Service Training Log – Linden

Date: 9/14/21

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

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

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: 9/14/2021

PAI

Service Recipient: John B.

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 participation	invite peer from room to play/watch game

Technology Use: iPad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: mosquito bites, cats, dogs, anesthesia Penicillin, amoxicillin, bactrim, high milk/milk products, latex

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Oropharyngeal dysphagia (NPO)

Chronic Medical Conditions ☐ No ☒ Yes – List:

agenesis of corpus collosseum, cerebral palsy, spastic quad, hypothyroidism, acute respiratory failure, tachycardia, adrenal insufficiency, colitis, panhypopituitaryism, severe pneumonia

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

Neuromuscular restrictive lung disease acute hypoxic hypercapnia respiratory failure

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

blood clot equipment failure, tracheostomy

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

spastic quad cerebral palsy

☒ 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:

be told of loud noise beforehand

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

Important To:	Important For:
Wheel of fortune Price is right iPad therapy dogs	being outdoors, trach, offer choices
Likes:	**Dislikes:**
when people sing to him	pianos/piano sounds

Describe Communication Style:

body, gestures, vocalizations