Service Training Log – Linden

Date: 7/21/2021

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: KL, SO

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: 7/21/2021

PAI

Service Recipient: Kathy L.

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 music while in recliner daily	3x week Kathy choose sensory object by eye pointing

Technology Use: iPad, Smart board

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Cerumenux, contrast dye

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

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

NPO

Chronic Medical Conditions ☐ No ☒ Yes – List:

Cerebral palsy
Spastic quadraparesis
Oxygen protocol
kyphoscoliosis, osteoporosis
osteopenia
UTI's

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

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

DNR/DNI O^2 Protocol neck brace

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

Cerebral palsy
Spastic quadraparesis
osteopenia

☐ 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:

Sympathy

Important To: being healthy, relax in recliner outings chocolate oldies music

Important For: tell me what going to do being talked to

Likes: being talked to taking naps Reople watch soft tones approach where can see

Dislikes: loud crowds

Describe Communication Style: non verbal

Staff: Morgan B.

Date: 7/21/2021

PAI

Service Recipient: Shannon O.

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
1x week Shannon read to peers	daily, new sign language word

Technology Use: iPad, computer

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: tonic clonic cluster complex partial

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
nectar like liquid small drinks between bites
mechanical soft no hard, raw veggies, tough meat, seeds, breads, nuts

Chronic Medical Conditions ☐ No ☒ Yes – List:
hereditary spastic para paresis, neurogenic bladder symptoms
depression urine retention

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
spastic para paresis
☒ 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:
some sign language, mild hearing loss in right ear

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

Important To:	Important For:
family, friends, own choices visiting friends being included, working	give space give opportunity to be independent offer choices give time to process things
Likes:	**Dislikes:**
baking own choices outings working helping others	not having personal space not having choices

Describe Communication Style: verbal (takes time to process some things)