all entered

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: T C

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/22/2021	10-19 observe use of track system ETC + cares 10-20 use track system + staff observation did cares 10-20 D.d track system + cares Independently	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/20/2021	10-20 observe feed T.C.	.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/25/2021	10/25/2021 Demonstrated	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	Test	5.5	Health counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.28.2021	comp quiz 9.28.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.28.2021	comp quiz 9.28.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.28.2021	comp quiz 9.28.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9-28-21

PAH

Where People with Disabilities Connect with the Community and the World

Service Recipient: Theresa Casey

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality	☑ Inability to identify dangerous situations	☑ Dresses inappropriately	☑ Inability to handle financial matters
☑ Likely to seek/cooperate in an abusive situation	☑ Lack of community orientation skills	☑ Refuses to eat	☐ Other:
☑ Inability to be assertive	☐ Inappropriate interactions with others	☑ Inability to care for self-help needs	
☑ Other: unable to report	☑ Inability to deal with aggressive persons	☑ Lack of self-preservation/ safety skills	
	☑ Verbally/physically abusive to others	☑ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☑ Other: unable to report	☐ Other:	

Outcome #1- values communication. Uses facial expressions, vocalizations + eye gazing.

Outcome #2 Likes to be included. Values 1:1 time w/staff during lunch.

Technology Use: Ipad

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Angiodema – rapid swelling / itching.

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Potential episode of unresponsiveness.

Seizure PRN ☐ No ☒ Yes Location: With Staff

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Has dysphagia / difficulty swallowing if her mouth is full. She has safety straps and sits in a 30 degree angle.

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral Palsy spastic Quadriplegia, Femoral Ostectomy, Left hip dysphagia + scoliosis with harrington rods. Dysphagia, Constipation + urine and bowel retention.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Takes Diazepam for muscle spasms and Boost, pudding or Ensure w/ lunch. 2 PRN's – Acetiminophen + diphenhydramine.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Utilizes briefs. Uses a lift system for her cares. If the lift system does not work then she would be assisted by 2 staff w/ a hoyer and sling.

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

Uses a wheelchair. Always wears seatbelt. Has a chest strap. May be transferred w/ a ☑ Support straps/belts needed two person top/bottom lift.

☐ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☑ 2 Person Hoyer # staff in cares room: 2
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Cataracts / Alternating Extropia

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: She may scratch her skin, particularly her shoulder or her chest / neck. She must be redirected to preffered activity. When she has loud vocalizations staff will asses for unmet needs. She has been diagnosed w/ depression / anxiety. Staff will asses for unmet needs.

Important To: Have people around who know her. That she be included in activities and have humor in her daily life.

Important For: To have people around who know her. Understand her communication.

Likes: Music Therapy, Pet Therapy, outings and sensory integration. Enjoys the wii and 1:1 time.

Dislikes: Not enough attention or when someone doesn't greet her. Long activities, hates cares + "emotional" music.

Describe Communication Style: Eye gazing, vocalizing, facial expressions and picture cards.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: RM

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10.23.2021	10-19 observe staff do cares 10-20 did cares w/ staff observation 10-23 Did cares Independently	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10.25.2021	10-25 Feeding 10-20 observe feed 10-21 observe feed	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10.25.2021	10-25 Transfer from w/c to chair	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	Test Out	5.5	Health Counseling (4.75)

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.30.2021	comp quiz 9.30.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.30.2021	comp quiz 9.30.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Tom Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.30.2021	comp quiz 9.30.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfred Flemo-Montes

Date: 9/30/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Richard Mitchell

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality	☑ Inability to identify dangerous situations	☑ Dresses inappropriately	☑ Inability to handle financial matters
☑ Likely to seek/cooperate in an abusive situation	☑ Lack of community orientation skills	☑ Refuses to eat	☐ Other:
☑ Inability to be assertive	☐ Inappropriate interactions with others	☑ Inability to care for self-help needs	
☑ Other: unable to report to appropriate person.	☑ Inability to deal with aggressive persons	☑ Lack of self-preservation/ safety skills	
	☑ Verbally/physically abusive to others	☑ Engages in self-injurious behaviors	
	☑ "Victim" history exists unable to report	☐ Neglects/refuses to take medications	
	☑ Other: to appropriate person.	☐ Other:	

Outcome #1 Will make group choices 3X weekly, given a verbal description.

Outcome #2 Will participate in Sensory experience.

Technology Use: Ipad, Wii and SMART Board

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Latex gloves, kiwi fruit, Keppra

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Potential risk of Tonic Clonic Seizures.

Seizure PRN ☐ No ☒ Yes Location: recieved from provide.

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
Pureed food, thickened liquids.

Chronic Medical Conditions ☐ No ☒ Yes – List: Autism, Repaired Cleft Palate, Constipation, Nystagmus, Optic Nerve Atrophy, Scoliosis & spinal fusion, Spastic Quadriplegia.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports:
Receives his medication orally with full assistance.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Personal Cares, Skin Integrity.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Gait Trainer, wheelchair

☑ Support straps/belts needed

☑ Verbal Cues
☑ Physical Assistance
☑ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Tactilely Defensive, Legally blind, prefers to be on the ground.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Upset with changes in routine, Self-injurious behaviors, Physically/Verbally aggressive.

Important To: Personal Space, time for transitions, freedom to move, [redacted] Preferred Foods/Beverages.

Important For: Communication in a safe manner, bear weight & walk, engage others and other activities.

Likes: Tactile/Auditory sensory of his preference, bowling, socializing, playing music, swimming & vacations.

Dislikes: Certain changes in routine, getting cleaned, cares room, changing clothes.

Describe Communication Style: Signing "yes"/shaking head for "No", smiles for enjoyment, screams for displeasure, picture/audio cues.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Jj Credo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: S F

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/22/2021	10/22 Took to caves room Ind. and did total caves. 10-18 observe sc caves 10-20 Did total caves & observation	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/20/2021	10-18 & 10-20 observe feeding	.25 / .50	Lisa Hartman Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/22/2021	10-22 walked Sara in hallway	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	test	5.5	Health Consulting

200

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	10.1.2021	Comp 9412 10.1.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10.1.2021	Comp 9412 10.1.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Tom Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	10.1.2021	Comp 9412 10.1.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 10/1/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Sara Felling

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: unable to report if abused.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☑ Other: unable to report.	☑ Dresses inappropriately ☑ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☑ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Once weekly, Sara will walk with staff around the building.

Outcome #2 Daily, Sara will use switches to communicate.

Technology Use: Ipad, Wii, Comm. Switches, TV.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Partially controlled Generalized Tonic Clonic and Tonic Seizures.

Seizure PRN ☐ No ☒ Yes Location: PAI (her duffle bag)

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

Bite sized diet, Sports bottle for beverage.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Congenital Lack of Myelin in her brain and Microcephaly.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Feltabol @ noon.

Takes a boost or Instant Carnation if eats less than 75% of meal.

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

Personal Cares, Dental Hygiene, Nausea / Vomiting.

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

Wheelchair (when ill), walks next to staff.

☑ Support straps/belts needed

☐ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☑ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Vision Impairment.

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

Important To: Family, hugs, comfy place to rest, Preferred foods / beverages, having her hair brushed, sitting close to familiar staff.

Important For: Eating / drinking, brushing her teeth, taking her medications, to be social and engaged w / others.

Likes: Hugs, ranch dressing, sandwiches, music, sensory + 1:1 w/ staff.

Dislikes: waiting, taking medication, being ill, seizures, brushing her teeth.

Describe Communication Style: Vocalizations, Comm. Switches, eye pointing, reaching for / pushing things, short verbal requests, physical prompts.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: TR

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/28/2021	10-20 observe stand/pivot to toilet and cares 10-28 assist x [illegible]	.25 .50	Lisa Hartman Marita Sweeney
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/20/21	observe lunch prep 10/20	.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/20/2021	10/20/2021 Demonstrated	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	test	5.5	Health counseling

2.00

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.29.2021	comp quiz 9.29.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.29.2021	comp quiz 9.29.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.29.2021	comp quiz 9.29.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9/29/21

PAH

Service Recipient: Tish Bogowski

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☐ Other:	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Daily, Tish will choose a musical preference.

Outcome #2 Weekly, Tish will choose to complete an art activity/project.

Technology Use: Ipad, SMARTBoard and maybe an instrument.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Mosquito bites, Seasonal allergies.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :
(State specific) - Bite sized diet, thickened liquids

Chronic Medical Conditions ☐ No ☒ Yes – List:
Anxiety, Cerebral Palsy, Neurogenic Bladder

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :
If needed, staff would administer a PRN.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Has a catheter. Uses briefs for comfort.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Can assist with transfers. She uses an electric wheelchair.
☑ Support straps/belts needed

☑ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☑ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Keep water at safe temp.

Sensory Disabilities ☐ No ☒ Yes – List: Requires glasses

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: She does have a history of false reports and experiences anxiety while being informed of any changes or appointments.

Important To: Socializing w/staff, friends, family, Music, art.

Important For: Have patience and give her time to process any changes.

Likes: Walks, food, sleeping, singing, Painting and bowling.

Dislikes: Being bored or when someone is way too close.

Describe Communication Style: Verbally, facial expressions/body language.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: SK

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/28/2021	10-20 observe use of Arjo and cares 10-21 observe use of Arjo + cares 10-26 assist w Arjo + cares	.25 .25 .50	Lisa Hartman Lisa Hartman Maurita Sweeney
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/25/21	10-20 observe food prep and eating 10-25 assisted w feeding	.25 .25	Lisa Hartman Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/25/2021	10/25/2021	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	~~10~~ 11.30.2021	test	5.5	Health Counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.29.2021	comp quiz 9.29.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.29.2021	comp quiz 9.29.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.29.2021	comp quiz 9.29.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature _____ Date 1.13.22

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9/29/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Susan Kazmierczak

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: May not report to appropriate person.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists May not ☑ Other: report to appropriate person.	☑ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Once daily, will use picture cards to choose a peer to greet.

Outcome #2 will place her shirt protector in laundry when finished w/ food.

Technology Use: Ipad, Television, Wii and SMARTBoard

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Allergic to Amoxicillan – administer medication in accordance w/ physician's orders.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Has epilepsy / breakout seizures

Seizure PRN ☐ No ☒ Yes Location: Her backpack

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports :
May require support with a spoon sometimes.

Chronic Medical Conditions ☐ No ☒ Yes – List: GERD, Urine retention, bladder spasms, UTI leading into Sepsis, Cerebral Palsy.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
offer medication on spoon, offer beverage after. No current scheduled medication.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Personal Cares, Gallstones, Displaced Shoulder

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Can assist w/ transfers from her wheelchair.
☑ ARJO, Gait Trainer.
☑ Support straps/belts needed

☐ Verbal Cues
☑ Physical Assistance
☑ Posey / Gait Belt
☑ Walker ☑ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Does not tolerate glasses but may wear sunglasses out in the sun.

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

Important To: Socializing with others, participating in activities, walking, swimming & her grandparents.

Important For: That she stay healthy and well, communicates her needs and wants.

Likes: Walking, Swimming, Cheeseburgers, trips w/ family, family, coloring, jokes, and puzzles.

Dislikes: Loud noises, hungry, ill, tired, in pain, seizure activity, and not being understood.

Describe Communication Style: Verbally, facial expressions, and body language.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: DW

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including:	10/22/2021	10-19 observed cares	.25	Lisa Hartman
Hair care		10-20 observed cares	.25	Lisa Hartman
Bathing				
Care of teeth, gums, and oral prosthetic devices		10-21 Ind did cares	.25	Lisa Hartman
Other activities of daily living (ADLs) per 256B.0659-specify:		10-22 Ind. did Cares	.25	Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/19/2021	10-19 observed lunch PNP	.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/26/2021	10-26 helped Make sure DW transferred to/from w/c to recliner	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	test	5.5	Health counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.30.2021	comp quiz 9.30.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.30.2021	comp quiz 9.30.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.30.2021	comp quiz 9.30.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature _____ Date 1.13.22

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9/30/21

Service Recipient: Davis Wolf

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: May self-stimulate in public areas.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists unable to ☑ Other: report to appropriate person.	☑ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Davis will hand his plate off to staff when he is finished eating.

Outcome #2 Davis will choose 2 staff/peers to visit.

Technology Use: Ipad, Television, Wii and SMART Board.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Vancomycin, Milk.

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe: Absence Seizures (staring/decrease in responsiveness), Tonic Seizures (stiff movements)

Seizure PRN ☐ No ☒ Yes
Location: Backpack

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports:
Requires support in ensuring meals are bite sized pieces.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: 1 tablet of Clonidine, 1 tablet of Risperidone, 2 caps of Depakote.

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

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Utilizes a wheelchair.

☑ Support straps/belts needed

☐ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Tacitly defense on his head.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Self-injurious, Physical Aggression, Self-stimulation.

Important To: Singing, Music, Ipad, color / drawing, arts and crafts projects.	**Important For:** Communicate wants/needs in a safe way, Spend time with peers.
Likes: Socializing, going out to eat, — Shopping, TV + camp friendship.	**Dislikes:** Places where he is not engaged, things taken away, when people say no.

Describe Communication Style: Verbally, picture board.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: MJH

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including:	10/22/2021	10-19 observe other staff assist & caves	.25	Lisa Heertman
Hair care				
Bathing		10-21 Did caves & staff obs. (2 person)	.25	Lisa Heertman
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:		10-22 Did caves & staff assist	.25	Lisa Heertman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/22/2021	10-20 observe feed 10-21 observe feed 10-22 Ind. fed	.25 .25 .50	Lisa Heertman Lisa Heertman Lisa Heertman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/19/2021	10-19 observed MJH in gait-trainer	.25	Lisa Heertman
CPR, if required by the *CSSP* or *CSSP Addendum*	11/30/2021	Test	5.5	Health Counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.29.2021	comp quiz 9.29.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.29.2021	Comp quiz 9.29.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.29.2021	comp quiz 9.29.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9/29/21

PAI

Service Recipient: Mary Jo Huberty

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality	☑ Inability to identify dangerous situations	☑ Dresses inappropriately	☑ Inability to handle financial matters
☑ Likely to seek/cooperate in an abusive situation	☑ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☑ Inability to be assertive	☑ Inappropriate interactions with others	☑ Inability to care for self-help needs	
☑ Other: May not report to the appropriate person	☑ Inability to deal with aggressive persons	☑ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☑ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☐ Neglects/refuses to take medications	
	☐ Other:	☐ Other:	

Outcome #1 Mary Jo will indicate that she is ready for another spoonful.

Outcome #2 will use gait trainer 4 times completing one lap around the building.

Technology Use: Ipad, Wii and SMARTBoard.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Sensitive to latex bands and second / third hand smoke.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : No teeth and may pocket food putting at risk of choking. Her food is sent from her residence prepared according to her physician's order. Honey thickened liquids diet.

Chronic Medical Conditions ☐ No ☒ Yes – List:
History of strokes. Symptoms are headaches, numbness, weakness on one side, confusion and balance issues. Has a blood pressure protocol.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Inform Mary Jo on the medication she is being given through soft foods.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Anemia, GERD, Constipation and Bowel Obstruction, Ventral Hernia, Ear infections and personal cares.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Wheelchair — Gait Trainer (requires staff support)

☑ Support straps/belts needed AFO's

☑ Verbal Cues
☑ Physical Assistance
☑ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List:
Legally Blind (weaker on right side)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Has anxiety, tends to yell / have loud vocalizations.

Important To: Maintain relationships with family / friends. To be listened to as well as venture outside.

Important For: Repositioned to be comfortable. Needs to be active / walking daily.

Likes: Being called "Princess", "JoJo" and "MJ". Hugs. Music and reading.

Dislikes: Large groups, sitting still for too long. When people are too close. Tuna and peanut butter.

Describe Communication Style: Eye gazing / vocalizations ("No") Yes / No questions are easiest.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: KS

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/23/2021	10-18 observe cares c staff 10-20 Did cares ind. c staff observation 10/23 Did cares independently	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/19/2021	10-18/10-19 observe KS eating	.25/.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/21/2021	10-21 hand over hand assist c game	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	Test	5.5	Health counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.30.2021	comp qtrly 9.30.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.30.2021	comp qtrly 9.30.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Tom Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9.30.2021	comp qtrly 9.30.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes
Date: 9/30/21

PAI

Service Recipient: Kathryn Sciuter
Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: unable to report.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☑ Other: unable to report.	☑ Dresses inappropriately ☑ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☑ Engages in self-injurious behaviors ☑ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Daily, Katie will choose a sensory activity.

Outcome #2 Daily, Katie will choose a 1:1 activity to do with staff.

Technology Use: Ipad, choiceboard, TV, SMARTBoard.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Dust, Mold, Morphine, Seasonal.

Epi Pen/Treatment ☐ No ☒ Yes
Location: Home

Seizures ☐ No ☒ Yes – Describe: Tonic Clonic partially controlled.

Seizure PRN ☐ No ☒ Yes
Location: Home / PAI

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

Physicians order diet, Sippy cup to drink. Gravity bag PRN.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Hyponatremia, Hip [redacted] Dysplasia, Polymyalgia Rheumatica, Scoliosis, Thrombocytopenia, Autistic Characteristics, Cerebral Palsy, Constipation, Dysmenorrhea.

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

Orally through soft foods / g-tube

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

Personal Cares / Hygiene.

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

Wheelchair, walker, AFO, Arjo

☑ Support straps/belts needed

☐ Verbal Cues
☑ Physical Assistance
☑ Posey / Gait Belt
☑ Walker ☑ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

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

Self-injurious behaviors. – Pet Therapy, Audio Books.

Important To: To be cozy, comfortable and cute, good music, hot coco, 1:1

Important For: Drink her fluids, keep hands out of mouth, use comm. skills when upset.

Likes: Music, dancey, being cozy, chick flicks, shopping, chocolate, Mexican food.

Dislikes: Big crowds, having no music, too tight of a bun, waiting for restroom. Being chilly, has tactile defense.

Describe Communication Style: Non-verbally w/ facial expressions, body language, vocalizations and some gestures. Eye gazing.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: DS

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10/21/2021	10-18 observe cares 10-20 observed daily cares 10-21 ind. did cares as needed	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10/19/2021	10-19 observed meal set up and feeding	.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10/20/2021	10/20/2021	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	Test	5.5	Health Counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	10.1.2021	Comp quiz 10.1.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10.1.2021	Comp quiz 10.1.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.2021	.5	Tom Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	10.1.2021	Comp quiz 10.1.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 10/1/21

PAI

Service Recipient: Destiny Smith

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: unable to report.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☐ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☑ "Victim" history exists ☑ Other: unable to report.	☑ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☐ Other:

Outcome #1 Daily, Destiny will independently clean up her area after lunch.

Outcome #2 Daily, Destiny will put her blanket away.

Technology Use: Ipad, TV, Computer, SMARTBoard.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bee stings, Iodine / contrast dye.

Epi Pen/Treatment ☐ No ☒ Yes
Location: PAI

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

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

Pureed Diet, eats slowly.

Chronic Medical Conditions ☐ No ☒ Yes – List:

Aortic Valve Disorder, Osteoperosis, Scoliosis, Trisomy 9.

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

Orally in liquid form.

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

Personal Hygiene.

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

Walks independently but may require help due to chronic medical conditions/vision impairment. wheelchair (sometimes)

☐ Support straps/belts needed

☑ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List:

Auditory Impairment, Visual Impairment.

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

Important To: Opportunities to be helpful, access to pictures / books of family, games, matching / sorting things, outings.

Important For: Use her comm. skills for needs / preferences, consume appropriate number of fluids.

Likes: Games w/ buttons, card games, people watching, girlie activities, bean bag toss, bingo, bocce ball.

Dislikes: Being told no, books taken away, large group games, dogs that jump.

Describe Communication Style: Non-verbally — picture cards, body language, gestures, clapping, thumbs up, some ASL signs.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Alfredo **Date of hire:** 9/20/2021

Date of background study submission: **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: KJ

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	10.25.2021	10-20 observed cares 10-21 observed assisting cares by staff 10-25 took KJ to restroom for cares	.25 .25 .25	Lisa Hartman Lisa Hartman Lisa Hartman
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10.21.2021	10-21 observed kayeating	.25	Lisa Hartman
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10.25.2021	Demonstrated 10.25.2021	.25	Lisa Hartman
CPR, if required by the *CSSP* or *CSSP Addendum*	11.30.2021	10.30.2021 Demonstrated test out	5.5	Health Counseling

CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	9.29.2021	Comp quiz 9.29.2021	.25	N/A
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9.29.2021	Comp quiz 9.29.2021	.25	N/A
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	11.24.2021	Demonstrated 11.24.21	.5	Toni Anderson
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	9/29/2021	Comp quiz 9.29.2021	.25	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature

1.13.22
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: Alfredo Fierro-Montes

Date: 9/29/21

Service Recipient: Kay Jeske

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☑ Lack of understanding of sexuality ☑ Likely to seek/cooperate in an abusive situation ☑ Inability to be assertive ☑ Other: unable to report.	☑ Inability to identify dangerous situations ☑ Lack of community orientation skills ☑ Inappropriate interactions with others ☑ Inability to deal with aggressive persons ☑ Verbally/physically abusive to others ☐ "Victim" history exists ☑ Other: unable to report	☑ Dresses inappropriately ☐ Refuses to eat ☑ Inability to care for self-help needs ☑ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☑ Neglects/refuses to take medications ☐ Other:	☑ Inability to handle financial matters ☑ Other: Petty cash ("pocket money")

Outcome #1 Daily, Kay will visit 2 staff/peers in another room (w/distance)

Outcome #2 After signing up, Kay will attend a planned activity.

Technology Use: Ipad, SMART Board + computer

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List:
Edema, Moderate Intellectual Disability, Type 2 Diabetes Mellitus.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Cannot self-medicate but can participate.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
She utilizes briefs but requires support to clean herself after a bowel movement.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Has fractures due to past falls. She uses a walker for transportation. She may be prompted to use handrails.
☐ Support straps/belts needed

☑ Verbal Cues
☑ Physical Assistance
☐ Posey / Gait Belt
☑ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Bilateral Hearing loss, Visual Impairment (Glasses)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Tends to pinch / hit / push others. She will relocated and asked about her motives for doing so. Kay will be prompted to apologize.

Important To: Well structured personal schedule, Socializing, walking	Important For:
Likes: Jokes, Music, Games,	Dislikes:

Describe Communication Style: Can communicate in fluent english but may be hard to understand at times.