



Person Supported Competency

Person: Robin Floyd Staff: Austin Thornton

Location: N-5125 Date: 1/04/24

1. What outcomes/goals does the person have? (IPP/BIPP)
Increase her organizational skills, cleaning home skills and independent living skills

2. Documentation on goals is optional? True or False (IPP/BIPP)

3. Who is the person's case manager? Lisa Thielman
(SRI Cover Sheet)

4. Does the person have a guardian/legal representative? Yes or No
Who? Robin ~~Floyd~~ Floyd
(SRI Cover Sheet)

5. Does the person have any alone time in the home? Yes or No
If yes, how much? 24 hours a day/at a time
(IAPP-SMA)

6. Does the person have any alone time in the community? Yes or No
If yes, how much? 24 hours a day/at a time
(IAPP-SMA)

7. Does the person have a risk of sexual abuse? Yes or No If yes, what risks?

(IAPP-SMA)

8. Diagnoses: Anxiety, Fibromyalgia, Osteoporosis, migraines, Chronic back and neck pain, restless leg syndrome
(SRI Cover Sheet)

9. Team meetings are held: Annually Semi-Annually Monthly As needed
(CSSP-A)

10. Documentation is for Oakridge records, no one else will see this. True or False

11. Who administers the person's medications? Themselves
(CSSP-A)

12. Oakridge opens and takes care of person's mail. True or False True (CSSP-A)

13. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? _____

(CSSP-A)

14. Does person need to be kept home from work if it is (-20)? Yes or No (CSSP-A)

15. Who made the (-20) rule/recommendation to follow? _____

(CSSP-A)

16. Is person at risk for self abuse? Yes or No. If yes, what are the risks? _____

(IAPP-SMA)

17. Does the person have any of their rights restricted? Yes or No. If yes, what are they? _____

(CSSP-A)

18. Does the person have a risk of financial exploitation? Yes or No. If yes, what risks? _____

(IAPP-SMA)

19. How does person like their services provided? _____

(CSSP-A)

20. Does person have allergies? Yes or No. What are they? _____

Lactose intolerant, Nubain, Welbutrin, cillin family

(IAPP-SMA) (SRI Cover Sheet)

21. What county is the person from? Wadeva

(SRI Cover Sheet)

22. Does the person have a behavior plan? Yes or No. If yes, what are the target behaviors? _____

What is desired alternate behavior? _____

Do they have coping skills to utilize? Yes or No. What are they? _____

(BIPP)

23. Does the person have a risk of physical abuse? Yes or No. If yes, what risks? _____

(IAPP-SMA)

24. Who is responsible for providing household reports and documentation to the county? Robin Floyd and Lisa Thelmon

(CSSP-A)

25. What are person's medical needs? Chronic medical conditions



(IAPP-SMA)

26. What are person's safety needs? Risk of falling

(IAPP-SMA)

27. What technology does person use? N/A

Can it be used for monitoring the person? Yes or No. If yes in what way? _____

(Progress Report and CSSP-A)

Please list the things you think are most important when working with this person.

Watching out for medical and safety needs
vacuuming, sweeping, bathroom cleaning

Staff Signature

A handwritten signature in black ink, appearing to be "A. Smith", written over a horizontal line.

