Service Training Log – Linden

Date: 9/23/21

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.5	Morgan Bradshaw, Direct Service Professional		Primary	Review the following documents IAPP, SMA, CSSPA: LD, JJ, DH

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: 9/23/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Jilli J.

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
Choose between 2 crafts for peers	choose activity to do while standing

Technology Use: iPad, computer

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: enviroment allergies, cefzil

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: none

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy w/ spastic quadriplegia, Chronic GERD, 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: Cerebral palsy w/ spastic quadriplegia, unable to bear weight, electronic wheelchair

☒ 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

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: None?

Important To:	Important For:
having questions answered, keeping engaged	giving options of things to do
Likes: having time to process things, soft music	**Dislikes:** being told NO, not being challenged, being rushed

Describe Communication Style: verbal, facial expressions

Staff: Morgan B.

Date: 9/23/2021

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Service Recipient: Deanna H.

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
touching object to use daily	Choose music or book to listen to

Technology Use: computer, iPad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: lactose intolerant

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe : none

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : bite size pieces, lactose intolerant

Chronic Medical Conditions ☐ No ☒ Yes – List: lactose intolerant, roseca, UTI's, yeast infection, blood clots

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: high risk excessive bleeding due to blood thinners

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: unsteady gait, poor depth perception

☐ 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 impairments

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: may pinch or scratch when anxious

Important To:	Important For:
holding someones hand while walking music therapy	telling her where shes walking to
Likes: having nails/hair done, eating sweet foods, being engaged in activities	**Dislikes:**

Describe Communication Style: Vocal, facial expressions

Staff: Morgen B.

Date: 9/23/2021

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Where People with Disabilities Connect with the Community and the World

Service Recipient: Larry D.

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
Place manipulative in basket @ end day	choose room to visit
Technology Use: iPad, computer	

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: anti-psychotics, trilafon, perphenazine	Epi Pen/Treatment ☒ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe : none	Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :
bite size pieces, tongue sensitivity

Chronic Medical Conditions ☐ No ☐ Yes – List: Hep B- carrier, cerebral palsy, Barretts esophagus congenital quad, sliding hernia w/ reflux, GERD, circumferental hemorrhoids seographical tongue

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
mylanta 30 min after meals

Specific Health & Medical Needs ☐ No ☐ Yes – List:
none

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports		
edema, cerebral palsy	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo
☐ Support straps/belts needed		

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☐ No ☒ Yes – List:
able to say when enviroment is overwhelming

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:
may self-induce emesis

Important To:	Important For:
being able to move around room giving space	making choices choose from multiple manipulatives
Likes: having belt and pedals off taking shoes/socks off	Dislikes: not being clean/ tidy

Describe Communication Style:
vocalizations, body gestures