Staff: Ken Kurtz

Date:

Service Recipient: Andrea Hillegard

PAI

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

Outcome #1 choose beauty activity

Outcome #2 Assist in making cup of tea

Technology Use:

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

Does the person require support in this area?

Allergies [ ] No [x] Yes – List: PENICILLIN & CLEOCIN

Epi Pen/Treatment [x] No [ ] Yes
Location:

Seizures [x] No [ ] Yes – Describe :

Seizure PRN [x] No [ ] Yes
Location:

Choking/Specialized Dietary Needs [ ] No [x] Yes – Describe Equipment/Supports :
mechanical soft, nickel-sized (comes from home), use smallest spoon

Chronic Medical Conditions [ ] No [x] Yes – List:
Hearing loss, OCD

Medication Administration/Treatment Orders [x] No [ ] Yes – Describe Equipment/Supports :
NOT @ PAI

Specific Health & Medical Needs [ ] No [x] Yes – List:
takes beverages, picks & creates sores

Mobility Supports Fall Risk [ ] No [x] Yes – Describe primary mobility & supports
- gait time
- offer hand
- can use handrail

[ ] Support straps/belts needed

[x] Verbal Cues
[x] Physical Assistance
[ ] Posey / Gait Belt
[ ] Walker

[ ] 2 Person Hoyer
\# staff in cares room: ____
[ ] 1 Person Hoyer / Track
[ ] Arjo

Community & Water Safety Skills [ ] No [x] Yes

Sensory Disabilities [ ] No [x] Yes – List:
Hearing loss

Self-Management of Behaviors [ ] No [x] Yes – Describe supports:
put long sleeved shirt on & provide 1st aid

Important To: Education, walk, art, beauty & beverages

Important For:
- time to walk & visit
- beverages away

Likes: getting hair & nails done, walks, art

Dislikes: hard crunchy foods - caught stealing
not earning pop

Describe Communication Style:
some vocalizations & guide to wants/needs