: Joe like to wear the same shirt every day and does not want it washed.

Intervention: People with autism may want to wear the same clothes every day. This may be a ritual and or obsessional behavior. It may also be a sensory issue associated with discomfort wearing other materials such as rayon or polyester. A behaviorist can assist I this assessment.

Toileting: Getting on and off a toilet or commode, emptying a commode, managing clothes, wiping and cleaning the body after toileting, and using and emptying a bedpan and urinal.

Case Study: Lucy has no language and can signal with her hand when she needs to go to the bathroom. Her spinal bifida prevents her from wiping herself.

Intervention: It is important for staff to separate the fact that Lucy does not have continence issues. It is easy for staff to focus on managing the assistance by prompting her so the task is done for the convenience of the staff.

Transferring: Moving from one sitting or lying position to another sitting or lying position (e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to promote circulation and to prevent skin breakdown).

Case Study: Jenny utilizes a wheelchair and needs to be transferred to chair or bed.

Video 4.13 minutes

Transfer from Bed to Wheelchair CAN New Skill

Youtube Uploaded Feb 7, 2016 4yourCNA

https://www.youtube.com/watch?annotation_id=annotation_947055&feature=iv&src_vid=OBVqXwgqZ3U&v=_irJdCL2Dw

Continenence: Ability to control bowel and bladder as well as to use ostomy and/or catheter receptacles, and to apply diapers and disposable barrier pads.

Case Study: Janet requires adult diapers. She signals when she has urinated in her diaper.

Video: 1.46 Minutes

Applying Adult Diapers & Briefs in a Lying Position

Uploaded 1800 Wheelchair Feb 13, 2012

<https://www.youtube.com/watch?v=NMIw5dBk9LE>

Eating: Reaching for, picking up, grasping a utensil and cup; getting food on a utensil; bringing food, utensil, and cup to mouth; manipulating food on plate; and cleaning face and hands as necessary following meal.

There are an array of adaptive devices that can assist clients in competing tasks of daily living such as eating. Devices originally designed for people who suffer from stroke can easily be adapted to individual with intellectual disability who have cerebral palsy, contractures or other motor coordination issues.

StrokeEngine

Handout: Assistive Devices for Grooming, Dressing, Preparing and Eating meals- Family/Patient Information

<https://www.strokeengine.ca/pdf/adgroomingdressingpreparingandeatingmeals.pdf>

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Case Study: William has moderate ID and suffers from a dry mouth caused by side effect from anti-psychotic medication. He also has trouble swallowing due to weakness in his tongue.

Intervention: William is frequently reminded to drink water when he eats so he can form a bolus and easier swallow. He has been diagnosed with dysphagia.

Dysphagia, Aspiration, and Choking

Quality is no accident

Massachusetts DDS Quality & Risk Management Brief• Apr 2014 Issue#11

<http://www.mass.gov/eohhs/docs/dmr/qe-reports/qa-qina-aspiration.pdf>

Psychological Issues associated with Independence

Absence of initiating activities of personal interest.

Failure to complete required tasks.

Failure to seek assistance when needed.

Lack of initiative to resolve problems.

Absence of self-assertion and self-advocacy.

Difficulties in comprehending requests, emotions, greetings, comments, protests, or rejection due to limitations in receptive communication.

Difficulties in expressing requests, emotions, greetings, comments, protests, or rejection due to limitations in expressive communication.

Poor social and interaction skills.

Class Exercise: List examples on grease board of psychological/social issues that interfere with independence and discuss

Clients With Contractures 80075

A contracture is a permanent stiffness in a joint that comes from two major causes one outside and one inside the joint. In one case, the muscles and ligaments on the outside of the joint that hold it in place and help it more shorten through disuse. This shortening stiffens the joint and makes it feel tight.

Ensure clients is receiving medical care if contracture interferes with provide self-care.

Staff responsible for assisting with range of motion exercises or other exercise(s) prescribed by the physician or therapist receive supervision and training from a licensed professional

Documentation of exercises and the names of facility staff who received the training

Licensed professional reviews staff performance at least once a year

Contractures

The Research and Training Center on Independent Living

University of Kansas

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<https://rtcil.drupal.ku.edu/sites/rtcil.drupal.ku.edu/files/images/galleries/SCI%20Joint%20Contractures.pdf>

Rubin, Leslie

Health Care for People with Intellectual and Developmental Disabilities

Springer, Atlanta, GA 2016

Page 1031

https://www.amazon.com/Health-Intellectual-Developmental-Disabilities-Lifespan-ebook/dp/B01EV2ZBTM/ref=sr_1_1?s=books&ie=UTF8&qid=1517344042&sr=1-1&keywords=9783319180960

Handout: Contractures

<https://www.docdoc.com/info/condition/contractures>

Video: 2.01 minutes:

Research Into Contractures

YouTube Uploaded

<https://www.youtube.com/watch?v=PHLCg3xRuew>

Prohibited Health Conditions 80091

Naso-gastric and naso-duodenal tubes.

Active, communicable TB.

Conditions that require 24-hour nursing care and/or monitoring.

Stage 3 and 4 dermal ulcers.

Any other condition that require treatment in licensed health facility

Restricted Health Care Conditions

Must be prepared by licensed health care professional such as RN or MD

Staff must be trained in implementing the plan.

Inhalation-assistive devices: Equipment that helps with breathing, such as: C-PAP, Bi-Pap, nebulizer, inhalers 80092.3

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-inhalation-devices-RHCCP-final.pdf>

Colostomy or Ileostomy: Surgical opening on abdomen for intestine to drain fecal contents into a bag 80092.4

Sample Restricted Health Care Plan

http://www.psi-ceu.com/wp-content/uploads/2017/12/colosomty-etc-final-2_-1.pdf

Fecal impaction removal: Manual extraction of stool from rectum
Enema: Instilling fluid into rectum to stimulate bowel movement
Suppository: Inserting solid medicine into rectum. 80092.5.

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-enemas-supps-final.pdf>

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Catheter: Tube to drain urine from bladder 80092.6

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-urinary-catheters-final.pdf>

Staph or other serious communicable infection: Infectious disease such as Hepatitis, MRSA, or inactive Tuberculosis 8009.27

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-STAPH-and-Communicable-Addendum-final.pdf>

Insulin-dependent diabetes: Diabetes requiring fingerstick glucose testing and insulin injection 80092.8

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-diabetes-final.pdf>

Stage 1 and 2 dermal ulcers: Pressure sores or decubitus ulcers. Stage I is skin over a bony prominence that remains red even after 30 minutes of pressure relief. Stage II is a superficial break in the skin or a blister that has occurred because of pressure and inflammation 80092.9

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-Stage-1-or-2-Dermal-Ulcer-RHCCP-Addendum-final.pdf>

Other skin wounds: Surgical wounds or wounds from injury that only require simple dressing changes or wound care (more serious than just a minor abrasion or laceration requiring first aid) 80092.9

Gastrostomy tube: Tube going through abdomen into stomach for feeding, fluids, and/or meds
Tracheostomy: Opening with or without tube into trachea (windpipe) 80092.11

Sample Restricted Health Care Plan

<http://www.psi-ceu.com/wp-content/uploads/2017/12/Microsoft-Word-G-Tube-Addendum-final.pdf>

Restricted Health Care Condition Care and Plan

Either the client's medical condition is chronic and stable, or is temporary in nature and is expected to return to a condition normal for that client.

The client must be under the medical care of a licensed professional.

Training of facility staff by licensed health professional meet needs.

All training shall be documented in the facility personnel files

Recognizing Sign of Illness 80065 f.5

Know what is normal for individual as baseline

Behavioral Changes

Rapid change in behaviors such as aggression or self injury

Sleeping most of the day; difficult to arouse

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Scratching/holding one or both ears
Holding abdomen
Dramatic change in facial expression
Any evidence of pain or discomfort
New or sudden onset of incontinence

Physical Changes

Onset of fever of 101degrees or higher
Diarrhea or vomiting lasting more than 4 hours
Rash lasting several days or getting worse
Increased seizure activity
Onset of limping, inability to walk, or difficulty in movement
Severe sore throat or difficulty swallowing
Infection at an injury site
Swelling

Video: 4.2 Minutes

Protect Yourself From Cold and Flu

Uploaded Dec 18, 2013 DDS

<https://www.youtube.com/watch?v=WJde1lwMy9Y>

Handout: Health Observation Guidelines Mass Department of Developmental Services

<http://www.mass.gov/eohhs/docs/dmr/reports/health-obsv-guide.pdf>

Physical Injury 80075 (a)

All staff are already trained in First Aid.

Best Practice is to review basics of First Aid ongoing basics:

Bruises

Cuts (is the skin broken)

Concussion

Fractures

Burns

Causes of Physical Injury

Suspected abuse (follow mandated reporting requirements) *California law Welfare and Institution Code Section 1502*

Balance issues with client

Navigating hazards in home or other environment 80075

Accidents involving other clients or staff. 85078

Illness, stroke, seizure, dizzy, heat, dehydration

Falls in the shower

Lack of supervision (like in the shower) 85078

Handout: First AID/CPR/AED Red Cross Participant Manual

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m55540601_FA-CPR-AED-Part-Manual.pdf

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Handout: Smartphone App” First Aid American Red Cross Android and Iphone.
<https://itunes.apple.com/us/app/first-aid-by-american-red-cross/id529160691?mt=8>

Falls: Are People With Disabilities at Greater Risk

Illinois Department of Public Health
http://www.idph.state.il.us/idhp/idhp_Falls.htm

Intellectual Disability and Health

Research Evidence on the Health of People with Intellectual Disabilities
University of Hertfordshire
<http://www.intellectualdisability.info/mental-health/articles/research-evidence-on-the-health-of-people-with-intellectual-disabilities>

Why Are People With Developmental Disabilities at Higher Risk for Injury

Community Health Strategies
<http://www.communityhealthstrategies.com/why-are-people-with-developmental-disabilities-at-higher-risk-for-injury-2/>

Reporting Response and Prevention 80061

Complete SIR for CCL
If Regional Center, follow Regional Center SIR Reporting
How to prevent future events - action plan
Reward staff for identifying possible hazards
Is this a chronic injury that can be prevented?
Does client need helmet or other protections/supports
Does environment need to be altered to prevent future falls

Unusual Incident /Injury Report LIC 624 4/99
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC624.PDF>

Heigh, Kelly, PHD et.al.

Policy to Practice: Falls in Adults with Intellectual Disabilities

Webinar
https://www.aucd.org/docs/webinars/AUCD%20Policy%20to%20Practice_Falls%20and%20ID.pdf

Dutra, Courtney et.al.

Falls Prevention and Intervention

Seminar
https://shriver.umassmed.edu/sites/shriver.umassmed.edu/files/documents/CDDER_Falls%20Webinar_slides_web.pdf

Obesity and Developmentally Disability

Prevalence
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Developmental Disabled and Mentally Ill Population
Weight correlated with heart disease
Comorbidity with numerous other diseases e.g. diabetes and high blood pressure
Lifestyle - lack of exercise Activities **85079**
Stereotype regarding food choices reinforce bad eating habits
Care providers believe disabled will never make good choices on own.
How to create conditions for consumers to make healthy food choices.
Rewarding good choices

Obesity in people with intellectual disability

University of Hertfordshire

<http://www.intellectualdisability.info/physical-health/obesity-in-people-with-intellectual-disabilities>

Obesity and Mental Health

Mental Health America 2018

<http://www.mentalhealthamerica.net/conditions/obesity-and-mental-health>

Handout and Source: Obesity (Chronic Disease) Overweight and Obesity CDC

<https://www.cdc.gov/obesity/>

Handout and Source: Overweight and Obesity Among People with Disabilities

<https://www.cdc.gov/ncbddd/disabilityandhealth/documents/obesityfactsheet2010.pdf>

Video: 2.30 Minutes

Adult with Intellectual Disability, Obesity and Physical Activity

Uploaded Youtube May 12, 2016

<https://www.youtube.com/watch?v=Lp3falCtvfY>

Video: 1.31 minutes

Ease into Fitness: Beginner Workout for People with Developmental Disabilities

Youtube Uploaded Mar 15, 2013 IRIS Educational Media

<https://www.youtube.com/watch?v=Eblcm5e9hUQ>

Diabetes and Developmental Disability

Diabetes is a restricted health care condition **80092.8**

Diabetes Disease - High glucose levels

Type 1 and 2

25.8 million people suffer from Diabetes

What is pre-diabetes

Genetic predisposition

Treatment and Monitoring

increased incidence in Down Syndrome

Lack of exercise and food used as reward

Handout and Source: Diabetes Basics

<http://www.diabetes.org/diabetes-basics/>

Handout and Source: Diabetes Care and Developmental Disability

<https://cme.ucsd.edu/ddhealth/courses/diabetes.html>

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PowerPoint

Diabetes and Developmental Disability

Linda Fitzgerald RN

http://cuyahogabdd.org/pdf_BDD/en-US/DiabetesandDD2011.pdf

Dental Needs Developmental Disabled

Health Related Service: 80075

Many consumers and mentally ill have poor dental hygiene

Develop reward-based system for flossing and brushing

Electric tooth brush for consumers

Look for dentist familiar with mentally ill and DD population

Make sure Medi-Cal or other insurance is up to date

Keep good records of dental visits

Dental care important but elusive for many adults with intellectual and developmental disabilities

<http://www.vaoralhealth.org/WHOWEARE/News/TabId/96/ArtMID/838/ArticleID/30/Dental-care-important-but-elusive-for-many-adults-with-intellectual-and-developmental-disabilities.aspx>

Virginal Oral Health Condition

Feb 24, 2015

Video: 5.2 Minutes

How To Keep Our Teeth Clean (great to watch with consumers)

Youtube Uploaded Nov 16, 2010 DDS

<https://www.youtube.com/watch?v=xrOHqkuO1Ts>

Video: 3.23 Minutes

Assisting People with Disabilities Clean their Teeth

Youtube Uploaded Dec 20, 2011 Achieve

<https://www.youtube.com/watch?v=JP2wnMydNfs>

Video 2.14 minutes

Special Dental Needs of Special Needs People

YouTube uploaded Jan 18, 2013

<https://www.youtube.com/watch?v=GiDvFPYt6Do>

Handout and Source: Dental NIH Developmental Disabilities and Oral Health

<https://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/>

Vision Impairment and Developmental Disability

Health Related Service: 80075

Functional Capabilities Assessment 80069.2

Definition of vision of impairment

More prevalent in DD population

Eye Abnormalities Down-

Visual impairment and communication

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Visual impairment and mental health
Low vision optometrist for nonverbal clients
Learning strategies for visually impaired
Proper use of cane visually impaired

Handout and Source: Vision Impairment in Autism - A Cross Disability Visionaware
<https://www.visionaware.org/blog/visually-impaired-now-what/a-cross-disability-visual-impairment-and-autism/12>

Handout and Source: Vision and Down Syndrome Down Society
<http://www.ndss.org/Resources/Health-Care/Associated-Conditions/Vision--Down-Syndrome/>

Hearing Loss and Developmental Disability Functional Capabilities Assessment 80069.2

Higher incidence in DD population
Hearing test - audiologist
Hearing loss and aging
Hearing loss and communication
Hearing loss and paranoia/mental health

Handout and Source: Hearing Impairment in Down Syndrome
University of Hertfordshire
<http://www.intellectualdisability.info/physical-health/articles/hearing-impairment-and-downs-syndrome>

Hoffman, OTS

Exploring the nuances of aging with intellectual disability and hearing loss through the voices of formal caregivers

University of North Carolina at Chapel Hill, Occupational Science and Occupational Therapy
<https://cdr.lib.unc.edu/indexablecontent/uuid:5ba4b74b-270e-46dd-9ace-125d433806eb>

What is Hospice Care (85001 definitions)

Most often associated with elderly and RCFE and previously AIDS
Hospice team
Prognosis of less than 6 months to live or less
Hospice Agencies
Hospice Care Waiver 85001
Hospice Care Plan 85001

Handout: Hospice Care National Hospice Palliative Care Org
<https://www.nhpco.org/about/hospice-care>

Group Discussion Practice Questions

Students are highly motivated to study practice questions. Practice questions are reviewed as a catalyst to learn both the content and intent of the regulations
The practice questions each have the regulation number and subsection from Title 22.
The discussion is prefaced with the premise that the it is more important to understand the why of the answer than the what.

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34 Practice Questions

Review in Class

<http://www.psi-ceu.com/wp-content/uploads/2017/12/physical-needs-questions.pdf>