Service Training Log – Linden

DA

Date: 8/24/2021

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.5	Morgan Bradshaw, Direct Service Professional		Primary	Review the following documents IAPP, SMA, CSSPA: RB, MK, AG

Make up Date	Initial	EE ID	Last Name	Make up Date	Initial	EE ID	Last Name
	_MB_		Bradshaw, Morgan				

Make Up Date	Initial	EE ID	Managers /Admin	Make up Date	Initial	EE ID	Other Attendees

Staff: __Morgan B.__

PAI

Service Recipient: __Robert (Bob) B.__

Date: __8/24/2021__

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: inaccurate reporter	☒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
Choose which lunch item to eat first	accept hand massage for 1 min or more

Technology Use: iPad/computer for music

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

Allergies ☐No ☒Yes – List: Penicillin, baby powder	Epi Pen/Treatment ☐No ☐Yes Location:
Seizures ☐No ☒Yes – Describe: General seizures (Controlled w/ meds)	Seizure PRN ☐No ☐Yes Location:

Choking/Specialized Dietary Needs ☐No ☒Yes – Describe Equipment/Supports:
Physician ordered Pureed diet, schatzki's Ring   thin liquids   1500 calorie restriction

Chronic Medical Conditions ☐No ☒Yes – List:
Polymyalgia rheumatica (PMR) cerebral palsy, spastic quad

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

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

Mobility Supports Fall Risk ☐No ☒Yes – Describe primary mobility & supports Unsteady gait if wheelchair is not secured correctly ☒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:
hitting his head using hand or throwing himself back in wheelchair to hit his head

Important To: Seizure disorder daily routine Resting pureed diet	Important For: quiet space leaving room when it's loud
Likes: blankets being cozy certain staff	Dislikes: loud rooms being uncomfortable

Describe Communication Style:
vocalizations

Staff: __Morgan B.__

Date: __8/24/2021__

PAI

Service Recipient: __April G__

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)
Is the person susceptible to abuse in this area?

Sexual Abuse [X] Yes [ ] No	Physical Abuse [X] Yes [ ] No	Self-Abuse [X] Yes [ ] No	Financial Exploitation [X] Yes [ ] No
[X] Lack of understanding of sexuality [X] Likely to seek/cooperate in an abusive situation [X] Inability to be assertive [ ] Other:	[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 [X] Neglects/refuses to take medications [ ] Other:	[X] 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: __NKA__	Epi Pen/Treatment [ ] No [ ] Yes Location:
Seizures [ ] No [ ] Yes – Describe : __None__	Seizure PRN [ ] No [ ] Yes Location:

Choking/Specialized Dietary Needs [X] No [ ] Yes – Describe Equipment/Supports :
eats slowly / carefully   bite size pieces   low cholesterol diet

Chronic Medical Conditions [ ] No [X] Yes – List:
down syndrome, intellectual disability, moderate alzheimers, dementia, chronic blood clots, sleep apnea   constipation

Medication Administration/Treatment Orders [X] No [ ] Yes – Describe Equipment/Supports :

Specific Health & Medical Needs [X] No [ ] Yes – List:

Mobility Supports Fall Risk [ ] No [X] Yes – Describe primary mobility & supports Unsteady at times [ ] 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 [X] No [ ] Yes

Sensory Disabilities [X] No [X] Yes – List:
bilateral hearing loss

Self-Management of Behaviors [X] No [ ] Yes – Describe supports:
will leave room unannounced

Important To: friends routines dancing singing 1:1 w/ staff	Important For: gentle reminders, keep statements short being patient
Likes: Singing dancing, friends	Dislikes: being overwhelmed

Describe Communication Style:
Verbal

Staff: **Morgan B.**   Date: **8/24/2024**

PAI

Service Recipient: **Melissa K.**

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:	☒ 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
Choose group to join daily	Greet peer by name 3x week

Technology Use: iPad/computer for music, sensory videos

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: is on meds	Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
carbohydrate controlled diet
bite size pieces

Chronic Medical Conditions ☐ No ☒ Yes – List: toxic megacolon, ileostomy, chronic diarrhea, hemiparesis, history of meningococcal meningitis, ataxia, brain injury, renal failure, chronic sinus infections, type 2 diabetic, trigeminal neuralgia

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports:
overheats at temps 95° + keep cool/comfortable

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports hemiparesis ☒ 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   can be safe with support

Sensory Disabilities ☐ No ☒ Yes – List:
legally blind

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

Important To: family, outings, music/dancing, being creative, patient staff, sorting cards	Important For: try new things empty colostomy bag time to answer food at safe temperature, any changes to schedule tell her
Likes: crafts dancing, music, outings	Dislikes: overheating

Describe Communication Style:
Verbal

Staff: _____   **PAI**   Service Recipient: _____

Date: _____

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☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ 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:	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:

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

Important To:	Important For:
Likes:	Dislikes:

Describe Communication Style: