Service Training Log – Linden

Date: 6/23/21

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: DC, ND

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

Date: 6.23.2021

PAI

Service Recipient: Nina D.

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 3x week music genre	Outcome #2 2 min in group she chose
Technology Use: iPad, Computer	

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: dander, pollen, dust,	Epi Pen/Treatment ☐ No ☐ Yes Location:
Seizures ☐ No ☒ Yes – Describe :	Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
Pureed w/ pudding thick liquids NO sugar free items

Chronic Medical Conditions ☐ No ☒ Yes – List:
RETT's, Asthma, Left lower lobe bleb, insomnia, dropped feet, Constipation scoliosis osteoporosis, hyperlipidemia, heel cord contracture, hemorrhoids

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :
collapsed lung, sun sensitivity

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
Wide gait, Rhetts, heel cord contracture, scoliosis ☐ 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: music therapy completing art projects nature	Important For: group participation assist w/ eating/meds
Likes:	Dislikes:

Describe Communication Style:

Staff: Morgan B

Service Recipient: Dorothy C.

Date: 6-23-2021

PAH

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 Greet peer using MAC 80%	Outcome #2 Scented lotion 80%
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: drop seizures	Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☒ Yes – Describe Equipment/Supports: regular ground to bite size, no raw veggies

Chronic Medical Conditions ☐ No ☒ Yes – List: spastic quadriplegia, cerebral palsy, equinus deformity of feet, mild scoliosis, cellulitus, hyperthyroidism, constipation, chronic lymphocytic Leukemia

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Baclofen @ 12pm noon daily

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

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports: w/chair ☐ 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: remove socks and shoes

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: needs assistance crossing street, may run chair into peers

Important To: personal space, sensory item always have belt fastened	Important For: bandanas, room to roam
Likes: sweet food, music, being read to bandanas	Dislikes: when others are in her way

Describe Communication Style: Nonverbal, look (point) w/ eyes