



### Person Supported Competency

Person: Wayne Keith Staff: Austin Thornton

Location: W-5165 Date: 1/04/24

1. What outcomes/goals does the person have? (IPP/BIPP)  
Increase homemaking by cleaning with staff once per week, cooking from a recipe with staff once per week. Increase community socialization by trying one new activity once per month

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

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

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

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

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

7. Does the person have a risk of sexual abuse? Yes or No. If yes, what risks?  
Lack of understanding of sexuality, likely to seek or cooperate in an abusive situation

(IAPP-SMA)

8. Diagnoses: Autism, depression, Developmental disability

(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 (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? Demonstration 1:1

(CSSP-A)

20. Does person have allergies?  Yes or No. What are they? Shrimp and penicillin

(IAPP-SMA) (SRI Cover Sheet)

21. What county is the person from? 9 Wadena

(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? Wayne Keith

(CSSP-A)

25. What are person's medical needs? None



(IAPP-SMA)

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

(IAPP-SMA)

27. What technology does person use? Alexa, game console, TV

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

(Progress Report and CSSP-A)

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

Safety needs, Making sure he is cleaning and dusting  
going to store and cooking, trying  
to get him out

Staff Signature

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

