

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM *Kaleb*

Release of Information Attached

Attending Physician's Name STEPHANIE A YEE-GUARDINO, DO The Permanente Medical Group, Inc. 9201 Big Horn Blvd Elk Grove, CA 95758 (916) 478-5200	PATIENT'S NAME <i>St. Kaleb Xiang</i>	PATIENT'S DOB <i>3/13/2020</i>
Professional's mailing address	MEDICAL ID# (IF AVAILABLE)	COUNTY ID#
	IHSS SOCIAL WORKER'S NAME	
	COUNTY CONTACT TELEPHONE #	COUNTY FAX #

Your patient is an applicant/recipient of In-Home Supportive Services (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

- (1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
- (2) For friendly visitation or other social activities;
- (3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
- (4) In anticipation of a medical emergency (such as seizures, etc.);
- (5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision. (Welfare and Institutions Code §12301.21)

DATE PATIENT LAST SEEN BY YOU <i>9/15/2023</i>	LENGTH OF TIME YOU HAVE TREATED PATIENT <i>Since Birth</i>
DIAGNOSIS/MENTAL CONDITION <i>Blindness, Developmental Delay</i>	PROGNOSIS <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary - Timeframe:

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

- No deficit problem Moderate or intermittent deficit (explain below) Severe memory deficit (explain below)

Explanation: *It can retain some information but not in a meaningful way for safety. He has no sense of danger, and every situation including report safety issues, recur. He doesn't recall usual safety norms appropriate for 3 year olds, and because of this ORIENTATION is under evaluation for Autism Spectrum.*

- No disorientation Moderate disorientation/confusion (explain below) Severe disorientation (explain below)

Explanation: *It has difficulty with orienting to person + safety. This environment poses safety threats, without constant supervision. Unexpected changes (wet floor, things get moved, etc) are examples. He will go with strangers without realizing JUDGMENT he shouldn't.*

- Unimpaired Mildly Impaired (explain below) Severely Impaired (explain below)

Explanation: *Due to his blindness + moves for his developmental delays, it lacks appropriate judgement for age. As mentioned above, the inability to retain age appropriate information + his disorientation clouds his judgement. If not*

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? *watched all the time he is risk for escapes + safety.* Yes No

If Yes, please specify: *Minor injuries (bumping head) due to blindness + orientation. self soothes with hitting which has also caused minor injuries.*

2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? *Mobile with cane* Yes No

3. Do you have any additional information or comments? *Due to Kaleb's developmental delays + blindness, he requires constant supervision. We await evaluation for Autism Spectrum. Coupled, this child has multiple needs beyond that of a typical 3 year old.*

CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL <i>Stephanie A Yee-Guardino, DO</i>	MEDICAL SPECIALTY <i>Pediatrics</i>	DATE <i>10/3/23</i>
ADDRESS	LICENSE NO. <i>20A9950</i>	TELEPHONE ()

RETURN THIS FORM TO: *STEPHANIE A YEE-GUARDINO, DO* ATTN: SW-NAME
The Permanente Medical Group, Inc.
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Elk Grove, CA 95758
(916) 478-5200