

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Outcomes:

<p>Outcome #1: <u>Sandy will choose a room to visit twice weekly in 95% or more of trials over a 12-month period.</u> Summarize Steps: Give Sandy choices on which room she would like to visit.</p>
<p>Outcome #2: <u>Weekly, Sandy will choose an instrument to play in 85% or more of trials over a 12-month period.</u> Summarize Steps: Provide Sandy 2 choices on which instruments she would like to play.</p>
<p>Communication Style: Some asl & communication book. Will point and bring staff over to item; she will also answer most yes/no questions.</p>
<p>Learning Style: Routine & repetition. Learns best through verbal, physical & visual cues.</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: Plastics</p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Missing teeth & Oropharyngeal Dysphagia. Remind Sandy to slow down when eating too fast.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Physician's order diet – mechanical soft or pureed foods with honey thickened liquids.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Iron deficiency – Anemia, GERD, Mixed Hyperlipidemia, Kyphosis, Chronic Nose bleeds, Moderate intellectual disability Osteoporosis</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Tums 500mg tabs & Thick-it</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Sandy will independently request to use the bathroom & request assistance when needed.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Vision impairment; may request to use a wheelchair</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Enjoys spending time in community & can recognize some dangers.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Vision impairment; may seek out assistance navigating her surroundings.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: May hit, push or scratch a peer when upset if within arm's reach.</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: N/A</p>
<p>Important to: Socializing, being offered choices, listening to Elvis, Food Network channel & being involved.</p>	
<p>Important for: Staying active, short distance walks, socialize & building relationships & personal space.</p>	
<p>Likes:</p>	

Lead Review Completed: _____

Staff: Kanya Masen
 Date: 12-27-21



Service Recipient: Sandy Wienow
 Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: <u>She will choose to visit a room twice weekly</u> Summarize Steps: <u>give sandy choices of which room</u>
Outcome #2: <u>Weekly sandy will choose a instrument to play</u> Summarize Steps: <u>provided sandy with 2 choices of instrument she'll like to play</u>
Communication Style: <u>same Ast. communication book</u>
Learning Style: <u>Routine, Repetition learn best through verbal, physical, visual cues</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>some plastic</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth, reminding sandy to eat slower</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician order - soft or pureed food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>iron deficiency Anemia Grad chronic nose bleeds</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Toms 500mg tabs thick-it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she will independently request to use restroom and request assistance as needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment may request to use wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys spending time in the community, can recognize some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment may seek assistance navigating her surroundings</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit, push, throw things when upset</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>being offered choices personal space being involved socializing</u>	
Important for: <u>personal space, short distance walks, socialized</u>	
Likes: <u>ELVIS, socializing being apart of the group</u>	
Dislikes: <u>not socialized or participating not having the ability to make her own choices</u>	

Staff: Deane Leplay
 Date: 12/28/21



Service Recipient: Sandy Nishaw
 Service Span: Dec 2021 - 2022

Outcomes:

<p>Outcome #1: <u>Choose a Room to visit twice weekly in 95% or more over 12 month period</u> Summarize Steps: <u>Give Sandy choices on which room she would like to visit.</u></p>
<p>Outcome #2: <u>Weekly Sandy will choose an instrument to play in 85% or more trials over 12 month period</u> Summarize Steps: <u>Provide Sandy 2 choices on which instrument she would like to play</u></p>
<p>Communication Style: <u>Some ASL + her communication Book will point + bring stuff over to item, she will answer most yes/no questions</u></p>
<p>Learning Style: <u>Routine + Repetition. Learns thru Verbal, physical + visual cues</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>Plastic</u></p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>missins teeth + Cropraryseal phypacin remind Sandy to slow down when eating to fact</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Physicians orders diet - mechanical soft or pureed food w/ honey + micronutrients</u></p>
<p>Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Iron deficiency, Anemia, Card, mixed Hyperlipidemia, Kyphosis, chronic nose bleeds, moderate intellectual disability, osteoporosis</u></p> <p>DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Turns 500mg tabs + thide it</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Sandy will independently request to use restroom + request assistance when needed</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>vision impairment, may request to use wheelchair</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Emrys spending time in community, + can recognize some dangers</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>vision impairment, may seek assistance, navigating her surroundings</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>may hit, push or scratch a peer when upset if within arms reach</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Important to: <u>socializing, being offered choices, listening to Ellis's Food Network channel + being included</u></p>	
<p>Important for: <u>Staying active, short distance walks, socialize + building relationships + personal space</u></p>	
<p>Likes: <u>socializing Ellis music, being part of the group, being heard to, Food Network channel, probly flav + meath</u></p>	
<p>Dislikes: <u>not having opportunities to socialize or participate in activities, not having ability to independently making choices + preferences,</u></p>	

Lead Review Completed: AS

Staff: Alice Cox
 Date: _____



Service Recipient: Sandy N
 Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Choose Room to Visit x 2 weekly 9:50 after
 Summarize Steps: Give choices to visit / Verbally Ask / Verbally agree

Outcome #2: 2 choices of instrument to play 8:50
 Summarize Steps: Provide 2 instruments one physically + verbally choose

Communication Style: ASL, Communication Book, Yes or No ?s,

Learning Style: Verbal, Physical Cues, Routine + Pictorial

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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Some Plastics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Eat Slow Reminders</u>
Specialized Diet: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Physician's Order Purved Foods Honey (taken out of food)</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Iron Deficiency, GERD Chronic, low blood/mixed Osteoporosis, Intellectual Disability / Hypertension</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Thickit Turn x 500 mg</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent, She will request help when needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Vision impairment May Request W.C.</u>
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Enjoy community. Can recognize some dangers</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impaired May ask / need help</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>When angry will push, hit resp by food</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>choices Socializing, Being Involved Elvis, Food Network</u>
Important for:	<u>Active, Personal Space, Short Walks</u>
Likes:	<u>Socializing, Read to, Food Network, Meals, Bobby Day</u>
Dislikes:	<u>Not having choices to socialize or participate or make choices</u>

Staff: Megan Gagner
 Date: 12/28/2021



Service Recipient: Sandy Niensow
 Service Span: Dec 21 - Dec 22

Outcomes:

<p>Outcome #1: <u>Sandy will choose a room to visit twice weekly in 95% or more of the 12 month period</u></p> <p>Summarize Steps: <u>Give Sandy choices on which room she would like to visit</u></p>
<p>Outcome #2: <u>weekly, sandy will choose an instrument to play</u></p> <p>Summarize Steps: <u>1. provide sandy 2 choices on which instruments she would like to play.</u></p>
<p>Communication Style: <u>some ASL & her communication book, yes/no questions</u></p>
<p>Learning Style: <u>routine & repetition, learns best through verbal, physical and visual cues.</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>PLASTICS</u></p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Missing teeth, remind sandy to slow down when eating too fast</u></p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>physicians ordered, mechanical soft/pureed, honey thickened liquids</u></p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>anemia, GERD, Mixed Hyperlipidemia</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Tums & thick it</u></p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>Independent request to use the bathroom, request assistance when needed</u></p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>vision impairment, next request to use a wheelchair</u></p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>enjoys spending time in the community and can recognize some dangers</u></p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>vision impairment - seek assistance in navigating surroundings</u></p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: <u>Hit, push, or scratch a peer when upset if within arm's reach</u></p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: <u>N/A</u></p>
<p>Important to: <u>Socializing, being offered choices, listening to GMS</u></p>	
<p>Important for: <u>staying active, short distance walks, socialize, building relationships, personal space</u></p>	
<p>Likes: <u>socializing, music, GMS, Bobby Flay, meal time</u></p>	
<p>Dislikes: <u>not having opportunities to socialize/participate in activities</u></p>	

Staff: Kia L. Bauch
 Date: 12/28/21



Service Recipient: Sandy Nienow
 Service Span: Dec. 21 → Dec. 22

Outcomes:

Outcome #1: <u>choose to visit a room</u> Summarize Steps: <u>give choices</u>
Outcome #2: <u>weekly, choose an instrument</u> Summarize Steps: <u>offer two choices, let her pick</u>
Communication Style: <u>Communication book, sign language, body language</u>
Learning Style: <u>routine, verbal, physical + visual cues</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>Some plastics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth, eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physician's order, honey liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>iron def. GERD</u>
	DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums, thick-it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independently</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>visual impairment</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys being in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit, push, scratch in arm's length</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>socializing, Elvis, food Network</u>	
Important for: <u>staying active, short distance walks</u>	
Likes: <u>socializing, book, food</u>	
Dislikes: <u>not being independent</u>	

Lead Review Completed: AS

Staff: Colette Rice

Date: 12.28.21



Service Recipient: Sandy

Service Span: _____

Outcomes:

Outcome #1: Choose a room x2 weekly
 Summarize Steps:
give choices

Outcome #2: Choose instrument to play
 Summarize Steps:
Chose intrument she wants to play

Communication Style: ASL
Communication book, body language

Learning Style: repetition
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>Plastics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth</u> <u>reminders to eat Slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purreed food honey thick liquids</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron defincy</u> <u>gerd</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums thick-it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently use the bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visually impaired</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys being in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>angry may push or Scratch in arms</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Socializing, Elvis, being involved</u>
Important for:	<u>Staying active, Short distance walks</u>
Likes:	<u>Elvis, music, being involved, meals</u>
Dislikes:	<u>not being independant</u>

Lead Review Completed: AS

Staff: ERIN SANDERSON
 Date: 12-28-2021



Service Recipient: SANDY MEMOW
 Service Span: DEC. 2021 - DEC. 2022

Outcomes:

Outcome #1: <u>SANDY will CHOOSE A ROOM TO VISIT & WEEKLY.</u> Summarize Steps: <u>GIVE SANDY CHOICES ON WHICH ROOM TO VISIT.</u>
Outcome #2: <u>WEEKLY, SANDY will CHOOSE AN INSTRUMENT TO PLAY.</u> Summarize Steps: <u>PROVIDE SANDY 2 CHOICES ON WHICH INSTRUMENTS SHE WOULD LIKE TO PLAY.</u>
Communication Style: <u>I WILL POINT OR BRING STAFF OVER TO ITEM. SOME ASL, COMMUNICATION BOOK</u>
Learning Style: <u>ROUTINE/REPETITION, VERBAL, PHYSICAL, VISUAL CUES</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>PLASTICS</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MISSING TEETH, TO EAT SLOW WHEN EATING TO FAST</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MECHANICAL SOFT, PUREED FOODS, HONEY THICKENED LIQUIDS</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>IRON DEFICIENCY, ANEMIA, GERD, KYPHOSIS</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TUMS 500MG TABS / THICK IT</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>INDEPENDENTLY REQUEST THE BR/ANDER ASSISTANCE</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VISION IMPAIRMENT, MAY REQUEST A W/C</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ENJOYS SPENDING TIME IN COMMUNITY / CAN RECOGNIZE SOME DANGERS</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VISION IMPAIRMENT</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>MAY HIT, PUSH OR SCRATCH A PEER W/ ARMS REACH</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>SOCIALIZING, CHOICES, ELVIS, FOOD NETWORK CHANNEL, BEING INVOLVED</u>
Important for:	<u>STAYING ACTIVE, WALKS, SOCIALIZED, RELATIONSHIPS, PERSONAL SPACE</u>
Likes:	<u>SOCIALIZING, ELVIS, PART OF GROUP, ROAD TO, BEBBY FLY, MEALTIME</u>
Dislikes:	<u>NO OPPORTUNITIES TO SOCIALIZED OR PARTICIPATE, NOT BEING ABLE TO BE INDEPENDENT.</u>

Staff: Laura Stacken

Date: 12/28/21



Service Recipient: Sandy Nienow

Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Sandy will choose a room to visit twice weekly 95%

Summarize Steps:

Give sandy choices on which room she would like to visit.

Outcome #2: Weekly, sandy will choose an instrument to play in 85%

Summarize Steps:

Provide sandy a choices on which instruments she would like to play.

Communication Style:

Some ASL & ncr communication book

will point & bring staff over to the Hem.

Learning Style:

Routine & repetition learns best through verbal, physical & visual cues

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Plastics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat slow may choke with missing teeth.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician order diet - mechanical soft or pureed food honey thick liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron def, Anemia, GERD, Mixed Hyperlipidemia, Kyphosis, Chronic nose bleeds Osteoporosis</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums 500mg & thick it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sandy will independently request house bathroom & request assistance when needed.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vision impairment, may request to use a wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoys spending time in community & can recognize some changes.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impairment; may seek out assistance navigating her @ mall</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push or scratch, crier when upset if within near</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u> <u>Reach</u>

Important to: Socializing, being offered choices, listening to Elvis, food network channel, being involved.

Important for: staying active, short distance walks, socialize & building relationship

Likes: Socializing, Elvis, music, being part of the group, being read to, food network, baby play & mealtime.

Dislikes: Not having opportunities to socialize or participate in activities.

Lead Review Completed: AS

Staff: Betsy
 Date: 12/28/2021



Service Recipient: Sandy
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: Choose a room to visit weekly
 Summarize Steps:
Give choices for her to choose

Outcome #2: Choose an instrument to play weekly
 Summarize Steps:
Provide 2 choices of instruments

Communication Style:
ASL, communication book

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>plastic</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reminders to eat slowly</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prepared food from home, thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>ERD, low defincy</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Tums, thick-it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses toilet independently, wears a brief</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>for outings wheelchair visionally impairment</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can recognize some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>when gets angry at peer keep arm's reach</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
Socializing, food Network channel, Elvis and being involved

Important for:
Active, socialize, personal space, building relationships

Likes:
Socializing, food Network channel, Elvis

Dislikes:
Not having opportunities to participate, making choices

Lead Review Completed: AS

Staff: Ber
 Date: 12/28/21



Service Recipient: S.N.
 Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: visit room
 Summarize Steps:
which room she wants to visit

Outcome #2: choose instruments to play
 Summarize Steps:
2 choices on instruments

Communication Style:
ASL, communication book

Learning Style:
routine & repetitions, learns verbal physical, visual cues

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>plastic</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth, remind to eat slow</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>iron deficient anemia, wood</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>use mechanical soft or pureed foods</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums throat it</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>indirect request for use bathroom & help when needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment; may request to use wheel chair</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>engage community & can recognize some dangers</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit, push, or scratch a peer when arms reach</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
socializing + choices, music elvis, food network

Important for:
personal space, active, short walks, relationships

Likes:
meal time, hobby play music, group, reading

Dislikes:
not socializing, participate in activities, not being independent making choices & preferences

Lead Review Completed: AS

Staff: ferdy
 Date: 12/28/21



Service Recipient: Sandy Wilson
 Service Span: Dec 21-22, 2021

Outcomes:

Outcome #1: Sandy will choose a room for visit three days a week
 Summarize Steps: one of friends are 12 mtc period
Give Sandy choice on which room she would like to visit

Outcome #2: Why Sandy will choose an amount to pay for food
 Summarize Steps: one 12 mtc period
Provide Sandy 2 choices on which amount she would like to pay

Communication Style:
Some A/L & low communication skills

Learning Style:
Needs to be taught best things with physical visual cues

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>None</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Much teeth & oral physical therapy</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians order diet, included soft prepared food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low of anemia, GERD, mild type 2 diabetes, hypothyroidism, DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Insulin, 500 mg of the acid</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sandy will be helped to go to the bathroom at least once a day when needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment, by request to use a wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Living in a group home, but community & can receive some support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual impairment, by request to use a white cane</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>by staff, with assistance & peer who assist</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	<u>socializing with other choices, ability to eat, food preference</u>
Important for:	<u>any other, self defense, walking, exercise & ability</u>
Likes:	<u>seeing other people, a lot of company, and to go outside</u>
Dislikes:	<u>not being supported for socializing, physical & activities, and being able to do things on his own</u>

Lead Review Completed: AS

Staff: Ashleigh Shirley
 Date: 12-28-21



Service Recipient: Sandy
Neinow
 Service Span: dec 21-22

Outcomes:

Outcome #1: Sandy will choose to visit twice weekly in.
 Summarize Steps: 195% of trials
Give Sandy choices

Outcome #2: weekly, Sandy will choose instrument to play
 Summarize Steps: in 85%
provide 2 choices

Communication Style: yes to questions
Some ASL & Book - will point & bring staff

Learning Style: routine & repetition - best through verbal, physical, visual

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>plastics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth, remind to chew slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>P.O. diet - meen soft - honey thick</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>iron def. - Anemia, thyroid, hyperlipidemia, kyphosis - nose bleeds - intellectual deficit</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Turns & thick it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independently request bathroom - request when needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment - may request wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys spending time out & can rec, some danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impair - may assist navigating surrounding</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit, push scratch if w/in arms reach</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>socializing, choices, Elvis, food network & being involved</u>
Important for:	<u>walks, active, socialize, building relationships & make personal space</u>
Likes:	<u>socializing, included, read to, music, Elvis, Bobby Flay meal time.</u>
Dislikes:	<u>exclusion, not making own choices a pref.</u>

Staff: Marisa
 Date: 12/28/21



Service Recipient: Sandy
 Service Span: _____

Outcomes:

Outcome #1: Sandy will choose a room to visit
 Summarize Steps:
Give Sandy choice and which room she would like to visit

Outcome #2: Weekly, Sandy will choose an instrument to play
 Summarize Steps:
Provide Sandy 2 choices on which instrument would like to play

Communication Style: Some ASL & Communicative Book, will point and bring stuff to object

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>Plastic</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth, remainder eating slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician's order diet, mechanical pure food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency - Anemia, GERD DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Kyphosis, mixed hyperlipidemia, chronic nose bleed, moderate intellectual disability</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tam 9 500 mg tabs & thick 4</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independent use bathroom assist as needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment many request use wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoy spending time w/ community & can recognize some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push or scratch appear upset if w/ arms reach</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>socialize, being offered choice, listening Elvis, food channel being involved</u>
Important for:	<u>staying active, short distance walk</u>
Likes:	<u>socializing, Elvis, music, part of group</u>
Dislikes:	<u>not having opportunities to socialize, not having ability to independently</u>

Lead Review Completed: AS

Staff: Bsandykn. Manayl.
 Date: 12/28/21



Service Recipient: Sandy K.
 Service Span: Dec 21 thru 2022

Outcomes:

Outcome #1: Sandy will choose a room to visit
 Summarize Steps: give Sandy choices which room to visit

Outcome #2: Sandy will choose which instrument to play
 Summarize Steps: provide 2 choices

Communication Style:
ASL & Communication Book / will answer yes or no

Learning Style:
routine & repetition, verbal physical cues

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>Plastics</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>eat slowly, when missing teeth</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft, pureed foods</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anemia, GERD</u>	DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TURMS, thicken it</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>independently use bathroom, asks for assistance</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>vision impairment, wheelchair on outings</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys outings</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit, push, scratch peers</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	

Important to: Socializing, choices, being involved, Elvis

Important for: being active, walks, socialize

Likes: ELVIS, music, mealtimes, read to

Dislikes: NO socializing, not being independent

Staff: Oeta Harris

Date: 12/30/21



Service Recipient: Sandy

Service Span: 12/21 - 12/22

Outcomes:

Outcome #1: Sandy will choose a Room to visit twice weekly in 95% or more of Trial
Summarize Steps: Give Sandy choices on which room she would like to visit.

Outcome #2: Weekly, Sandy will choose an instrument to play in 85% or more of trial over a 12-month period.
Summarize Steps: Provide Sandy 2 choices on which instruments she would like to play

Communication Style:
Some CBL & communication book. Will point and bring staff over to items she will also answer most questions

Learning Style:
Routine & repetition. Learn best through verbal, physical, & visual cues

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>Plastics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Missing teeth, & oropharyngeal dysphagia. Remind Sandy to slow down eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Medical soft or pureed food with honey. Physician's order diet - thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency - Anemia, GERD, DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Mixed hyperlipidemia, Kyphosis, chronic nose bleeds, Moderate intellectual disability osteoporosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TUMS 500 mg TABS & Thicken it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sandy will independently request to use the bathroom & request assistance when needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vision impairment; may request to use a wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoy spending time in the community & can recognize some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment: may seek out assistance navigating her surroundings</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit, push or scratch a peer when upset if within arm's reach</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
Socializing, being offered choices, listening to Elvis, Food Network channel, & being involved

Important for:
staying active, short distance walks, socialize & building relationships & personal space

Likes:
Socializing, Elvis, music, being apart of a group, being read to, Food Network channel, Bobby Flay, ^{meal} Time

Dislikes:
Not having opportunities to socialize or participate in activities, Not having the ability to independently making choices & preferences

Staff: Morgan B.

Date: 11/02/22



Service Recipient: Sandy N.

Service Span: _____

Outcomes:

Outcome #1: Choose room to visit twice weekly

Summarize Steps:

Give Sandy choices on which room she wants to visit.

Outcome #2: Choose instrument to play

Summarize Steps:

Provide Sandy 2 choices on ~~which~~ ^{which} instrument to play.

Communication Style:

Some ASL + communication book, will bring staff to item, answer most yes/no ?'s

Learning Style:

Routine + repetition, learns best through verbal, physical + visual ques.

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: Plastics
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Missing teeth + oropharyngeal dysphagia. Remind to eat slowly
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft/pureed food w/ honey thick liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Iron deficiency, moderate intellectual disability, osteoporosis, anemia, GERD, mixed hyperlipidemia, kyphosis, chronic nose bleeds
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tums 500 mg, thick - it
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: independently use bathroom, request assistance when needed
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VISION impairment; may request to use wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: enjoy being in community, can recognize some dangers
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: VISION impairment; may need assistance navigating her surroundings
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May hit, push or scratch a peer when upset if arms reach
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

Important to:

Socializing, being offered choices, listen to Elvis, Food Network

Important for:

Staying active, short distance walks, building relationships, personal space

Likes:

Socializing, Elvis, being read to, mealtime, Bobble Flay

Dislikes:

Not being able to make choices + preferences

Lead Review Completed: AS

Staff: Suze Christenson
 Date: 1/12/2022



Service Recipient: Sandy Wienow
 Service Span: Dec 2021 - Dec 2022

Outcomes:

Outcome #1: <u>Sandy will choose room to visit weekly in 95% or more trials over.</u> Summarize Steps: <u>Give Sandy choices on which room she would like to visit. (a 12 month period)</u>
Outcome #2: <u>Weekly, Sandy will choose an instrument to play in 85% or more of.</u> Summarize Steps: <u>Provide Sandy 2 choices on which instruments she would like to play. (trials in a 12 month period.)</u>
Communication Style: <u>same ASD & communication book, will point & bring staff over to item; she will also answer most yet no questions.</u>
Learning Style: <u>Routine & Repetition. Learns best through verbal, physical, & visual cues.</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>Platiger.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Missing teeth & Oropharyngeal Dysphagia. Remind Sandy to slow down when eating too fast.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician's order diet - mechanical soft and or pureed for bar w/ honey thicker liquids.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency - Anemia, GERD, DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, mixed hyperlipidemia, Kyphosis, Chronic Nose Bleeds, moderate intellectual disability, Osteoporosis.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums 500mg tabs & Thick-it.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sandy independently request to use the bathroom & request assistance when needed.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visia impairment; may request to use a wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoy spending time in community; can recognize some dangers.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visian impairment; may seek out assistance navigating her surroundings.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push, or scratch peers when upset if within arms reach.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Socializing, being offered choices, listening to Elvis, Food Network channel or being involved</u>	
Important for: <u>Staying active, short distance walks, socialize & building relationships & personal space.</u>	
Likes: <u>Socializing, Elvis, music, being apart of a group (they read to, Food Network Channel, Bobag Flay & mealtime.</u>	
Dislikes: <u>Not having opportunities to socialize or participate in activities. Not having the ability to independently making choices & preferences.</u>	

Lead Review Completed: AS

Staff: Sommer
 Date: 1/11/22



Service Recipient: Sandy
 Service Span: _____

Outcomes:

Outcome #1: <u>Sandy will choose a room 2x Weekly</u> Summarize Steps: <u>give sandy choices on which room to visit</u>
Outcome #2: <u>Sandy will choose instrument (Weekly)</u> Summarize Steps: <u>provide sandy 2 choices</u>
Communication Style: <u>ASL / comm. book, point / bring stabs to room, Answers yes/no</u>
Learning Style: <u>Routine / repetition, verbal, physical</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>praxics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Oropharyngeal dysphagia</u> <u>missing teeth, remind to slow down when eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>soft pureed w/ honey thickened liquids</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>iron def. Anemia, gaur, euphrosia, chronic nosebleeds, mod intellectual disability</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TUMS - 500mg, Thicken it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Indep: request to use b.R / Request assistance when needed</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VISION impairment, may request wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys comm time, recognize some danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>visual impairment, may seek out assistance</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit/scratch if upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Socializing, choices, llvs, food network.</u>	
Important for: <u>Being active, short walks, building relationships</u>	
Likes:	
Dislikes:	

Lead Review Completed: AS

Staff: Jenny Trimbore
 Date: 1-11-22



Service Recipient: Sandy Nieves
 Service Span: Dec 2021-2022

Outcomes:

Outcome #1: Sandy will choose a room to visit 7x a week weekly
 Summarize Steps: in 150 or more of trials over a 12 month period.
GIVE Sandy Choices

Outcome #2: Weekly, sandy will choose an instrument to play in
 Summarize Steps: 150 or more trials over a 12 month period.
Provide sandy 2 choices on which instrument she would like to play

Communication Style:
Some aSL, communication book, will point & bring staff to the

Learning Style: Answer yes/no questions
Routine/repitition learns best verbal, physical & visual cues

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>Plastic</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Missing teeth & oropharyngeal Dysphagia - reminders to signal when eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians orders mechanical soft or pureed foods w/ honey thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency, Anemia, GERD, mixed hyperlipidemia, hypophysis, chronic nose bleeds, moderate intellectual disability</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>TUNIS 500 mg tabs & thick-IT</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently request to use bathroom & assistance when needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vision impairment may request w/c</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>enjoys spending time in community & can recognize some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impairment</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may push or hit peer when upset</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: socializing, offered choices, listening to others

Important for: staying active, short distance walking, socialize and building relationship

Likes: socializing, others music, being apart of group, food network & meal time

Dislikes: not having opportunities to socialize, or participate in activities not having the ability to independently make choices & preferences

Staff: Danielle Mendez



Service Recipient: Sandy N.

Date: 12.29.21

Service Span: Dec 21-22

Outcomes:

Outcome #1: <u>Sandy will choose room to visit 2x week</u>
Summarize Steps: <u>Give sandy choices on what room she would like to visit.</u>
Outcome #2: <u>Weekly Choose instrument to play</u>
Summarize Steps: <u>Provide sandy with 2 instrument choices on what she would like to play.</u>
Communication Style: <u>Answer yes & No</u>
<u>Some ASL, Communication Book, pointing, bring stuff over to item</u>
Learning Style: <u>Routine/Repetition, learns best through Verbal, Physical & Visual Cues</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>Plastics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Missing teeth, Oropharyngeal Dysphagia, Remind to slow down when eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mechanical soft or pureed, honey thick fluids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Anemia, GERD, Mixed Hyperlipidemia, Kyphosis, Chronic Nose Bleeds, Osteoporosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums 500 MG tabs & thick it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently Request Bathroom & assistance when needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vision impairment, may request W/C</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoys spending time in community & can recognize some people</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment/may need assistance navigating surroundings</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push or scratch peer when upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: Socializing, choices, listening to Elvis, food network, being involved

Important for: Staying Active, short distance walks, socializing, personal space

Likes: Socializing, Elvis, music, being involved, being read to, Food Network, Dobby, Fly & meal time

Dislikes: Not having opportunities to visit or participate in activities, Not having ability to choice making & preferences

Staff: Natalie Johnson
 Date: 12-29-2021



Service Recipient: Sandy Nienow
 Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: <u>Sandy will choose a room to visit twice weekly in GIS/ or more trials</u> Summarize Steps: <u>Give sandy choices on which room she would like to visit.</u>
Outcome #2: <u>Weekly, Sandy will choose an instrument to play in GIS/ or more</u> Summarize Steps: <u>Provide Sandy 2 choices on which instruments she would like to play.</u>
Communication Style: <u>Some aSL & communication book. Will point and bring staff over to item; she will also answer most yes/no questions.</u>
Learning Style: <u>Routine & repetition</u> <u>Learns best through verbal, physical & visual cues.</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>Plastics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>missing teeth & oropharyngeal Dysphagia. Remind Sandy to slow down when eating too fast.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians order diet: mechanical soft or pureed foods w/ honey thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency - Anemia, GERD, DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Mixed hyperlipidemia, Kyphosis, Chronic nose bleeds, Moderate intellectual disability osteoporosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums 500mg tabs & thick it.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sandy will independently request to use the bathroom & request assistance when needed.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vision impairments, may request to use a wheelchair.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoys spending time in the community & can recognize some dangers.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment; may seek out assistance navigating surroundings.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push or scratch if upset with a peer within arms reach.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Socializing, being offered choices, listening to Elvis, Food network, being involved.</u>	
Important for: <u>Staying active, short distance walks, socialize & building relationships & personal space.</u>	
Likes: <u>Socializing, Elvis, being a part of the group, being read to, food network, Bobby Flay, and mealtime.</u>	
Dislikes: <u>Not having opportunities to socialize or participate in activities. Not having the ability to independently make choices & preferences.</u>	

Staff: Maddy K
 Date: 12/28/21



Service Recipient: Sandy N
 Service Span: Dec 21 - Dec 22

Outcomes:

Outcome #1: Choose to visit a room twice weekly
 Summarize Steps:
Staff give choices on what room

Outcome #2: Weekly, choose an instrument she would like to play
 Summarize Steps:
Provide 2 choices & let her choose

Communication Style: Some ASL, communication books, yes/no questions

Learning Style: Routine & repetition, Verbal, physical & visual cues

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>Plastics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Missing teeth & oropharyngeal dysphagia. Remind her to slow down</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians ordered - mechanical soft or pureed foods with honey thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Iron deficiency, GERD, Mixed DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Hyperlipidemia, Kyphosis, TD, osteoporosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Tums 500mg, Thicken it</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Independently request to use the bathroom & will request assistance as needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk due to vision impairment</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Enjoys time in community, Recognizes some dangers</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment - assistance when navigating her surroundings</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit, push or scratch when upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>socializing, choices, Elvis, Food Network channel, being involved</u>	
Important for: <u>Staying active, socializing, personal space, walks</u>	
Likes: <u>socializing, Elvis, music, being involved, being read to, meal time, Bobby Flay</u>	
Dislikes: <u>Not being able to socialize, not having choices</u>	

Lead Review Completed: AS

Staff: Celeste Anderson Jones



Service Recipient: Sandy N

Date: 12.28.21

Service Span: Dec. 21 - Dec 22

Outcomes:

Outcome #1: Choose a room to visit twice weekly
Summarize Steps: Give Sandy choices on which room she would like to visit
Outcome #2: Weekly Sandy will choose an
Summarize Steps: Provide 2 choices & let her choose
Communication Style: some ASL, communication books, yes/no questions
Learning Style: routine & repetition Verbal, physical & visual cues

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: Plastics
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: missing teeth & oropharyngeal Dysphagia, remind her to slow down
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physician ordered - mechanical soft or pure foods with honey thickened liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Iron deficiency, GERD DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes mixed Hyperlipidemia, Kyphosis, ID, osteoporosis
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Turms 500 mg, Thick it
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independently request to use the bathroom & will request assistance as needed
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk due to vision impairment
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Enjoys time in community, recognizes some dangers
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment - assistance when navigating her surroundings
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may hit, push, or scratch when upset
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	socializing, choices, Elvis, Food Network, being involved
Important for:	staying active, socializing, Personal space, walks
Likes:	socializing, Elvis, music, being involved, being read to, ^{meal} time
Dislikes:	not being able to socialize, not having choices

Lead Review Completed: AS