Service Training Log – Linden

Date: 9/16/21

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.0	Morgan Bradshaw, Direct Service Professional		Primary	Review the following documents IAPP, SMA, CSSPA: DS, AM

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

Make up Date	Initial	EE ID	Last Name

Make Up Date	Initial	EE ID	Managers /Admin

Make up Date	Initial	EE ID	Other Attendees

Staff: Morgan B

Date: 9/16/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dan S.

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
Use Mac Switch to choose a song	

Technology Use: iPad/computer

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List:
codeine/morphine insect bites/stings, seasonal allergies

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe :
generalized tonic clonic seizures

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
G-tube, pleasure tasting

Chronic Medical Conditions ☐ No ☒ Yes – List:
Osteoporosis
cerebral palsy psychomotor delay

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
can not bear weight
☒ 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:
right optic atrophy

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

Important To:	Important For:
offer hugs/holding hand w/ person	G-tube being offered choices
Likes: music playing piano being outdoors art	Dislikes: not being at eye level for communication

Describe Communication Style:
Vocalizations, body language, hand gestures

Staff: Morgan B.

Date: 9/16/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Angelina M.

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 lotion scent	greet someone in community

Technology Use: iPad, computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: none

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☐ Yes – Describe : neonatal

Seizure PRN ☒ No ☐ Yes Location:

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

NPO

Chronic Medical Conditions ☐ No ☒ Yes – List:

Cerebral palsy w/ spastic quadriparesis/extreme hypertonia, Dgi Wie syndrome osteopenia, ehrele-danos, pancytopenia, bowel obstructions, MRSA, colostomy

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

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

DNR/DNI ostomy bag, Baclofen pump

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

Cerebral palsy w/ spastic quadriparesis extreme hypertonia

☒ 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:

none

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

none

Important To:	Important For:
looking nice, being complimented	G-tube
Likes:	**Dislikes:**
bus driver Steve, being complimented, fun staff, having hair done, outings	not being able to try something new

Describe Communication Style:

facial expressions, body language