Service Training Log – Linden

Date: 04/28/2021

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
0.5	Beth Blackorbay, Designated Coordinator	P119/ P129	Primary	Review the following documents IAPP, SMA, CSSPA: KP Intake CSSP/CSP: KP Responsibilities and where applicable the person's IAPP (or any other appropriate plan) to achieve an understanding of the person as a unique individual & how to implement these plans as they relate to the staff's job functions.

Make up Date	Initial	EE ID	Last Name
			Larson, Nancy
			Trimble, Jenny
			Xiong, Ker
			Mendez, Danielle
			Rice, Colette
			Sandstrom, Erin
			Johnson, Natalie

Make up Date	Initial	EE ID	Last Name
			Cox, Alice
			Robinson, Anneliese
			Stacken, Laura
			Bradshaw, Morgan
			Bidwell, Aleshia
			Her, Bao
			Ailport, Betsy
			Bauch, Kia

Make Up Date	Initial	EE ID	Managers /Admin
			Gunderson-Palmer, M.
		E0676	Hinzman, Briana
			Blackorbay, B.

Make up Date	Initial	EE ID	Other Attendees

Staff: Laura Stacken

Date: 4/28/21

PAI

Service Recipient: Kelly Peterson

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

Outcome #1 N/A

Outcome #2 N/A

Technology Use:

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 :

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Eats fast reminders to slow down (Healthy food choices when out)

Chronic Medical Conditions ☐ No ☒ Yes – List: CP (R) R Hip dispacia Hoyer assistance
Scoliosis depression

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Wheelchair, Footpetals on

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
going down Ramps to fast
☒ Support straps/belts needed Void on the toilet

☐ 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 15 minutes of alone time

Sensory Disabilities ☐ No ☒ Yes – List:
Doesn't like to wear glasses - vision near sighted

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:
Throw items, staff will talk with her to help calm her down, (false reporter)

Important To:
Likes Schedule, mom

Important For:
Staff that know her well,

Likes:
Arts & crafts, church, camp,

Dislikes:
Bad weather/storm

Describe Communication Style:
Verbal may be hard to understand just ask to clarify

Staff: Kelley Pederson → PAI

Service Recipient: ______________

Date: 4/28/21

Where People with Disabilities Connect with the Community and the World

Briana [illegible]

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: Lacks verbal skills 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 [X] Verbally/physically abusive to others [ ] "Victim" history exists [ ] Other:	[X] Dresses inappropriately [ ] Refuses to eat [X] Inability to care for self-help needs [X] Lack of self-preservation/ safety skills [ ] Engages in self-injurious behaviors [ ] Neglects/refuses to take medications [ ] Other:	[X] Inability to handle financial matters [ ] Other:
Outcome #1 TBD		Outcome #2 TBD	
Technology Use:			

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

Does the person require support in this area?

Allergies [ ] No [X] Yes – List: Seasonal

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

Seizures [X] No [ ] Yes – Describe : NA

Seizure PRN [X] No [ ] Yes
Location:

Choking/Specialized Dietary Needs [ ] No [X] Yes – Describe Equipment/Supports :
Reminders to slow down – doesn't know when full
cut meat/tough food – Healthy food choices in community

Chronic Medical Conditions [ ] No [X] Yes – List:
CP – (R) hemi, R hip displasia, limited use of (L) hand, scoliosis

Medication Administration/Treatment Orders [X] No [ ] Yes – Describe Equipment/Supports :
N/A at PAI

Specific Health & Medical Needs [X] No [ ] Yes – List:
Scratches on legs from independently moving

Mobility Supports Fall Risk [ ] No [X] Yes – Describe primary mobility & supports
Is alone with her W/C; wear footplates; going down ramps feet first; wear seatbelt

[ ] Support straps/belts needed

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

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

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

Sensory Disabilities [ ] No [X] Yes – List:
Nearsighted – No glasses

Self-Management of Behaviors [ ] No [X] Yes – Describe supports:
when can't [illegible] what's wrong; throw items if upset; can't explain; will withdraw
goes on toilet via track; inconsistent injury reporter; depression 4/6 false reporting

Important To: country music, being involved, happy people

Important For: healthy choices, help others

Likes: arts/crafts, happy upbeat people, crafts, music, country, choices, church, camp

Dislikes: bad weather/storms

Describe Communication Style:
Verbal – can be hard to understand – ask to say it differently.

Staff: Bae

Service Recipient: Kelly P.

Date: 4/28

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use:

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 :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : slow down, health food choices, low sodium, bite sized pieces

Chronic Medical Conditions ☐ No ☑ Yes – List: Scoliosis, hip displaced, dislocated hand, seizures, depression

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

Specific Health & Medical Needs ☐ No ☑ Yes – List: wheel chair, foot rest on - encouragement seizures

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
Hoyer, generalized, slow down verbs too fast, energize sent belt, bruises.
☐ 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: hear sides, ~~pain~~ arms & crafts, quiet space, depression

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

Important To: helping, being a part of the group, allergies

Important For: healthy choices, schedul.

Likes: helping, arts & crafts, making choices, camp

Dislikes: bad weather, storms

Describe Communication Style: verbal

Staff: Danielle Mendez

Date: 4.28.21

PAI

Service Recipient: Kelly Peterson

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use:

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 :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports : needs help cutting

Reminders to slow down encourage healthy food choices

Chronic Medical Conditions ☐ No ☐ Yes – List: CP Neurogenic bladder

limited use of L hand Scoliosis

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

No Meds @ PAI

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

depression

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

MC #15 mins alone time

☐ 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:

Nearsided doesn't like to wear glasses

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

throws things / give her space Quiet *Depression *raise reporting

Important To:	Important For:
Counting music, crafts, chores schedule	make healthy choices, plan schedule
Likes:	**Dislikes:**
Happy hr Beat pple Church	bad weather / storms

Describe Communication Style:

Verbal

Staff: Alicia L. Cox

Date: 4/28/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Pierson

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

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Help w Cutting Meat Slow Down Low Sodium + Fats

Chronic Medical Conditions ☐ No ☐ Yes – List: Scoliosis Neurogenic bladder CP - limited left hand

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

Specific Health & Medical Needs ☐ No ☐ Yes – List: Wheelchair w footrests, needs Reminders

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Go Slow Down Rangs too fast Reminders to keep better

☐ 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: Myopia won't wear glasses / History of false Reporting

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: Cuts + bruises on hands May throw items Becomes withdrawn Depression

Important To:	Important For:
Mom	Schedule, staff she knows, crafts
Likes: Church, Camps activities	**Dislikes:** Storms

Describe Communication Style:

Staff: Anne Rose Robinson

Date: 4/28/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Peterson

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

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports : slow down, encourage to make healthy decisions, need help eating

Chronic Medical Conditions ☐ No ☑ Yes – List: CP, neurogenic bladder, limited use of L. hand scoliosis

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports wheelchair, encourage seat belt, 15m of ambulating in building

☑ Support straps/belts needed do not let stand

☐ 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: myopia, refuses glasses

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: throw items at times, give her preferred activity, offer quiet space, has depression (becomes withdrawn), history of false reporting

Important To: make healthy choices, making own time alone, mom

Important For: being involved, making sensible, healthy choices

Likes: being a part of team, schedule, loves music, fun camp

Dislikes: bad weather (storms)

Describe Communication Style: Verbal, body gestures

Staff: Morgan

Date: 4/28

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Peterson

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 ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: Can't report loves everyone	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ 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: seasonal

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : slow down eating, healthy food choices, help cutting tough food

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy, right hip dysplasia, trouble w/ hand, scoliosis

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: wheelchair, going down ramp too fast, wear seat belt

☐ 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: near sightedness, arts + crafts

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: may need time alone, has depression, false reporting

Important To: country music, having schedule, art/crafts, mom	Important For: healthy choices
Likes: music, art/crafts	Dislikes: storm

Describe Communication Style: verbal

Staff: ERIN SANDSTROM

Date: 4-28-2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: KELLY PETERSON

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

Outcome #1 N/A	Outcome #2 N/A
Technology Use:	

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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
SLOW DOWN, HEALTHY FOOD CHOICES, LOW SODIUM & SATURATED FATS

Chronic Medical Conditions ☐ No ☒ Yes – List:
CP – NEUROGENIC BLADDER, SCOLIOSIS
LIMITED LEFT HAND USE, DEPRESSION

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
W/C – ENCOURAGE SEATBELT
– 15 MIN – ALONE TIME
☐ 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:
MYOPIA

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
THROW ITEMS AT TIMES – GIVE SPACE, ARTS & CRAFTS
QUIET SPACE

Important To: SCHEDULE, CHOICES	Important For: SCHEDULE, HEALTHY CHOICES
Likes: HAPPY PEOPLE ARTS & CRAFTS	Dislikes: BAD WEATHER/STORMS

Describe Communication Style:
VERBAL

Staff: Alesha Bidwell

Date: 4/28/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly peterson

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 ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: lack verbal skills/strangers	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ 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: Season/Pet	Epi Pen/Treatment ☒ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe :	Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : reminders to eat slow healthy food choices

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebal palsy, right hip dysplasia depression

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Wheelchair, straps/seatbelt ☒ 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:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: likes to throw things

Important To: Mom	Important For: make healthy choices help others
Likes: Happy, upbeat people, country music, arts and crafts	Dislikes: Bad weather, storms

Describe Communication Style: Verbal

Staff: Kia L. Bauch

Date: 4/28/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Peterson

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use:

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 :

Seizure PRN ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
Slow down
make healthy food choices

Chronic Medical Conditions ☐ No ☑ Yes – List:
Cerebral Palsy scoliosis
right hip displactia depression

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

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports
wheelchair
alone time
☑ Support straps/belts needed seatbelt

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

☐ 2 Person Hoyer
staff in cares room: ____
☑ 1 Person Hoyer / Track
☐ Arjo 4-sling

Community & Water Safety Skills ☐ No ☑ Yes

Sensory Disabilities ☐ No ☑ Yes – List:
needs glasses but doesn't wear them

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
Keep busy, offer quiet space

Important To:	Important For:
Family	help her make healthy choices

Likes:	Dislikes:
happy people, country music, arts/crafts	bad weather, storms

Describe Communication Style:
verbal

Staff: Colette Rice

Date: 4 28 21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Peterson

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 ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☒ Other: lacks verbal skills w/ strangers	☒ Inability to identify dangerous situations ☐ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:
Outcome #1 Ø		Outcome #2 Ø	
Technology Use:			

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 :	Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : reminders to slow down/ Choosing healthy food on outings

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy hip displacia Scoliosis

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

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports		
Encourage to wear belt ☐ 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:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports: false reporting likes happy People

Important To: Country music making choices	Important For:
Likes: Church arts Camp crafts	Dislikes: Bad storms Weather

Describe Communication Style: Verbal

Staff: Jenny Trimble

Date: 4/28/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly Peterson

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

Outcome #1	Outcome #2
N/A	N/A

Technology Use:

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 :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Reminders to slow down / choosing food

Chronic Medical Conditions ☐ No ☒ Yes – List: CP, hip Displagia, Scoliosis

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

Specific Health & Medical Needs ☐ No ☐ Yes – List: Diagnosed w/ Depression

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: W/C encourage to wear seat takes off belt

☒ 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:

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

Important To: country music, making choices, going to church, arts & crafts, camp, Family

Important For:

Likes:

Dislikes: Bad storms & weather

Describe Communication Style: Verbal

Staff: Ker Yang

Date: 4/27/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Kelly P.

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

Epi Pen/Treatment ☑ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☑ No ☐ Yes Location:

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

Slow down, healthy food diet, bite sizes

Chronic Medical Conditions ☐ No ☑ Yes – List:

CP, neurogenic, limit use L hand, Scoliosis, depression

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

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

hide cuts / bruises

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

Wheelchair / pivot foot rest me

☑ 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:

limit L hand, near sightedness does like glasses

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

throwing items, depressions, false reporting

Important To:	Important For:
family, friends, clients	family, healthy choices
Likes:	**Dislikes:**
ales / chips, music choices, help others	bad weather

Describe Communication Style:

verbally