Staff: Kwik Kweto

Date: 12/10/19

PAI

Service Recipient: ELIAS ARNOLD

**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<br>☒ Likely to seek/cooperate in an abusive situation<br>☒ Inability to be assertive<br>☐ Other: | ☒ Inability to identify dangerous situations<br>☒ Lack of community orientation skills<br>☐ Inappropriate interactions with others<br>☒ Inability to deal with aggressive persons<br>☒ Verbally/physically abusive to others<br>☐ "Victim" history exists<br>☐ Other: | ☒ Dresses inappropriately<br>☒ Refuses to eat<br>☒ Inability to care for self-help needs<br>☒ Lack of self-preservation/ safety skills<br>☒ Engages in self-injurious behaviors<br>☐ Neglects/refuses to take medications<br>☐ Other: | ☒ Inability to handle financial matters<br>☐ Other: |

**Outcome #1** ATTEND MUSIC OR PET THERAPY 1x/WEEK

**Outcome #2** WILL CHOOSE ART OR SENSORY ACTIVITY

**Technology Use:** iPAD FOR LEISURE

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

Does the person require support in this area?

**Allergies** ☐ No ☒ Yes – List: SULFA

**Epi Pen/Treatment** ☐ No ☐ Yes Location:

**Seizures** ☒ No ☐ Yes – Describe :

**Seizure PRN** ☒ No ☐ Yes Location:

**Choking/Specialized Dietary Needs** ☐ No ☒ Yes – Describe Equipment/Supports :

- MAY EAT TOO QUICKLY / MAY NOT CHEW
- GIVE HIM TIME.

**Chronic Medical Conditions** ☐ No ☒ Yes – List:

CONSTIPATION – MIGHT HOLD IN BM

**Medication Administration/Treatment Orders** ☒ No ☐ Yes – Describe Equipment/Supports :

NOT AT PAI

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

INDEPENDENT ON CARE

**Mobility Supports Fall Risk** ☐ No ☒ Yes – Describe primary mobility & supports

AFRAID OF ICE - GIVE HIM A HAND

☐ 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: SENSITIVE TO NOISE – WEARS EARPLUGS

DOES NOT LIKE LOTION BY OTHERS

**Self-Management of Behaviors** ☐ No ☒ Yes – Describe supports:

- GIVE TIME TO PROCESS
- RESPECT IF HE SAYS "NO"

**Important To:** QUIET & CALM INDEPENDENCE, EAR PLUGS, FIDGETS, iPAD, ANIMALS

**Important For:** CALM ENVIRONMENT SUCH AS SENSORY ROOM, TIME TO PROCESS

**Likes:** MUSIC, MOVIES, iPAD, WALKING GROUP

**Dislikes:** NOISE, NEGATIVES, BEING RUSHED, TALKING, TOO MANY Q'S

**Describe Communication Style:**

TALKS CLEARLY