Staff: Haleigh Bares

Date: 3/2/20

PAI

Service Recipient: JL

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality	☒ Inability to identify dangerous situations	☒ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☒ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☒ Other: unable to report	☒ Inability to deal with aggressive persons	☒ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☐ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☒ Other: unable to report	☐ Other:	

Outcome #1 Upon arrival, Jen will answer yes "tah" or no "uff" on a picture card for what she is feeling

Outcome #2 Jen will communicate which group or community activities she would be interested participating in using her adaptive yes/no vocalizations

Technology Use: iPad, TV, Wii, SMARTboard

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: N/A

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: partially controlled tonic clonic (drop)

Seizure PRN ☐ No ☒ Yes Location: St. Croix

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: pocketing, small drinks between bites, ketogenic diet, needs staff assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: PDD, bowel obstruction, ear infections, chronic dehydration

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: takes medications orally whole or cut in soft foods, not able to self-administer

Specific Health & Medical Needs ☐ No ☒ Yes – List: personal cares

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
can roll over, scoot backwards on her stomach, and walk with physical assistance, in a wheelchair

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☒ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: cortical visual impairment

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: N/A

Important To: not wearing shoes/socks, listening to music, warm food/drinks

Important For: Drinking 32-40 ounces of water at PAI, offering choices

Likes: spending time with her favorite people, her communication honored

Dislikes: overstimulated areas, shoes, having to wait for things

Describe Communication Style: tah means yes and uff means no, nonverbal, eyegazing, body language