# ADULT FOSTER CARE
# INDIVIDUAL ABUSE PREVENTION PLAN (IAPP)

Pursuant to MN Statues, section 245A.65, subd. 2 and MN Statues, section 626.557, Subd. 14

| Name of Resident: | |
|---|---|
| Name of AFC program: | |
| Date IAPP developed: | |

An IAPP must be developed for each new resident. A review of the IAPP must be done as part of the review of the program abuse prevention plan. The person receiving services must participate in the development of the IAPP to the best of his/her abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

Directions for completing the IAPP: For each item, identify area(s) of potential vulnerability by placing an "x" before each item identified. Then, for each area identified as a potential vulnerability, write a plan of action to reduce the potential of abuse to the resident. A plan of action must be developed for each identified area of vulnerability.

| **MOBILITY** | |
|---|---|
| A) No known concerns. | ☐ |
| B) Ambulates with difficulty. *(specify the difficulty)* | ☐ |
| C) Negotiates stairs with difficulty. *(specify the difficulty)* | ☐ |
| D) Ambulatory, but falls easily. | ☐ |
| E) Ambulates with a supportive device. *(specify type and when used)* | ☐ |
| F) Uses wheelchair independently. | ☐ |
| G) Uses wheelchair with some assistance. *(specify type of assistance needed)* | ☐ |
| H) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| **EATING/DRINKING** | |
|---|---|
| A) No known concerns. | ☐ |
| B) Difficulty chewing. *(specify what types of food are difficult to chew)* | ☐ |
| C) Difficulty swallowing. *(specify what types of food/drink is difficult to swallow)* | ☐ |
| D) History of choking. *(specify when and what occurred)* | ☐ |
| E) Will consume improperly prepared, spoiled, or contaminated food/beverages. | ☐ |
| F) Modified diet. *(specify type)* | ☐ |
| G) Eats/drinks with some assistance. *(specify type)* | ☐ |
| H) Eats/drinks with total assistance. | ☐ |
| I) Eats/drinks with adaptive equipment. *(specify type)* | ☐ |
| J) Requires assistance with proper positioning during meal times. *(specify type)* | ☐ |
| K) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |
| **TOILETING** | |
| A) No known concerns. | ☐ |
| B) Requires some assistance. *(specify type)* | ☐ |

| | |
|---|---|
| C) Requires total assistance. | ☐ |
| D) Follows a toileting schedule. *(specify schedule)* | ☐ |
| E) Incontinent. *(specify bowel/bladder)* | ☐ |
| F) Uses adaptive equipment. *(specify type)* | ☐ |
| G) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| PERSONAL HYGIENE/GROOMING | |
|---|---|
| A) No known concerns. | ☐ |
| B) Requires some assistance and/or supervision. *(specify type of assistance/supervision)* | ☐ |
| C) Requires total assistance. | ☐ |
| D) Other – specify. | ☐ |
| Plan of action to reduce the potential abuse to the resident related to each area identified above: | |

| DRESSING | |
|---|---|
| A) No known concerns. | ☐ |
| B) Requires some assistance and/or supervision. *(specify type of assistance/supervision)* | ☐ |
| C) Requires total assistance. | ☐ |
| D) Uses adaptive devices to dress. *(specify type and when used)* | ☐ |
| E) Uses adaptive clothing. *(specify type)* | ☐ |
| F) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| HEALTH CARE | |
|---|---|
| A) No known concerns. | ☐ |
| B) Vision, hearing, and/or sensory impairment. *(specify type)* | ☐ |
| C) Seizure disorder. | ☐ |
| D) Tardive dyskinesia. | ☐ |
| E) Allergies. | ☐ |
| F) Health concerns. *(specify type)* | ☐ |
| G) Excessive weight gain/loss. | ☐ |
| H) Takes medication. | ☐ |
| I) Experiences side effects from medication(s). *(specify type)* | ☐ |
| J) Administers medication independently. *(specify circumstances)* | ☐ |

| | |
|---|---|
| K) Requires some assistance and/or supervision setting up and taking medications. *(specify)* | ☐ |
| L) Requires some assistance and/or supervision making and keeping medical appointments. | ☐ |
| M) Refuses to take medications as prescribed and/or receive medical treatments as needed. | ☐ |
| N) Does not communicate/express when ill and/or injured. | ☐ |
| O) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| **SPEECH/COMMUNICATION** | |
|---|---|
| A) No known concerns. | ☐ |
| B) Limited verbal capabilities. | ☐ |
| C) Non-verbal. | ☐ |
| D) Uses alternative communication mode. *(specify type)* | ☐ |
| E) Makes inappropriate verbalizations. *(specify type)* | ☐ |
| F) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| **FINANCIAL** | |
|---|---|
| A) No known concerns. | ☐ |
| B) Requires some assistance and/or supervision. *(specify type)* | ☐ |
| C) Requires total assistance. | ☐ |
| D) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| **HUMAN SEXUALITY** | |
|---|---|
| A) No known concerns. | ☐ |
| B) Not aware of expectations regarding privacy for toileting, bathing, dressing, etc. | ☐ |
| C) Inappropriate displays of affection. *(specify type)* | ☐ |
| D) Unaware of or does not demonstrate appropriate social relationships. | ☐ |
| E) Unaware of or does not demonstrate the ability to exercise judgment regarding sexual activity. | ☐ |
| F) Sexually aggressive with others. | ☐ |
| G) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| SELF PRESERVATION | |
|---|---|
| A) No known concerns. | ☐ |
| B) Does not withdraw from painful stimuli, such as hot water, flames, etc. *(specify)* | ☐ |
| C) Does not demonstrate awareness of inclement weather hazards/conditions. | ☐ |
| D) Does not recognize or protect self against potential health and/or safety risks. *(specify)* | ☐ |
| E) Does not request or seek assistance when ill, injured, lost, etc. | ☐ |
| F) Does not recognize or protect self against potentially abusive and/or harmful situations. | ☐ |
| G) Does not report incidents of abuse and/or neglect. | ☐ |
| H) Does not respond to emergency situations and/or warning devices. | ☐ |
| I) Does not use hazardous/toxic materials/substances or perform work/other tasks in a safe manner. *(specify)* | ☐ |
| J) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |

| BEHAVIORAL | |
|---|---|
| A) No known concerns. | ☐ |
| B) Intentionally leaves home without supervision. | ☐ |
| C) Consumes inedible objects. *(specify type)* | ☐ |
| D) Exhibits self-injurious behaviors. *(specify type)* | ☐ |
| E) Exhibits verbal aggression towards others. *(specify type)* | ☐ |
| F) Exhibits physical aggression toward others. *(specify type)* | ☐ |
| G) Destroys property of self/others. *(specify type)* | ☐ |
| H) Steals and/or takes property of others. | ☐ |
| I) Bites objects and/or others. *(specify type)* | ☐ |
| J) Provokes others. *(specify how/when)* | ☐ |
| K) Uses/abuses substances. *(specify type/how)* | ☐ |
| L) Demonstrates suicidal talk/gestures/behaviors. *(specify type)* | ☐ |
| M) Demonstrates impaired judgment/actions when agitated, anxious, or upset. *(specify)* | ☐ |
| N) Utilizes an approved Rule 40 program. | ☐ |
| O) Other – specify. | ☐ |
| Plan of action to reduce the potential of abuse to the resident related to each area identified above: | |
| **COMMUNITY ORIENTATION** | |
| A) No known concerns. | ☐ |
| B) Leaves the home without supervision. | ☐ |
| C) Becomes disoriented and/or lost in familiar settings. | ☐ |
| D) Becomes disoriented and/or lost in unfamiliar settings. | ☐ |
| E) Does not seek assistance when lost, injured, etc. | ☐ |
| F) Does not identify self, residence, and/or telephone number. | ☐ |
| G) Does not take reasonable precautions with strangers. | ☐ |
| H) Does not demonstrate safe pedestrian skills. | ☐ |
| I) Does not demonstrate recognition of traffic hazards. | ☐ |
| J) Does not demonstrate recognition of hazards in the environment. | ☐ |
| K) Does not travel safely in vehicles, does not use a seat belt, etc. *(specify)* | ☐ |
| L) Does not demonstrate the ability to use public transportation. | ☐ |
| M) Other – specify. | ☐ |

Plan of action to reduce the potential of abuse to the resident related to each area identified above:

Additional areas of concern:

Plan of action to reduce the potential of abuse to the resident related to the additional areas of concern:

| Print resident's name | Resident's signature | | Date |
|---|---|---|---|
| Print IDT member's name | IDT member's signature | Title | Date |
| Print IDT member's name | IDT member's signature | Title | Date |
| Print IDT member's name | IDT member's signature | Title | Date |
| Print IDT member's name | IDT member's signature | Title | Date |