Staff: Nancy Snyder

Date: 1-19-21

PAI

Where People with Disabilities Connect with the Community and the World

**Service Recipient:** Melissa Coffey

Reviewed by: KN

**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 | Outcome #2 |
|---|---|
| Must be supervised at all times | |

**Technology Use:** iPad for music / videos / TV for sensory

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☑ No ☐ Yes – List: | **Epi Pen/Treatment** ☑ No ☐ Yes<br>Location: |
| **Seizures** ☑ No ☐ Yes – Describe : | **Seizure PRN** ☑ No ☐ Yes<br>Location: |

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

N/A

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

N/A

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

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

Ileostomy bag on lower abdomen

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☑ No ☐ Yes – Describe primary mobility & supports<br>Unsteady when walking<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |

**Community & Water Safety Skills** ☑ No ☐ Yes

**Sensory Disabilities** ☑ No ☐ Yes – List:

Struggles with fine motor tasks

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

NA

| | |
|---|---|
| **Important To:** Being involved in activities, even to observe. Be by staff | **Important For:** Melissa to be included |
| **Likes:** Games, PlayDo, waving and saying hello | **Dislikes:** |

**Describe Communication Style:** vocalizations, few words.

Sign language and adaptive. Asks for help when needed.

Staff: _____ Service Recipient: _____

Date: _____ Reviewed by: _____

**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** | **Outcome #2** |
|---|---|
| **Technology Use:** | |

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes – List: | **Epi Pen/Treatment** ☐ No ☐ Yes<br>Location: |
| **Seizures** ☐ No ☐ Yes – Describe : | **Seizure PRN** ☐ No ☐ Yes<br>Location: |
| **Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Chronic Medical Conditions** ☐ No ☐ Yes – List: | |
| **Medication Administration/Treatment Orders** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Specific Health & Medical Needs** ☐ No ☐ Yes – List: | |

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☐ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |
| **Community & Water Safety Skills** ☐ No ☐ Yes | | |
| **Sensory Disabilities** ☐ No ☐ Yes – List: | | |
| **Self-Management of Behaviors** ☐ No ☐ Yes – Describe supports: | | |

| | |
|---|---|
| **Important To:** | **Important For:** |
| **Likes:** | **Dislikes:** |
| **Describe Communication Style:** | |

Staff: Abby Snyder

Date: 1-19-21

**Service Recipient:** Brittney Shaffer-Frazier

Reviewed by: KA

**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 | Outcome #2 |
|---|---|
| Unable to report to appropriate person if abused. | |

**Technology Use:** Not much interest, but like to wear and use a watch.

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

**Allergies** ☐ No ☑ Yes – List: Seasonal

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

**Seizures** ☑ No ☐ Yes – Describe : N/A

**Seizure PRN** ☑ No ☐ Yes Location:

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

Staff required to be in area while eating. Risk of choking

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

N/A

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

Brittney willingly takes her medication

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

N/A

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

Brittney can walk independently

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff ____

**Community & Water Safety Skills** ☑ No ☐ Yes

**Sensory Disabilities** ☑ No ☐ Yes – List:

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

Brittney shows signs of overstimulation, staff will offer different activity, give her space, offer choices

| Important To: | Important For: |
|---|---|
| be by peers, make own choices & decisions<br>Painting nails | be independent, try new things, providing routines |
| **Likes:** Dancing, music, painting nails, clothes, earrings | **Dislikes:** When Brittney misses her Mom. Being told NO, watching TV |

**Describe Communication Style:**

Adaptive Sign language / Knows a couple words - Mom/McDonalds

Staff: _____ **Service Recipient:** _____

Date: _____ Reviewed by: _____

**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** | **Outcome #2** |
|---|---|
| **Technology Use:** | |

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes – List: | **Epi Pen/Treatment** ☐ No ☐ Yes<br>Location: |
| **Seizures** ☐ No ☐ Yes – Describe : | **Seizure PRN** ☐ No ☐ Yes<br>Location: |
| **Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Chronic Medical Conditions** ☐ No ☐ Yes – List: | |
| **Medication Administration/Treatment Orders** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Specific Health & Medical Needs** ☐ No ☐ Yes – List: | |

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☐ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |
| **Community & Water Safety Skills** ☐ No ☐ Yes | | |
| **Sensory Disabilities** ☐ No ☐ Yes – List: | | |
| **Self-Management of Behaviors** ☐ No ☐ Yes – Describe supports: | | |

| | |
|---|---|
| **Important To:** | **Important For:** |
| **Likes:** | **Dislikes:** |
| **Describe Communication Style:** | |

Staff: Nancy Snyder

Date: 1-19-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Megan Trexler

Reviewed by: KN

**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 | Outcome #2 |
|---|---|
| Unable to report abuse | |

**Technology Use:** Not interested in technology.

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

**Allergies** ☐ No ☑ Yes – List: cefdinir, seasonal allergies

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

**Seizures** ☑ No ☐ Yes – Describe :

**Seizure PRN** ☑ No ☐ Yes Location:

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

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

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

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

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

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

**Community & Water Safety Skills** ☑ No ☐ Yes

**Sensory Disabilities** ☑ No ☐ Yes – List:

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

**Important To:** Stay healthy, likes to sanitize bed. likes to do group exercise. Family

**Important For:** Independence. Making own choices. Staff to know her.

**Likes:** calm environment, relaxing in recliner watching others. Animals. Riding her bike

**Dislikes:** Loud environment, when she can't relax or doesn't feel well

**Describe Communication Style:**
Non verbal, body language, facial expressions

Staff: _____ Service Recipient: _____

Date: _____ Reviewed by: _____

**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** | **Outcome #2** |
|---|---|
| **Technology Use:** | |

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes – List: | **Epi Pen/Treatment** ☐ No ☐ Yes<br>Location: |
| **Seizures** ☐ No ☐ Yes – Describe : | **Seizure PRN** ☐ No ☐ Yes<br>Location: |
| **Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Chronic Medical Conditions** ☐ No ☐ Yes – List: | |
| **Medication Administration/Treatment Orders** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Specific Health & Medical Needs** ☐ No ☐ Yes – List: | |

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☐ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |
| **Community & Water Safety Skills** ☐ No ☐ Yes | | |
| **Sensory Disabilities** ☐ No ☐ Yes – List: | | |
| **Self-Management of Behaviors** ☐ No ☐ Yes – Describe supports: | | |

| | |
|---|---|
| **Important To:** | **Important For:** |
| **Likes:** | **Dislikes:** |
| **Describe Communication Style:** | |

Staff: Nancy Snyder

Date: 1-21-21

PAI

Where People with Disabilities Connect with the Community and the World

**Service Recipient:** Frank Spevak

Reviewed by: KN

**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** unable to verbalize in a abusive situation

**Outcome #2** May not understand if a situation is safe

**Technology Use:**

**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 :

NO sugary/sweet snacks = strongly affects mood & behavior

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

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

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

N/A - may not communicate injury between environments

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

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

**Community & Water Safety Skills** ☐ No ☑ Yes Frank may try to leave building

**Sensory Disabilities** ☐ No ☑ Yes – List:

Fine Motor impairments. - Dysphoria, dilated pupils, light sensitive, shallow breathing

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

Frank has worked on coping and self regulation skills

**Important To:** Take walks, computer games and movies

**Important For:** walks to calm down

**Likes:** Being in quiet (darker) room - enjoys some of the same movies

**Dislikes:** whistling or music boxes

**Describe Communication Style:**

Answers Questions, will tell you when not ready.

Staff: _____ **Service Recipient:** _____

Date: _____ Reviewed by: _____

**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** | **Outcome #2** |
|---|---|
| | |

**Technology Use:**

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes – List: | **Epi Pen/Treatment** ☐ No ☐ Yes<br>Location: |
| **Seizures** ☐ No ☐ Yes – Describe : | **Seizure PRN** ☐ No ☐ Yes<br>Location: |
| **Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Chronic Medical Conditions** ☐ No ☐ Yes – List: | |
| **Medication Administration/Treatment Orders** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Specific Health & Medical Needs** ☐ No ☐ Yes – List: | |

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☐ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |
| **Community & Water Safety Skills** ☐ No ☐ Yes | | |
| **Sensory Disabilities** ☐ No ☐ Yes – List: | | |
| **Self-Management of Behaviors** ☐ No ☐ Yes – Describe supports: | | |

| | |
|---|---|
| **Important To:** | **Important For:** |
| **Likes:** | **Dislikes:** |
| **Describe Communication Style:** | |

Staff: Nancy Snyder

Date: 1-21-21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Jack Kestner

Reviewed by: KN

**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 | Outcome #2 |
|---|---|
| | |

**Technology Use:** N/A

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

**Allergies** ☐ No ☑ Yes – List: seasonal (spring/fall)

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

**Seizures** ☐ No ☐ Yes – Describe :

**Seizure PRN** ☐ No ☐ Yes Location:

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

reminders to "slow down" and "take small bites"

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

GERD, constipation, anxiety, acne, symptoms of ADHD (not diagnosed)

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

trained staff to administer

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

N/A

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

☐ Support straps/belts needed

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

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff ____

**Community & Water Safety Skills** ☐ No ☑ Yes staff should remain with Jack

**Sensory Disabilities** ☐ No ☑ Yes – List: noise is trigger

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

| Important To: | Important For: |
|---|---|
| Family, being active, quiet environment | Having a schedule, Electronics |
| **Likes:** movies, books, iPad, calm environment | **Dislikes:** loud noises, washing hands, water on face |

**Describe Communication Style:**

Answers questions, likes to read and rest

Staff: _____ Service Recipient: _____

Date: _____ Reviewed by: _____

**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** | **Outcome #2** |
|---|---|
| **Technology Use:** | |

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

| | |
|---|---|
| **Allergies** ☐ No ☐ Yes – List: | **Epi Pen/Treatment** ☐ No ☐ Yes<br>Location: |
| **Seizures** ☐ No ☐ Yes – Describe : | **Seizure PRN** ☐ No ☐ Yes<br>Location: |
| **Choking/Specialized Dietary Needs** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Chronic Medical Conditions** ☐ No ☐ Yes – List: | |
| **Medication Administration/Treatment Orders** ☐ No ☐ Yes – Describe Equipment/Supports : | |
| **Specific Health & Medical Needs** ☐ No ☐ Yes – List: | |

| | | |
|---|---|---|
| **Fall Risk/Mobility Supports** ☐ No ☐ Yes – Describe primary mobility & supports<br>☐ Support straps/belts needed | ☐ Verbal Cues<br>☐ Physical Assistance<br>☐ Posey / Gait Belt<br>☐ Walker ☐ Arjo | ☐ 2 Person Hoyer<br># staff in cares room: ____<br>☐ 1 Person Hoyer / Track<br>☐ Manual Lift # staff _____ |
| **Community & Water Safety Skills** ☐ No ☐ Yes | | |
| **Sensory Disabilities** ☐ No ☐ Yes – List: | | |
| **Self-Management of Behaviors** ☐ No ☐ Yes – Describe supports: | | |

| | |
|---|---|
| **Important To:** | **Important For:** |
| **Likes:** | **Dislikes:** |
| **Describe Communication Style:** | |

Staff: Nancy Snyder

Date: 1-25-21

PAI

Service Recipient: Dan Smith

Reviewed by: KN

**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** | **Outcome #2** |
|---|---|
| | |

**Technology Use:** yes, TV & iPad

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

**Allergies** ☑ No ☐ Yes – List:

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

**Seizures** ☑ No ☐ Yes – Describe :

**Seizure PRN** ☐ No ☐ Yes
Location:

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

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

Shunt

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

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

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

NA

☐ Support straps/belts needed

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

☐ 2 Person Hoyer
# staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff ____

**Community & Water Safety Skills** ☑ No ☐ Yes

**Sensory Disabilities** ☐ No ☐ Yes – List:

Used Smart TV & IPAD for sensory relaxation

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

Rubbing of hands

| **Important To:** | **Important For:** |
|---|---|
| Observe activities in room. | Daily rest |
| **Likes:** Keeping to himself, Tape | **Dislikes:** NA |

**Describe Communication Style:**

Vocalizations, very few words

Staff: Nancy Snyder

Date: 1-25-21

PAI

**Service Recipient:** Aaron Phelps

Reviewed by: KN

**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**

Aaron is unable to be assertive: May cooperate with abusive situations

**Outcome #2**

**Technology Use:** yes - Smart TV

**Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)** Does the person require support in this area?

**Allergies** ☑ No ☐ Yes – List:

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

**Seizures** ☑ No ☐ Yes – Describe :

**Seizure PRN** ☐ No ☐ Yes
Location:

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

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

Cerebral Palsy, Epilepsy

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

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

Points to where it hurts

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

No risk for falling. Aaron has good balance

☐ Support straps/belts needed

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

☐ 2 Person Hoyer
# staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

**Community & Water Safety Skills** ☑ No ☐ Yes

**Sensory Disabilities** ☐ No ☐ Yes – List:

NA

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

NA

**Important To:**
Be independent, answer yes or no

**Important For:**
Aaron likes to help.

**Likes:** to be active, helps others, giving hugs accepting of staff

**Dislikes:**
Being told NO - not getting his favorite items

**Describe Communication Style:**

May not understand unsafe situations

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder
**Date of hire:** 1/11/2021
**Date of background study submission:** 1/5/2021
**Date of background study clearance:** 1/5/2021
**Ongoing annual training period:** 1/1/2021 - 12/31/2021
**Date of first supervised contact: 1/11/2021**
**Date of first unsupervised contact: 1/25/2021**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Jack Kestner**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/21/2021 | 1/21/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |

| | | | | |
|---|---|---|---|---|
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/21/2021 | 1/21/2021 Comp Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete<br>2/17/2020 - PAI nurse observation complete | 2/9/2021 - Written Exam<br>2/17/2020 - Demonstrated competency to PAI nurse | Medicaton Administration Training: 5 hours<br>Nurse observation: .25 hours | Health Counseling Services<br>Toni Anderson |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | 1/21/2021 | 1/21/2021 Verbal demonstration of competency | .25 hours | Kennedy Norwick |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company:<br>Topic:<br>Topic:<br>Topic: | N/A | N/A | N/A | N/A |

Staff signature

3-10-21
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder **Date of hire:** 1/11/2021

**Date of background study submission:** 1/5/2021 **Date of background study clearance:** 1/5/2021

**Ongoing annual training period:** 1/1/2021 - 12/31/2021

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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Britney Shaffer-Frazier**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/19/2021 | 1/19/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/19/2021 | 1/19/2021 Competency Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete | 2/9/2021 - Written Exam | Medicaton Administration Training: 5 hours | Health Counseling Services |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | 1/21/2021 | 1/21/2021 Verbal demonstration of competency | .25 hours | Kennedy Norwick |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: | N/A | N/A | N/A | N/A |
| Topic: | | | | |
| Topic: | | | | |
| Topic: | | | | |

Staff signature

3-10-21
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder **Date of hire:** 1/11/2021

**Date of background study submission:** 1/5/2021 **Date of background study clearance:** 1/5/2021

**Ongoing annual training period:** 1/1/2021 - 12/31/2021

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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Aaron Phelps**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/21/2021 | 1/21/2021 Comp Quiz | 0.5 hours | Kennedy Norwiek |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/21/2021 | 1/21/2021 Comp Quiz | 0.25 hours | Kennedy Norwiek |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete | 2/9/2021 - Written Exam | Medicaton Administration Training: 5 hours | Health Counseling Services |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | N/A | N/A | N/A | N/A |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: | N/A | N/A | N/A | N/A |
| Topic: | | | | |
| Topic: | | | | |
| Topic: | | | | |

Staff signature Date 3-10-21

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder **Date of hire:** 1/11/2021

**Date of background study submission:** 1/5/2021 **Date of background study clearance:** 1/5/2021

**Ongoing annual training period:** 1/1/2021 - 12/31/2021

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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Megan Traxler**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/19/2021 | 1/19/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/19/2021 | 1/19/2021 Competency Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete<br>2/17/2020 - PAI nurse observation complete | 2/9/2021 - Written Exam<br>2/17/2020 - Demonstrated competency to PAI nurse | Medicaton Administration Training: 5 hours<br>Nurse observation: .25 hours | Health Counseling Services<br>Toni Anderson |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | N/A | N/A | N/A | N/A |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: | N/A | N/A | N/A | N/A |
| Topic: | | | | |
| Topic: | | | | |
| Topic: | | | | |

Staff signature

3-10-21
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder **Date of hire:** 1/11/2021

**Date of background study submission:** 1/5/2021 **Date of background study clearance:** 1/5/2021

**Ongoing annual training period:** 1/1/2021 - 12/31/2021

**Date of first supervised contact: 1/11/2021** **Date of first unsupervised contact: 1/25/2021**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Shawn (Dan) Smith**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/25/2021 | 1/25/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/25/2021 | 1/25/2021 Competency Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete | 2/9/2021 - Written Exam | Medicaton Administration Training: 5 hours | Health Counseling Services |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | N/A | N/A | N/A | N/A |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: | N/A | N/A | N/A | N/A |
| Topic: | | | | |
| Topic: | | | | |
| Topic: | | | | |

Staff signature Date 3-10-21

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder
**Date of hire:** 1/11/2021
**Date of background study submission:** 1/5/2021
**Date of background study clearance:** 1/5/2021
**Ongoing annual training period:** 1/1/2021 - 12/31/2021
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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the *Coordinated Service and Support Plan*

**Name of person served: Frank Spevak**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/21/2021 | 1/21/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/21/2021 | 1/21/2021 Comp Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete | 2/9/2021 - Written Exam | Medicaton Administration Training: 5 hours | Health Counseling Services |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | 3/10/2021 | 3/10/2021 Verbal demonstration of competency | .25 hours | Jessica Gunderson |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company:<br>Topic:<br>Topic:<br>Topic: | N/A | N/A | N/A | N/A |

Staff signature

3-10-21
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Nancy Snyder **Date of hire:** 1/11/2021

**Date of background study submission:** 1/5/2021 **Date of background study clearance:** 1/5/2021

**Ongoing annual training period:** 1/1/2021 - 12/31/2021

**Date of first supervised contact: 1/11/2021** **Date of first unsupervised contact: 1/25/2021**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Melissa Coffey**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| *Appropriate and safe techniques in personal hygiene and grooming including: | N/A | N/A | N/A | N/A |
| Hair care | N/A | N/A | N/A | N/A |
| Bathing | N/A | N/A | N/A | N/A |
| Care of teeth, gums, and oral prosthetic devices | N/A | N/A | N/A | N/A |
| Other activities of daily living (ADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A | N/A | N/A | N/A |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | N/A | N/A | N/A | N/A |
| CPR, if required by the *CSSP* or *CSSP Addendum* | N/A | N/A | N/A | N/A |
| *CSSP, CSSP Addendum,* and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 1/19/2021 | 1/19/2021 Competency Quiz | 0.5 hours | Kennedy Norwick |
| *Individual Abuse Prevention Plan* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/19/2021 | 1/19/2021 Competency Quiz | 0.25 hours | Kennedy Norwick |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 2/9/2021- Medicaton Administration Training complete | 2/9/2021 - Written Exam | Medicaton Administration Training: 5 hours | Health Counseling Services |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | N/A | N/A | N/A | N/A |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | N/A | N/A | N/A | N/A |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: | | | | |
| Topic: Ileostomy bag | 2/24/2020 | 2/24/2020 PAI Nurse check-off | 0.25 | Toni Anderson |
| Topic: | | | | |
| Topic: | | | | |

Staff signature

3-10-21
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

## STAFF ORIENTATION TRAINING PLAN - GENERAL

**Staff name:** Nancy Snyder | **Date of hire:** 1/11/2021
**Date of background study submission:** | **Date of background study clearan** 1/5/2021
**Date of first supervised contact:** 1/11/2021 | **Date of first unsupervised contact:** 1/25/2021

**Orientation training:** Within 60 calendar days of hire, the license holder must provide and ensure completion of orientation sufficient to create staff

| Orientation to program requirement topics | Date of completion | Date and type of competency | Length of training | Name of trainer and company, if applicable |
|---|---|---|---|---|
| **Job description** and how to complete specific job functions | 1/11/2021 | 1/11/2021 Verbal disucssion with Supervisor | 0.25 | Kennedy Norwick, PAI |
| Current **245D policies and procedures** including location and access and staff responsibilities related to implementation | 1/11/2021 | 1/11/2021 Verbal disucssion with Supervisor | 0.25 | Kennedy Norwick, PAI |
| **Data privacy:** MN Government Data Practices Act and HIPAA and staff responsibilities related to complying with data privacy practices | 3/10/2021 | 3/10/2021 LMS Quiz | 0.5 | Kennedy Norwick, PAI |
| **Service recipient rights** and staff responsibilities related to ensuring the exercise and protection of those rights | 3/10/2021 | 3/10/2021 LMS Quiz | 1.5 | LMS/Star Services |
| **Vulnerable adult maltreatment reporting:** **See attached Training Index for VAA maltreatment training topics.* | 1/11/2021 | 1/11/2021 LMS Quiz | 0.75 | LMS/Star Services |
| **Maltreatment of minors reporting:** **See attached Training Index for MOMA maltreatment training topics.* | 1/11/2021 | 1/11/2021 LMS Quiz | 0.75 | LMS/Star Services |
| Principles of **person-centered service planning and delivery** and how they apply to direct support provided by staff (also part of PSR Core Training) | 2/23/2021 | 1/11/2021 LMS Quiz | *Part of 8 hour PSR Core Training) | LMS/Star Services |
| **Sexual violence:** strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities | 3/10/2021 | 3/10/2021 LMS Quiz | 0.5 | LMS/Star Services |
| **First aid** (can be certification or basic training) | 1/26/2021 | 1/26/2021 LMS Quiz | 0.75 | LMS/Star Services |
| **Emergency use of manual restraint** (EUMR), **prohibited procedures**, and **Positive Support Rule 8 hour core training.** **See attached Training Index for all topics included for this training.* | 2/23/2021 | 2/23/2021 LMS Quiz | 8 | LMS/Star Services |
| Positive Support Rule: **4 hour function-specific training** (if applicable). **See attached Training Index for function-specific training topics.* | N/A | N/A | N/A | N/A |
| Positive Support Rule: **2 hour function-specific training** (if applicable). **See attached Training Index for function-specific training topics.* | N/A | N/A | N/A | N/A |
| **Universal Precautions**/Bloodborne Pathogens | 3/10/2021 | 3/10/2021 LMS Quiz | 0.75 | LMS/Star Services |
| **Fraud Prevention** | 3/10/2021 | 3/10/2021 LMS Quiz | 1 | LMS/Star Services |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company (this may include CPR): | | | | |
| Topic: ileostomy bag | 2/24/2020 | 2/24/2020 PAI Nurse check-off | 0.25 | Toni Anderson |
| Topic: Medication Administration Training | 2/9/2021- Medicaton Administration Training complete 2/17/2020 - PAI nurse observation complete | 2/9/2021 - Written Exam 2/17/2020 - Demonstrated competency to PAI nurse | Medicaton Administration Training: 5 hours Nurse observation: .25 hours | Health Counseling Services Toni Anderson |

Staff signature: Date: 3.30.21

*I understand the information I received and my responsibilities for their implementation in the care of persons supported by this program.

## TRAINING INDEX

**Vulnerable Adult Maltreatment Reporting Training**
- Vulnerable Adult Act statute and definitions: 626.557 and 626.5572
- 245A.65: Company requirements and PAPP (if applicable)
- Company VAA maltreatment reporting policy
- Staff responsibilities related to protecting persons from maltreatment and reporting maltreatment

**Maltreatment of Minors Maltreatment Reporting Training**
- MOMA statute: 626.556
- 245A.66: Company requirements and PAPP (if applicable)
- Company MOMA maltreatment reporting policy
- Staff responsibilities related to protecting persons from maltreatment and reporting maltreatment

**Positive Support Rule Core Training, 245D Emergency Use of Manual Restraint, and Prohibited Procedure Training Topics (8 hours)**
*Audience: Staff responsible to develop, implement, monitor, supervise, or evaluate positive support strategies, PSTPs, or EUMRs*
- De-escalation techniques/methods and their value.
- Alternatives to manual restraint procedures including techniques to identify events and environmental factors that may escalate conduct that poses an
- Simulated experiences of administering and receiving manual restraint procedures allowed by the company on an emergency basis.
- The safe and correct use of emergency manual restraint according to MN Statutes, section 245D.061.
- What constitutes the use of restraint, including chemical restraint, time out, and seclusion.
- How to properly identify thresholds for implementing and ceasing restrictive procedures.
- How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
- The physiological and psychological impact on the person and the staff when restrictive procedures are used.
- The communicative intent of behaviors.
- Relationship building and how to avoid power struggles.
- Principles of person-centered service planning and delivery and how they apply to direct support provided by staff.
- Staff responsibilities related to prohibited procedures under MN Statutes, section 245D.06, subdivision 5; why the procedures are not effective for reducing
- Staff responsibilities related to restricted and permitted actions and procedures under MN Statutes, section 245D.06, subdivisions 6 and 7.
- Principles of positive support strategies (such as positive behavior support) and actual positive support strategies.
- The relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the
- Situations in which staff must contact 911 in response to an imminent risk of harm to the person or others.
- The procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan (PSTP).
- The procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person.
- Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the company.
- Cultural competence.
- Personal staff accountability and staff self-care after emergencies.

**Positive Support Rule Function-Specific Training (4 hours)**
*Audience: Staff who develop positive support strategies and license holders, executives, managers, and owners in non-clinical roles*
- Functional behavior assessment.
- How to apply person-centered planning.
- How to design and use data systems to measure effectiveness of care.
- Supervision, including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team.

**Positive Support Rule Function-Specific Training (2 hours)**
*Audience: License holders, executives, managers, and owners in non-clinical roles*
- How to include staff in organizational decisions.
- Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the
- Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services.