

PASRR Summary of Findings

Diagnostic Impressions

Axis II Primary: No Diagnosis or Condition on Axis I (V71.09)

Axis II Secondary: Developmental Delay, (Disorder of Infancy, Childhood, or Adolescence NOS, 313.9)

Axis III: Cerebral Palsy; history of liver, small bowel, and pancreas transplantation; MRSA positive status; history of necrotizing enterocolitis, tracheostomy placement; anemia; ileostomy status, bronchopulmonary dysplasia.

Summary/History

K. is a 27 month old female with cerebral palsy admitted to XXX nursing facility from XXX Medical Center’s Transplant Unit on [date]. She has undergone liver, small bowel, and pancreas transplantation. Her medical history also includes GERD, bronchopulmonary dysplasia, history of necrotizing enterocolitis (onset age 4 weeks with at least 11 subsequent surgeries), anemia, MRSA positive, along with tracheostomy, gastrostomy, and ileostomy placement. She has a twin sister who also has multiple medical challenges. K. has been in nursing facilities and hospitals most of her life. She has supportive family very involved in her care. Her parents are her conservator/guardians.

She has been evaluated through PASRR by an early intervention specialist. Her adaptive behavior skills are generally assessed as being below the first percentile on the Vineland. Based on her adaptive skill deficits, observation by the Level II assessor, and medical records, K. is determined, for the purposes of PASRR, to have a developmental delay (a PASRR “related condition”).

When her conditions are more stable or resolved, her family would like to care for her at home, but fear they will need more supports than may be available to them in the community.

Unique Personal Characteristics, Skills, and Talents

K. is alert and expresses most needs nonverbally. It is reported that she is able to mimic some words after they are repeated several times. She tracks visually and orients rapidly to voices and sound. She enjoys socializing—smiling and clearly enjoying interactions with her family. She easily engages and smiles with others who come by to interact with her. She is noted to be cooperative even during intrusive medical care. She is able to ambulate a bit with supervision.

Specific Limitations and Needs

K. needs tracheostomy and ileostomy care. She is tube fed a therapeutic diet. She is incontinent and is entirely dependent for health maintenance. She may have vision challenges. She requires skin care treatments. She requires physical assistance with all ADLs and IADLs. She uses a wheelchair and a stander for mobility. She requires medication monitoring, PT and OT including therapeutic exercise and positioning, colostomy care, monitoring of her nutrition, and tracheostomy care.

PASRR Decision for Placement

K.’s medical and functional needs make nursing facility placement medically necessary according to state criteria. Therefore, NF placement is approved for short term placement of 180 days. She currently requires continuous skilled nursing care of a nature not available under community services.

PASRR SUMMARY OF FINDINGS EXAMPLE

Infant with PASRR developmental delay condition (“K”)

Recommendations

Both PASRR specialized and rehabilitative services of lesser intensity are recommended for K. while she resides within the nursing facility. (Note each state determines which services are in the SS category and which are in the RS category. The categorization will vary state to state.)

K. needs ongoing OT, PT, and Speech therapies along with a full array of developmentally appropriate stimulation activities, in order to maximize her developmental rehabilitative potential and maximum participation in community living. Developmentally appropriate play therapy is recommended and will allow K the opportunity to develop key mental and physical skills and provide a means for interaction. Social activities and sensory stimulation keep her involved with her environment, assist with improving social and speech skills, and improve physical strength. Significant time spent purposefully interacting with K through the use of toys or manipulatives will encourage cognitive improvement and development. Reading to her may assist with developing her vocabulary and cognitive functioning. Chatting with K. about memorable events or things that have happened throughout the day may assist memory skills.

Goals for care should include developing supports for medical and daily living needs that are compatible with family care and community services, to facilitate transition to the community. Should she require a stay longer than 180 days, a new PASRR evaluation must be completed.

Specialized services to be arranged by the state include:

- Referral to a child case manager through [state entity] to assist the family to evaluate and apply for community services for which they are eligible.
- Early intervention educational services.
- An evaluation and development of a NF specific plan of care to be conducted by a developmental interventionist should be considered.

Rehabilitative services to be arranged by the nursing facility include:

- Fitting of Non-customized durable medical equipment: To improve stability while ambulating with adaptive equipment
- Occupational therapy
- Physical therapy
- Restorative nursing
- Speech-language pathology
- Visual evaluation

Formal testing of cognitive ability (IQ testing) was not conducted as part of this PASRR evaluation. Testing conducted when Ks medical conditions stabilize and her endurance improves, may be helpful for early intervention planning and to determine eligibility for some community services.