



In-Service Training Log – Oakdale

Date:

12/14/2021

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Lindsay			Covid Booster shots
.25	Lindsay			Telephone and personal Communication Devices
.50	Maddy & Emily			Competency Reviews: AG and DW

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Potenti Basurt-Montes, Mari
	AD		Diaz, Amanda
	PD		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LSH		Hartman, Lisa
	NA		Larson, Nancy

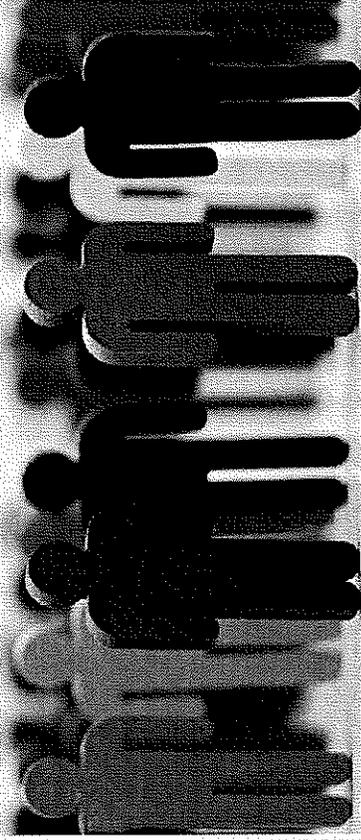
Make up Date	Initial	EE ID	Last Name
	TL		Lorsung, Tristen
	JP		Pratt, Jalysa
	MS		Sweeney, Maurita
	SB		Berglund, Sara
	KP		Perry, Kathy
			Anderson, Roseanne

Make Up Date	Initial	EE ID	Managers/Admin
	HL		Hiland, Lindsay
	EL		Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

**PAI-
Linden/Oakdale
Team Meeting**

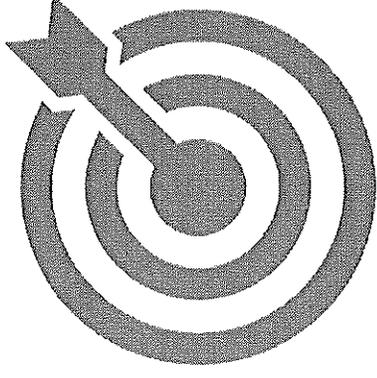
12/14/2021



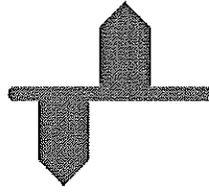
Agenda

Welcome
Site-Specific Updates
Employee Handbook Review
Competency Reviews
Plans for a Seasonal Celebration
Wrap Up

Use remaining time for LMS Trainings



Welcome



Sign In



Introductions



A moment of gratitude

Site-Specific Updates

Staffing Updates

- Welcome Sommer and Kanya!
- Sommer – Northstars
- Kanya - Wild 1
- Tyler B. accepted offer – start date TBD
January

Trainings due by end of the month including;

- Competency and Semi-Annual Reviews
- Complete 2021 Trainings



Agency-Wide Updates



November 18, 2021

To: PAI Employees

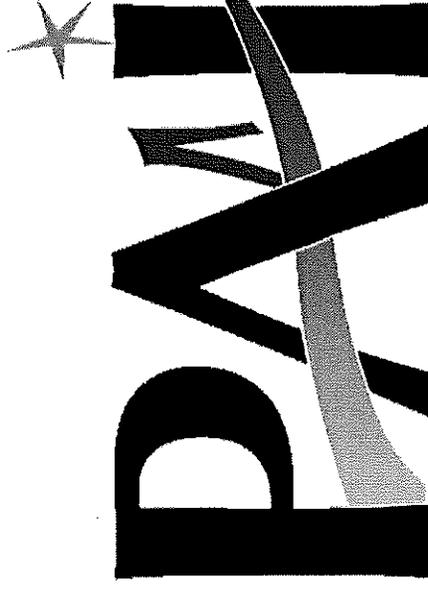
From: Amanda Neumann

Re: COVID-19 Updates

PAI continues to monitor the changing rules, orders, and guidance of COVID-19, making any necessary changes to our COVID-19 practices consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) and the State of Minnesota.

On April 1, 2021, the American Rescue Plan Act was signed. This act defined reasons that an employee might qualify for emergency paid sick leave and expanded FMLA. These optional benefits expired on September 30, 2021. This means any time off due to COVID-19 will not be paid by the employer.

If you are experiencing COVID-19 symptoms, please do not report to work. Call your supervisor to discuss next steps. If you have been exposed to or tested positive for COVID-19, you must report it to your supervisor. Employees who must quarantine due to COVID-19 will need to use available PTO hours or unpaid time off when not enough PTO hours are available. PAI has made the temporary decision to allow employees use of their available Med Pool hours due to a positive COVID-19 test or a mandatory quarantine. Employees who do not have PTO or Med Pool hours available and test positive for COVID-19 or are required to quarantine, can temporarily use unpaid time off, this must be approved by your supervisor.



Agency-Wide Updates

Booster Shots:

We believe all employees qualify for a COVID-19 booster shot based on the nature of our work. We encourage employees to check with their physician regarding their specific situation. Employees who choose to receive a booster shot and provide a copy of their vaccination card will receive a \$50 payroll credit. Please email or send a picture of your vaccine card to Amanda Neumann, Human Resources Manager, at aneumann@paimn.org or 763-370-3483. Employees who submit proof of vaccination booster will receive their \$50 credit on the following payroll. January 28th will be the last day employees can turn in proof of their vaccination booster to receive the \$50 payroll credit.

Below is a list of resources for employees to use to help locate a booster shot. These steps are like the process for getting your COVID-19 vaccination, you can look for appointments at several locations to sign up for your booster.

- Use the state's Vaccine Locator Map (<https://mn.gov/covid19/vaccine/find-vaccine/locations/index.jsp>) to find a vaccine provider near you.
- Check for vaccine appointments at <https://www.vaccines.gov/>, where you can search for appointments by vaccine type (e.g., Pfizer).
- Contact your primary health care provider or a local pharmacy.
- Walk in to one of the state's COVID-19 Community Vaccination sites (<https://mn.gov/covid19/vaccine/find-vaccine/community-vaccination-program/index.jsp>).



Employee Handbook Review

www.paimn.org



PAI Policies and Procedures

- Policy Index
- 2021-2022 Individual Support Services Policies and Procedures
 - Admission
 - PAI/13241
 - Temporary Service Suspension
 - PAI/13242
 - Grievances
 - PAI/13243
 - Data Privacy
 - PAI/13244
 - Emergency Use of Manual Restraint
 - PAI/13245
 - Reporting to and Reporting Incidents
 - PAI/13246
 - Employment
 - PAI/13247
 - Review of Incidents and Emergencies
 - PAI/13248
 - Reporting and Review of Maltreatment of Vulnerable Adults
 - PAI/13249
 - Reporting and Review of Maltreatment of Minors
 - PAI/13250
 - Safe Transportation
 - PAI/13251
 - Anti-Fraud
 - PAI/13252
 - Alcohol and Drug Use
 - PAI/13253
 - Deaths of a Person Served
 - PAI/13254
 - Universal Precautions and Sanitary Practices
 - PAI/13255
 - Safe Medication Assistance and Administration
 - PAI/13256
 - Service Termination
 - PAI/13257
 - Person-Centered Planning and Service Delivery
 - PAI/13258
 - Employee Handbook

NEWS & EVENTS

- COVID-19 Updates
 - Newsroom
- Event Calendar
 - Join Our Staffing Unit
 - 2021/2022 Open Dates
- PAI Policies and Procedures
 - PAI Program Abuse Protection Plan
 - Satisfaction Survey 2021

Employee Handbook Review

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Telephone and Personal Communication Devices

Each location has limited phone lines for business use. These lines are busy and personal calls severely limit the phone lines available. As a result, we ask you to inform your friends and family that incoming calls are limited to those of importance and for emergency only. Because of your work responsibilities, there are times we may not pass on calls to you. Outgoing calls should be made during your break(s), not during times when you are responsible to provide client supervision or perform other duties. Please limit your calls to three minutes. **Long distance calls require prior approval.**

Employee Handbook Review

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Telephone and Personal Communication Devices

Wireless electronic or personal communication devices should be powered off when you are working. This includes, but is not limited to: cell phones, blackberries, iPods, radios, game boys, pagers, texting, viewing and taking pictures, playing games, and accessing the internet. You may only access these devices while on break and in appropriate break areas; please be considerate of others in the break area. These devices must not be used on work time especially in: client areas, on outings, in vans or busses, while job coaching, or during training. If you have an unusual circumstance and need to receive a call, you may leave your communication device set on "vibrate" if approved and pre-arranged with the Department Coordinator or Director. Should you receive a pre-approved call, you are required to ensure that the staffing coverage is appropriate and take your call while on break. PAI reserves the right to determine, in its sole discretion, whether an employee's use of personal electronic equipment or wireless communication devices is inappropriate.

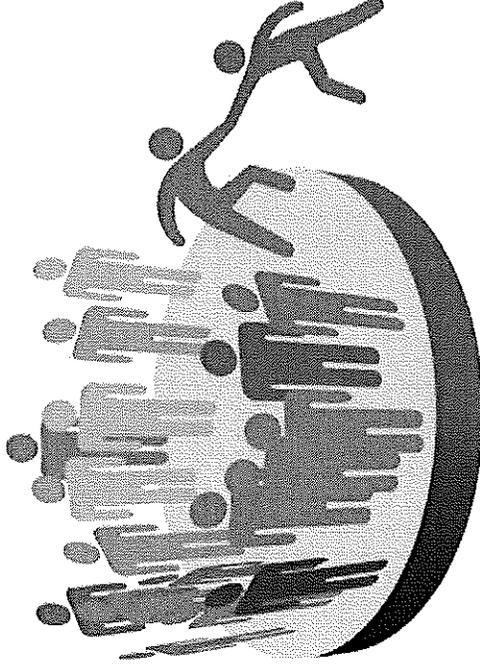
Competency Reviews:

Linden:

Alex Guthman – Presented by Maddy

Oakdale:

Davis Wolf – Presented by Emily



Alex Guthman – Wild 1 Room



Outcome #1:

Weekly, Alex will walk to visit a program area of his choosing in 80% or more trials over a 12 month period.

Summarize Steps:

1. A minimum of once weekly, Alex will be asked where he would like to go for a walk (Hallway, another program room, the fish tank)
2. Alex will be observed for nonverbal communication indicating a preference.

Alex may indicate a positive response to a choice using facial expressions or by clapping his hands.

Alex may indicate his disinterest in a choice by pulling his hands away or frowning.

3. After Alex indicates a choice staff will offer Alex support as needed to walk to his chosen destination.

- Alex is able to walk short distances, staff support Alex by staying at an arm's length and continually offer their hand nonverbally while Alex is walking.
- Staff may also use a transfer belt with Alex when he is walking. Staff will walk at his side holding onto the transfer belt (if using) or offer their arm for support.
- Alex may also use his wheelchair as a walker indoors
- if staff offers too much assistance during walking, Alex may go to the floor or stop walking.

If Alex walks to his chosen destination, the outcome will be documented as achieved (y)

Should Alex choose not to go for a walk, the outcome will be documented as not achieved (n)

Alex Guthman

Outcome #2:

Daily, Alex will choose which lunch item he would like to eat first in 80% of trials over a 12 month period.

Summarize Steps:

1. At the start of lunch hour each day, Alex will be shown the items in his lunch and staff will verbally describe the options to Alex.
2. Alex will be asked which he would like to eat first and will be encouraged to touch his preference.

If Alex communicates his preference by touching the preferred lunch item, the outcome will be documented as achieved (y) and Alex will be assisted in plating the food item of his choice.

Should Alex choose not indicate which item he would prefer to eat first, the outcome will be documented as not achieved (n) and Alex will be offered his fruit veggie or main course item first.



Alex Guthman

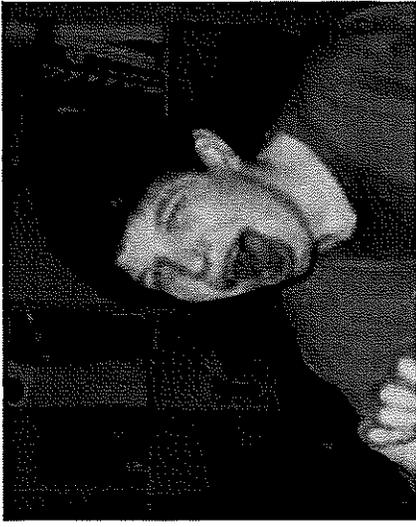
Communication Style: Alex communicates using facial expressions, vocalizations, and gestures.

Learning Style: Alex appears to be an auditory, visual and kinesthetic learner. He responds best to verbal and physical prompts and learns through repetition.



Alex Guthman

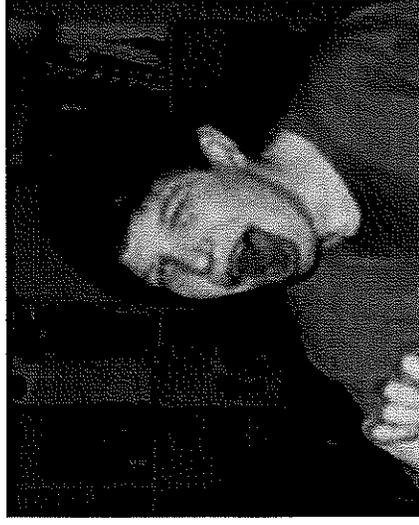
Is this person able to self-manage according to the IAPP, SMA & CSSPA –
check yes or no below



Self Manage	
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex is allergic to bee stings and sulfa. Staff bring his epi-pen on outings and administer if needed. Staff will help Alex avoid places that have higher risk of bee presence.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised and monitored for seizure activity. Staff are trained on Alex's seizure protocol. All seizure activity will be reported to his residence.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is visually monitored during meals and offered assistance as needed. When completing activities or using small objects, staff will remain close by. If Alex starts choking, staff will give abdominal thrusts and call 911.

Alex Guthman

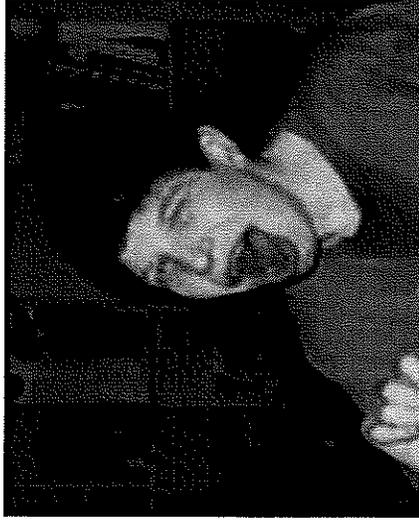
Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below



Self Manage	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex has a physicians ordered bite sized diet. Alex's lunch is sent from home prepared according to his diet. Alex uses a coated built-up spoon, scoop plate, and sports bottle. Alex's intake will be communicated to his residence.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha Thalassemia X-linked syndrome, Brachycephalic, Cleft palate, Epicanthus, Ocular Hypotelorism, GERD, Periodic Tachycardia, Eczema, Osteoporosis, Chronic ear infections. Staff are trained on all of Alex's conditions and will report any signs/symptoms to his residence. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications are administered according to prescriber's orders. Staff receive training on medication administration and quarterly medication administration record reviews are completed to ensure no med errors have occurred.

Alex Guthman

Is this person able to self-manage according to the IAPP, SMA & CSSPA -
check yes or no below



Self Manage	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex requires full assistance with personal cares. He will stand while holding the mat table while staff complete his cares. Staff assist Alex to wear clean and dry clothing.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff stay an arms length away and offer their hand while Alex is walking. Staff may use a transfer belt. Alex uses a wheelchair that staff propel for him. Any falls are communicated to his residence.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support while in the community. Staff observe what is occurring around Alex and intervene on his behalf for potentially dangerous situations.



Competency Tracking Form

PAI "Oakdale"

Participant: Alex Gytman Annual Service Span: _____

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
✓ 12/14/21	AFM	Alfredo Fierro-Morales
✓ 12/11/21	YH	Lindsay Highland
✓ 12.14.2021	CK	Emily Gumpeler
✓ 12.14.21	KM	Kaysa Mason
✓ 12-14	EP	Kathy Perry
✓ 12/14/21	JP	Jalysa Pratt
✓ 12/16/21	DL	Deanne Lepore
✓ 12/16/21	MBP	MBP
✓ 12/28/21	Pd	Paris Dyer
✓ 12/31/21	SB	Sara Berglund
✓ 12/14/21	MS	Maurita Green
✓ 12/14/21	TS ^{TL}	Tristen Lorenson
✓ 12/14/21	AD	Amanda Diaz
✓ 12/14/21	TB	Troy B.

Date Completed	Initials	Full Name
12/14/21	UH	Lisa Hartman ✓
12/14/21		Sara Berglund ✓

Date Uploaded to LMS: _____

Staff: Jalyssa Pratt

Date: 12/14/21



Service Recipient: Alex Gutthman

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1:
Summarize Steps: weekly alex will visit a program room of his choice. over the next 12 month. Over 80% or more.

Outcome #2: Daily Alex will choose which lunch item he would like to eat 80% or more over the next 12 months.
Summarize Steps:
• Alex will be shown items in his lunch to choose
• Alex will be asked which food item.
• Outcome will be documented.

Communication Style: communicates using facial expressions, vocalization, and gestures.

Learning Style: appears to be an auditory, visual, and kinesthetic learner.

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: allergic to bee stings and sulfa. Epi pen on outings. Avoid bees
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex will be supervised and monitored for seizure activity.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: visually monitored during meals and offered assistance as needed. Call 911 and give abdominal thrust.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized diet. Lunches sent from home. Uses a coated built up spoon, scoop plate, and sports bottle.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha thalassemia x linked syndrome, Brachycephalic, cleft palate, Epicanthus, Ocular hypotelorism, Gerd DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: meds are administered according to prescribers order. staff will need training.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stand while holding mail table.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Fall assist, offer support
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will provide support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Fall assist
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: uses his hands
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: His Family, walking independently, going on outings 1:1 with staff and peers	
Important for: Alex	
Likes: Mr. Man, having good food, being involved, down time, not enough food.	
Dislikes: Being bored or left out, being in pain	

Lead Review Completed: SM

Staff: Maurita Sweeney



Service Recipient: A. G.

Date: 12/14/21

Service Span: Dec '21 - Dec '22

Outcomes:

Outcome #1:
Summarize Steps: Walk to visit program area of his choosing. Weekly ask where he would like to go. Observe for nonverbal communication (smile, laugh) indicating a preference. Support in

Outcome #2: Choose which lunch item to eat first. walking to destination
Summarize Steps: Show items and verbally describe options. Ask which he would like to eat first. If chooses, outcome will be documented as achieved and plated for him first. Not choosing = ~~not~~ achieved. offer another first.

Communication Style: Laugh, smile, clap hands
Vocalizations, gestures

Learning Style: auditory, visual, verbal & physical prompts
learns through repetition.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee allergies / sulfa, Epi pen on outings.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitor for SE activity.</u> <u>All seizure activity reported to home.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visual monitor during meals for Choking. Call 911 if choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered bite size diet built up spoon and scoop plate.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Several</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Cleft Palate, Chronic ear infections, GERD</u> <u>ECZEMA, Osteoporosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff are trained on medication.</u> <u>Quarterly reviews are done.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stand and hold mat table while staff complete his cares.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Transfer belt, staff stay arm length away</u> <u>wheel chair if needed</u> <u>offer hand</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide support and intervene in any dangerous situations.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss. If more than 3 feet away speak above normal voice.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal prompts + redirection techniques.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family, walking independently</u>
Important for:	<u>Keeping peers at arm length away.</u> <u>Epi pen. Physician ordered diet</u>
Likes:	<u>Having good food, recliner, being involved.</u>
Dislikes:	<u>Bored, uncomfortable, left out, not enough to eat.</u>

Lead Review Completed: GM

Staff: Tristen Lossing



Service Recipient: Alex G.

Date: 12/14/21

Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Weekly walk to visit a program room
 Summarize Steps: weekly walks - asked where he'd like to walk. - observed comm. for preference. - facial expressions
 - offer support to walk short distances, offer hand/transfer belt - walking to chosen destination.

Outcome #2: min. once weekly asked where'd Daily, choose which lunch item he'd like to eat first
 Summarize Steps: - show items for lunch - verbally describe options - asked for preferred item
 - he'll touch preferred item

Communication Style: facial expressions, body lang., vocalizations, gestures

Learning Style: Auditory, visual, repetition, verbal prompts, physical prompts

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings, Sulfa epi pen on outings</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>last seizure march 2021 protocol in mar</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>small monitored water out bot</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size, built up spoon, sports bottle, scoop plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Osteoporosis, chronic ear infections, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>ocular, GERD</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Trained staff on medication administration, prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stand holding mat table, while staff assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>hand/arms length away while walking, uses wheelchair staff propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision/support while in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Full assistance, hearing loss,</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore environment</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>walking, family, recliner, being independent</u>	
Important for: <u>peers arm length away, letting know a head of time, epi-pen</u>	
Likes: <u>Being independent, included, recliner</u>	
Dislikes: <u>left out, being in pain, not enough to eat</u>	

Lead Review Completed: AM

Staff: Amanda Diaz

Date: 12/14/2021



Service Recipient: Alex G

Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: <u>Alex will weekly walk to visit another program room</u> Summarize Steps: - will be asked where he would like to go walk - will watch how he communicates choice - use facial expression
Outcome #2: <u>Alex daily will choose which lunch item he wants to eat first</u> Summarize Steps: - will be shown item and told what they are - will be ask to touch item he wants to eat first
Communication Style: <u>facial expression or hand clapping, vocalization, gestures</u>
Learning Style: <u>Appears to be an auditory, visual and kinesthetic learner learns through repetition.</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bee stings, sulfa, epi-pen</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>last seizure was march 2021</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>watch around small objects</u> swallow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physician bite sized diet, built up spoon, scoop plate, sports bottle to drink</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alpha Thalassemia, X-linked syndrome, GERD, Eczema</u> chronic ear infections
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored by staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will be assisted by staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Transfer belt, wheelchair, arm lengths away</u> <u>hand offered during transfer</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff observe and physical support with while in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Full assistance, hearing loss,</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alex uses his hands to explore environment</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>family, walking, being in community, lil with staff</u>
Important for:	<u>keeping peers an arms length away, letting him know before you do anything, his epi-pen</u>
Likes:	<u>having good food, down time in recliner</u>
Dislikes:	<u>being left out, pain or uncomfortable, not enough food</u>

NO

Lead Review Completed: AM

Staff: Trey G
 Date: 12-14-21



Service Recipient: Alex G
 Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Walk to a Visiting Program in 80% or more trials
 Summarize Steps: (1 of his choice)
- Offer hand,

Outcome #2: Choose which lunch item he would to eat first.
 Summarize Steps: (80% of all trials)
1. Show and Describe, 2. Asked which (touch to Choose),

Communication Style: Facial expressions, vocalizations, Gestures

Learning Style: Auditory, Visual and Kinesthetic

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings and sulfa (epipen during)</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>watched and monitored</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored during meals</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Base sized, scope plate, sports bottle, Coated built up spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Osteoporosis, eczema, cleft palate, Gerd,</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Administered according to prescribers Orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stand while holding the mar Table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Transfer Belt, Arms length, wheel Chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision, support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>with assistance hearing loss</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Prompts, hands to explore environment</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>1:1 with staff, Being around people who know him, Family, walking independently, going on outings</u>
Important for:	<u>Arms length away</u>
Likes:	<u>own time, being involved</u>
Dislikes:	<u>Being in pain, uncomfortable,</u>

Lead Review Completed: GM

Staff: Lisa Hestunen



Service Recipient: Alex Gutman

Date: 12-14-21

Service Span: 12/21 - 12/22

Outcomes:

<p>Outcome #1: <u>Wkly - Will walk to visit a program area of choice</u></p> <p>Summarize Steps: 1. ask where he wants to walk 2. also observed for NV comm. for preference 3. offer support as needed to chosen place</p>
<p>Outcome #2: <u>Choose used which lunch item he wants to eat first, daily</u></p> <p>Summarize Steps: 1. Show options, describe @ start of lunch 2. ask which to eat 1st - encourage touch</p>
<p>Communication Style: <u>clapping hands, facial expressions, frowning, pulling away, vocalizations, gestures</u></p>
<p>Learning Style: <u>Auditory, visual, repetition, verbal/physical prompts</u></p>

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>bee stings + sulfa, epipen on outings, avoidance of beer</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>supervised + monitored, residence notified, trained in protocol (staff)</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>visually monitored, helped as needed, choking, abdom. thrusts/call 911, staff close by</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>bite sized, sent from home, coated spoon, scoop plate, sports bottle</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Eczema, cleft palate, chronic, ear infections, etc</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>staff trained, per orders</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>hold mat table - full assist i cares</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: <u>roll transfer belt, arms length, may drop to floor, wheelchair, staffs needed, proper</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>supervision on outings, staff for intervene, physical support</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>hearing loss - normal conversation, 3ft. tone</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>hands to explore environment</u></p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>time alone</u></p>
<p>Important to: <u>family, lil, peers, being independent</u></p>	
<p>Important for: <u>peers arms length away, knowing before doing, ordered diet, epipen</u></p>	
<p>Likes: <u>good food, independence, downtime in recliner</u></p>	
<p>Dislikes: <u>hired not enough to eat</u></p>	

WH

Staff: Alfredo
 Date: 12/14/21



Service Recipient: Alex Gutierrez
 Service Span: 12/22/21

Outcomes:

Outcome #1: Alex will walk to visit a program area in 80% or more.
 Summarize Steps: Once weekly, Alex will be asked where to go.
 Will be observed for nonverbal communication.

Outcome #2: Alex will choose lunch item he would like to eat first.
 Summarize Steps: Alex will be shown lunch items and options described.
 Encouraged to touch preference.

Communication Style:
 Facial expression, clapping, pulls hands away, vocalizations

Learning Style:
 Auditory, visual and kinesthetic learner. Repetition.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Allergic to bee stings/sulfa. Epi-pen on outings. Avoid bees.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored for activity. Staff trained on protocol.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored while eating. If choking, staff give abdominal thrusts.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physicians ordered bite size diet. Prepared from home.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alpha Thalassemia X linked syndrome, Brachycephalic, cleft palate. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Administered to prescribers orders. Staff receive training.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will stand holding mat table while staff complete cares.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Transfer belt, wheel chair, staff offer a hand.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supervise and provide support. Intervene for dangerous situations.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing loss, normal convo tone, 3 feet away use louder tone
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff will use redirection techniques.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	His family, walking independently, outings, 1:1 w/ staff, peers, being around familiar people.
Important for:	Arms length away from peers.
Likes:	Good food, recliner
Dislikes:	Bored, left out, not enough to eat.

Col

Staff: Paris Dyer
 Date: 12/28/21



Service Recipient: Alex Guttman
 Service Span: _____

Outcomes:

Outcome #1: Alex will visit program area (weekly)
 Summarize Steps: Asked where he would like to go
Observed for non-verbal communication
Indicate disinterest by frowning or pulling away

Outcome #2: Alex will choose which lunch he would like to eat first
 Summarize Steps: Will be shown items in lunch
Ask what he wants to eat first
He will communicate by touching item.

Communication Style:
Facial expressions, vocalizations, and gestures

Learning Style:
Auditory, visual and kinesthetic

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings and Sulfq</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will be supervised and monitored</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored and offered assistance</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Gerd, Eczema, Osteoporosis, Chronic ear infections</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Administered according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requires full assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stay arms length away and offer hand</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Provide supervision and physical support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss, speak in close range</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Give verbal prompts, redirect</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to:
Family, walking, being included, sitting in recliner.

Important for:
keeping peers at arms length, tell before you do anything

Likes:
Good food, being involved, down time, independence

Dislikes:
Being bored or left out, being hungry

Lead Review Completed: GR

Staff: Sara Berghel
 Date: 2/3/21



Service Recipient: Alex
 Service Span: _____

Outcomes:

<p>Outcome #1: <u>Weekly walk to visit program area of choosing 80%</u> Summarize Steps: <u>OR more 10 minutes</u> <u>asked to go for a walk. observed might be positive clapping hands or facial expressions</u> <u>disinterested peeling hands away/frustrating. Walk to destination.</u> <u>arms lay flat. Transfer belt was on his side, wheelchair auto.</u></p>
<p>Outcome #2: <u>Daily choose lunch item he will eat first 80%</u> Summarize Steps: <u>Shown item in lunch & staff verbally describe 2 items.</u> <u>Be asked which he would like to eat first encouraged to touch item.</u></p>
<p>Communication Style: <u>facial expressions, vocalizations & gestures</u></p>
<p>Learning Style: <u>Auditory, visual & kinesthetic learner. responds best to verbal cues & physical prompts. Repetition.</u></p>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Bee stings & sulfa has epipen</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Supervised & monitored during seizure activity.</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>when by small objects ^{swallow} ^{chew by} is offered assistance as needed.</u> <u>visually monitored during meals</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>sent from home</u> <u>Bite size diet coated with ^{spoon} plate</u> <u>sports bottle</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Alpha-Thalassemia ^{X-linked} ^{Sickle Cell} Syndrome</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Brachycephalic, chest pain, Epicanthus, Oculax Hypertelorism</u> <u>blind, periodic tachycardia, osteoporosis, chronic ear infections.</u></p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>administered according to prescriber orders.</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>full assistance stand holding meter tape</u> <u>until cares are completed</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>arms length away after their hand</u> <u>while walking. use transfer belt. wheelchair can propel himself.</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>supervision & support (physical)</u> <u>staff observe around him in his behalf for potential dangers.</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Speak normal. rise voice when 3-ft away.</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>wants to explore environments. Verbal prompts & redirection techniques.</u></p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Important to:</p>	<p><u>family, walking independently, outings 1:1 staff & peers</u> <u>peers, being around people who know him, recreation, independence.</u></p>
<p>Important for:</p>	<p><u>keeps peers & arms laugh away, knowing kitchen doing,</u> <u>physicians over diet, epi-pen.</u></p>
<p>Likes:</p>	<p><u>mr. men, good food, being involved, recliner, independence.</u></p>
<p>Dislikes:</p>	<p><u>Bored for left out, pain, uncomfortable</u> <u>not getting away to eat</u></p>

Lead Review Completed: AR

Off: Kathy Perry
 Date: 12-14-21



Service Recipient: Alex H.
 Service Span: 12-21-12-22

Outcomes:

Outcome #1: Weekly Alex will walk to visit a program room of his choice
 Summarize Steps: 82% by trials 1 on 1 walk away when he would like to walk when indicated - other support - can walk short
Outcome #2: Daily choose what item he would like to eat first
 Summarize Steps: Show items & tell what options are. Encourage to touch his preference assist c plating item of choice
Communication Style: smiling/laughing - Yes
brown/pull away - No
Learning Style: facial expressions, vocalizations, gestures
auditory, visual, + kinesthetic learner Respond to verbal/physical prompts. Repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>keep strips, sulfa</u> <u>Epi pen avoid bees</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor seizures</u> <u>stays trained on seizures - Report to home</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor during meals</u> <u>open assist - keep small items away</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u> <u>Coated built up spoon, scoop plate, sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>alpha thalassemia & lentis syndrome</u> <u>Brachycephalic, cleft palate, GERD, osteoporosis</u> <u>Chronic ear infection</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>per Dr. orders</u> <u>trained med persons</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist - stands holding mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>transfer feet or hold hand side by side. Spilling</u> <u>too much will go to floor & Falls reported to home</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>total support</u> <u>intervene if necessary</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hearing loss - speak louder if 3ft away</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>uses hands to explore</u> <u>Verbal prompts to redirect</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family, outings, eating</u>
Important for:	<u>keep peers arms length</u>
Likes:	<u>good food, being indep, being involved</u>
Dislikes:	<u>bored, left out, pain/discomfort</u> <u>not enough to eat</u>

Lead Review Completed: [Signature]

Staff: Emily Eisenpeter



Service Recipient: Alex Guthman

Date: 12.14.2021

Service Span: Dec. 2021 - Dec 2022

Outcomes:

Outcome #1: ^{weekly} WALK to visit a program area.
 Summarize Steps: ASKED where we to walk, observed nonverbal communication - preference After choice staff offer support

Outcome #2: Daily choose lunch item to eat first.
 Summarize Steps: Start of lunch shown and described options, Asked which to eat first, touch - "y", follow through

Communication Style: facial expressions, vocalizations, gestures

Learning Style: Auditory, visual, verbal and physical prompts

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bee stings, sulfa epi pen - outings ambid bees</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor, trained to protocol, communicate w/residence</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored, abdominal thrusts, may eat small object</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, coated built up spoon, scoop plate sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>osteoporosis, chronic ear infections, cleft palate, GERD Eczema</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Administered according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stand holding mat table, staff provide full assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff in arms length, offer arm, transfer belt, wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision & physical support. staff assist if needed</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hearing loss - more 3 feet away talk louder</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hands to explore environments, redirection</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Family, walking, 1:1, peers, included, independence</u>
Important for:	<u>Epi Pen, Diet, Peers at arms length+, letting know when doing something</u>
Likes:	<u>Mr man, good food, involved, recliner</u>
Dislikes:	<u>Not enough to eat, left out, pain</u>

Staff: Marisol
 Date: 12/16/21



Service Recipient: Alex
 Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Weekly Alex will walk to visit a program area of his choosing Summarize Steps: Will go to hallway, another program room, or fish tank. Is supported by staff and may use transfer belt
Outcome #2: Daily Alex will choose which lunch item he would like to Summarize Steps: Alex will be shown lunch items & describe at first, options then will be asked his preference by touching desired choice.
Communication Style: communicates using facial expressions, vocalizations, and gestures.
Learning Style: Auditory, visual, and kinesthetic responds best to verbal and physical prompts and learns through repetition.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bee stings & sulfa "will bring epi-pen to outings"
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Is supervised & monitored for seizure activity
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex is monitored during meals & offered assistance when needed.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a physician ordered bite sized diet, it's sent & prepared accordingly to his diet, uses coated spoon & scoop plate
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Alpha Thalassemia X linked syndrome, brachycephalic cleft palate, epicanthus, ocular hypotelosism, GERD, eczema, osteopenosis, periodic tachycardia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications are administered according to prescribers orders by trained staff
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Alex requires full assistance, he will stand while holding mat table.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff stay at arms length and offer hand when alex is walking, may use a transfer belt, alex uses wheelchair to propel himself
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and support while in community and observe any potentially dangerous situations
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hearing loss - staff will speak in normal tone at close range and may raise voice if > 3 feet away.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Alex uses hands to explore his environment, staff will give verbal prompts and use redirection techniques.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: His family, walking independently, outings, 1:1 w/ staff, sitting in being included, being around peers and staff that know him & sitting in wheelchair	
Important for: Keeping peers arm length away, letting him know before you do anything, this epi-pen and physician ordered diet	
Likes: Mr. Man, having good food, being included, being independent and down time in routines	
Dislikes: Not getting enough to eat, being in pain or uncomfortable being bored or left out.	

CM



Competency Tracking Form

PAI "Oakdale"

Participant: DAVIS Wolf Annual Service Span: Dec 2021 - Dec 2022

Annual Meeting Date: 12.13.2021 Date Assigned to Lead: Emily Eisenpeter

Competency Quiz Due for all Staff: 1.11.2022

Documents Reviewed: CSSPA, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
12.14.21	EE	Emily Eisenpeter
12-14-21	NK	Nancy Nassim
12-14-21	MS	Maura Sweeney
12-14-21	MK	Maddy Kessler
12-14/21	OH	Ocla Harris
12/14/21	SM	Sommer Maki
12/14/2021	AO	Amanda Oros
12/14/21	TL	Teresa Trosky
12/14/21	TG	Trey Gould
12-14-21	UH	Ursula Hartman
12-14-21	DM	Danielle Mency
12-14-21	AFM	Alfredo Fiero-Montes
12/14/21	SH	Shirley Hladnot
12/14/21	BA	Bao Hu
12/16/21	FK	Festus Kalu

Date Uploaded to LMS:

1/10/22 MB Morgan Bradshaw

1/7/21 AP Anna Pratt

Date Completed	Initials	Full Name
12-14-21	KM	Kanya Mbon
12-14	KP	Kathy Perry
12/14/21	SC	Suzie Christensen
12/14/21	JS	Jane S
12/14/21	OT	Orly T-ble
12-14-21	ES	Erin Sandstrom
12/14/21	JP	Jalysa Pratt
12/14/21	KB	Kia L. Bauch
12/14/21	CR	Colette Rice
12/15/21	AC	Alex Cox
12/16/21	DL	Deanne Lefay
12/16/21	BA	Betsy Airport
12/16/21	MB	Megan Wagner
12/16/21	MH	Mary H
12/16/21	MBP	Mary Beth P
12-17-21	MG	Melanie Johnson
12/28/21	PD	Paula Dyer
12/31/21	SB	Sara Beyle

Staff: Emily Elsenpeter

Date: 12.14.2021



Service Recipient: Davis Wolf

Service Span: December 2021-December 2022



Outcomes:

<p>Outcome #1: <u>Davis will use his voice to communicate with his staff during his programming day.</u></p> <p>Summarize Steps: Staff will ask Davis a question, allow time to process, ask him to use his voice, may be asked multiple times throughout his day, praised for accomplishing the goal.</p>
<p>Outcome #2: <u>Davis will choose 2 staff members and/or peers that he would like to visit.</u></p> <p>Summarize Steps: Inform time to choose staff/peers to visit, present pictures, allow for choice to be made, staff assist in visiting.</p>
<p>Communication Style: Understands verbal, communicates with limited sign when prompted, words usually after comfortable with someone</p>
<p>Learning Style: Routine and repetition</p>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Vancomycin, rash on upper body, only given prescribed medication.</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Absence (Decrease in Responsiveness) and Tonic (Drop with stiffening), hasn't had seizure since 2018, VNS, Diazepam PRN</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Bite Sized, may put too much food in mouth, reminders to eat slow.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Bite Sized, Regular calorie diet prepared by staff/guardians</p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>List & Describe Supports: N/A DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Clonidine, Risperidone, Depakote</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: 2 briefs, supported to standing by 1 or 2 staff using the bar to hold onto, can use toilet</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Limited weight bearing, wheelchair-may propel himself for short distances, wears seatbelt at all times.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Constant supervision due to lack of safety skills</p>

Lead Review Completed: 

Staff: Sara Berglund
 Date: 12/31/21



Service Recipient: Davis
 Service Span: _____

Outcomes:

Outcome #1: Davis will use his voice to communicate with his staff during his program day.
 Summarize Steps: Staff will ask Davis a question, allow time to process, ask him to use his voice, may be asked multiple times during the day, praised for doing great.

Outcome #2: Davis will choose staff members/peers he would like to visit.
 Summarize Steps: Inform time to choose staff/peers to visit. Present pics, allow for choice to be made. Staff assist visit.

Communication Style: Understands verbal, communicates with limited signs when prompted Words usually after conflict with someone.

Learning Style: Routine & Repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, rash on upper body, only gives prescribed med.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence (decrease in responsiveness) 2018 last seizure VNS tonic (drop w/ rth stiffness)</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Size, may put too much food in mouth</u> <u>remembers to eat slow.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size culture diet prepared by staff/guardians</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Aprons supported by standing 1/2 staff using the bar to hold on to. use toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing assistances</u> <u>may propel chair himself short</u> <u>wears seat belt all times.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision due to lack of safety scales</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defensive on head</u> <u>provides space with negative communication</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hits himself on head</u> <u>throws things ask whats wrong.</u> <u>provide safe space</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to: <u>Preferred activities (music ipad coloring)</u>	<u>1:1 time with preferred staff preferred foods/drink</u>
Important for: <u>Communication skills</u>	<u>participate in activities w/ peers socializing</u>
Likes: <u>Being busy, Blue clues, coloring, shopping, going out to eat</u>	
Dislikes: <u>Environments where not engaged or non conversational around him. being to "not"</u>	

Staff: Paris D.
 Date: 12/28/21



Service Recipient: Davis Wolf
 Service Span: _____

Outcomes:

Outcome #1: Use voice to communicate with staff during programming
 Summarize Steps: Ask Davis question
Ask to use voice
Be excited when he responds

Outcome #2: Choose 2 staff/peers to visit
 Summarize Steps: Ask a question? Give time to process
May ask multiple times
Praise for accomplishment

Communication Style: Verbal, limited signing

Learning Style: Routine and repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vaccines: Causes rash on upper body</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absent and Tonic</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sizes as he may put too much food in mouth</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>None</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Double briefed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs to wear seat belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tactile defensive ↓ Constant Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit self, flip tables, and throw objects</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Dvds, ipad, visiting friends, coloring</u>
Important for:	<u>Using communication skills</u>
Likes:	<u>keeping busy, Barney, bluesclues, coloring</u>
Dislikes:	<u>feeling forced, not being engaged</u>

Lead Review Completed: MM

Staff: Marisol BP
 Date: 12/16/2021



Service Recipient: Davis
 Service Span: 12/2021 - 12/2022

Outcomes:

Outcome #1: <u>Davis will use his voice to communicate with his staff during his programming day. Staff will ask Davis questions, allow him time to process, ask him to use his voice, and be praised for accomplishments.</u>
Outcome #2: <u>Choose staff/peers to visit, present pictures, allow time for choice to be made & assist w/ visiting. Davis will choose 2 staff or peers he would like to visit.</u>
Communication Style: <u>understands verbal words usually after w/ limited sign when prompted, comfortable with someone.</u>
Learning Style: <u>Routine and repetition</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, rash on upper body, only given prescribed medication.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence & tonic, hasn't had one since 2018, VNS, Diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, may put too much food in mouth need reminders to slow down.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, regular calorie diet prepared by staff/guardians</u>
Chronic Medical Conditions: <u>N/A</u>	List & Describe Supports: <u>VIA</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, supported to standing by 1 or 2 staff using bar, can use toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing, wheelchair may propel himself for short distances, wear seatbelts</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision due to lack of safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive on head, provide space with negative communication</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on head, throwing items, provide safe location, communicate w/ Davis (and what's wrong.)</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Preferred activities (music, iPad, coloring), 1:1 time w/ preferred staff, preferred food and beverages.</u>
Important for:	<u>Uses communication skills and activities with peers and is socializing.</u>
Likes:	<u>Being busy, blues clothes, coloring, shopping, & going out to eat</u>
Dislikes:	<u>Environments where not engaged or no conversation around him, and being told "no."</u>

Lead Review Completed: MM

Staff: Kathy King

Date: 12-14-21



Service Recipient: Amir Woly

Service Span: 12-21-12-22

Outcomes:

Outcome #1: <u>Use voice to communicate & stay</u> Summarize Steps: <u>ask Amir question, ask & encourage to use his voice. Praise if uses his voice</u>
Outcome #2: <u>Choose 2 staff members on floor to visit</u> Summarize Steps: <u>Sporn him time to choose, present pictures, assist</u>
Communication Style: <u>Understands communication, limited sign will use words when comfortable & person</u>
Learning Style: <u>Routine + repetition</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vancomycin - rash</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence - v. responsiveness & tonic VNS, Diazepam PRN</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized - too much in mouth reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized Reg diet</u>
Chronic Medical Conditions: <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, risperidone, depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 buys - stands ≥ 1 stay + holding bar</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited weight bearing Propels ≥ feet - seat belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant Supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Jackley degenoise head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hits self on head, throwing items - provide safe location</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Prepend act - 1:1, coloring, music</u>	
Important for: <u>Use comm. skills</u>	
Likes: <u>Being busy Blues Clues, coloring, out to eat</u>	
Dislikes: <u>No conversation, not being involved, being told No</u>	

Full Code

Lead Review Completed: AM

Staff: Alfredo Fierro-Montiel



Service Recipient: Davis Wolf

Date: 12/14/21

Service Span: 12/21-12/2022

Outcomes:

Outcome #1: Will use voice to communicate w/ staff
 Summarize Steps: Staff will ask Davis a question, allow time to process, ask him to use voice.

Outcome #2: will choose 2 staff members that he will visit
 Summarize Steps: In form time to choose staff/peers to visit, present pictures.

Communication Style:
Verbal communication, sign, words w/ comfortable staff.

Learning Style:
Routine/repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin, rash, give prescribed medication</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence / Tonic, PRN.</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, remind to eat slow.</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized</u>	
Chronic Medical Conditions: <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>2 briefs 2 briefs</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Risperidone, Depakote</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, supported while standing</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing, wheelchair</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensiveness on head</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self on head, throwing items</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
Important to: <u>IPad, coloring, preferred preferred food/drink.</u>		
Important for: <u>comm skills, participate in activities.</u>		
Likes: <u>Being Busy, Blues Clues, coloring</u>		
Dislikes: <u>Not engaged, being told no.</u>		

AM

Staff: Lisa Hartman

Date: 12-14-21



Service Recipient: DWOLF

Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: <u>Use voice to communicate to staff</u> Summarize Steps: <u>ask question, process, use voice, use throughout day (praise)</u>
Outcome #2: <u>choose 2 staff members/peers to visit</u> Summarize Steps: <u>choose 2 pictures, help him visit</u>
Communication Style: <u>understands verbal, words yes/no, limited signs</u>
Learning Style: <u>routine + repetition</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin rash on upper body only prescribed</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence since 2018 VNS PPN seizure</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized diet - too much food in mouth reminders to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized - reg. call</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine resperidone Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>use toilet (can) 2 briefs support 1 one or 2</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limit weight bearing, wear lap belt</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile defense on head provide space</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit head, throw items: provide safe location ask what</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2</u>
Important to:	<u>I pad, coloring 1:1 to pref staff</u>
Important for:	<u>use comm skills socializing</u>
Likes:	<u>be busy blues chess coloring going out to eat</u>
Dislikes:	<u>not engage, told no, no conversations around him</u>

Lead Review Completed: CM

Staff: Trey G
 Date: 12/14/21



Service Recipient: Davis
 Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Will use his voice to communicate with staff during the day.
 Summarize Steps: Ask question, allow time to process

Outcome #2: Will choose 2 staff/peers he would like to visit.
 Summarize Steps:

Communication Style: understands verbal, yes or no

Learning Style: routine and repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tonic, Absence, hasn't had a seizure since 2018</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Sized</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite Sized, prepared by guardians</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Clonidine, Aripiprazole, Depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 Briefs, supported by 2 staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited weight bearing</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive head</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit head, throw tables</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised times</u>
Important to: <u>music, coloring, 1:1 staff</u>	
Important for: <u>communication</u>	
Likes: <u>busy, coloring, blues cues</u>	
Dislikes: <u>lack of conv</u>	

Lead Review Completed: GM

Staff: Tristen Loring
 Date: 12/14/21



Service Recipient: Davis, W.
 Service Span: Dec. 21 - Dec. 27

Outcomes:

Outcome #1: use voice to communicate during day
 Summarize Steps: - ask questions - praise for using it multiple times

Outcome #2: Choose 2 staff members/peers to visit
 Summarize Steps: - Inform choices, present pictures, allow time to choose

Communication Style: Verbal understands, some sign, yes/no questions, body lang., facial gestures

Learning Style: routine, repetition,

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>rash on upper body, vancomycin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>absence, tonic vns magnet.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, regular diet caloric</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>clonidine, resperidone, depakote</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, support to stand 1-2 staff, utilize toilet,</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may propel short distance</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tactile def. on neck</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit self, throw items - redirect, encourage to use voice</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: music, coloring, I-pad

Important for: comm. skills, participate in activities

Likes: Busy, coloring, going out to eat

Dislikes: not engage, told No

Lead Review Completed: AM

Staff: Amanda Diaz
 Date: 12/14/2021



Service Recipient: Davis W
 Service Span: _____

Outcomes:

Outcome #1: will use his voice to communicate with his staff during programming
 Summarize Steps: - Ask davis question
 - Ask to use voice
 - be excited when he responds

Outcome #2: will choose 2 staff members and/or peers that he would like to visit
 Summarize Steps: - Time to choose staff or peer
 - Allow choice to be made

Communication Style: verbal communication, limited sign once comfortable

Learning Style: routine and repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vancomycin: rash on upper body</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence & Tonic</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized may put to much food in mouth</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sited</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>clonidine, Risperidone, Depakote</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Double brief,</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Need to wear seat belt</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>constant supervision</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defensive on head</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit his head, throw items, safe location</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>	
Important to: <u>music, ipad, coloring, food beverages</u>		
Important for: <u>use communication skills</u>		
Likes: <u>Being busy, Blues chess, coloring, shopping,</u>		
Dislikes: <u>Not enough engagement</u>		

Lead Review Completed: WM

Staff: Maura Sweeney



Service Recipient: DW

Date: 12/14/21

Service Span: Dec '21 - Dec '22

Outcomes:

Outcome #1: Use voice to communicate with staff.
 Summarize Steps: Ask/encourage him to use his voice.

Outcome #2: Choose 2 staff members/peers to visit.
 Summarize Steps: Inform him which peers/staff he can visit and ask him to choose.

Communication Style: understands verbal, can communicate with signs if prompted, can use words, praise when uses words.

Learning Style: Repetition and Routine

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vancomycin/rash on body.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Absence, tonic none since 2018</u> Medication <u>VNS magnet</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size</u> <u>may put too much food in mouth.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size regular diet</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support</u> <u>takes 3 medications daily.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 briefs, supported to standing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wears seat belt in wheel chair</u> <u>uses feet to propel wheelchair short distances</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>supervision entire time,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>facial defensive on head.</u> <u>provide space</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may flip tables - remove from area,</u> <u>encourage him to use voice, move others</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: preferred activities, iPad, coloring,

Important for: use communication skills
activities with peers

Likes: being busy, blues colors, going out to eat, shopping.

Dislikes: not engaged, told no, environments where nothing much is happening.

Lead Review Completed: AM

