Service Training Log – Linden

Date: 8/31/21

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: LP, MM

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: 8/31/21

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Where People with Disabilities Connect with the Community and the World

Service Recipient: Laura 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:	☒ 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
2 types of music	Choose sensory activity

Technology Use: iPad, computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: minocycline. NO INFLAMMATORY MEDS BEES

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, quadreparesis, VP shunt, constipation, scoliosis, spastic ~~quadriparesis~~, encephalopathy, dysphagia, hip dislocation

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

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

hand contractures

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

Cerebral palsy, scoliosis, spastic quadriparesis

☐ 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:

objects at close distance

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

Important To:	Important For:
letting her know what you're doing	HOH activities, in-ceiling track system
Likes: music, positive staff, therapy, beauty group, looking her best	**Dislikes:** negative staff

Describe Communication Style:

facial expressions, vocalizations, eye pointing

Staff: Morgan B.

Service Recipient: Matthew M.

Date: 8/3/2021

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: 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
Greet peer w/ MAC switch	which drink/food he will eat first

Technology Use: iPad/computer

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 : bite size food w/ thin liquids

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy, folliculitis, right sided hemiparesis s/p Intracerebral hemorrhage infantile chronic constipation

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: paralyzed on right side of body

☒ 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: Vision impairment (overstimulation) paralyzed on right side of body

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: will hit/slap staff when agitated

Important To:	Important For:
relaxation, hands on, meeting new people	family, friends
Likes: joking around, wrestling, laughing, drumming, music therapy	**Dislikes:** not being able to participate

Describe Communication Style: Vocalizations, body gestures, facial expressions