Competency Tracking Form

Participant: MaryJo Ohley **Annual Service Span:** January 2022 - December 2022

Annual Meeting Date: 1/5/2022 **Date Assigned to Lead:** 1/7/2022

Competency Quiz Due for all Staff: 2/7/2022

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

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

Date Completed	Initials	Full Name
1/24/22	AA	Ann Alberg
1/13/22	DB	Destiny Barnes
		[redacted]
1/13/22	AB	Austin Bofferding
1/13/22	JB	Juan Bonilla
1/13/22	LC	Lynn Champagne
1/13/22	IC	Isabelle Cooper
1/13/22	NG	Nicci Gangl
1/13/22	JH	Jesse Haug
1/13/22	ARP	Anna Pratt
1/13/22	CB	Cindy Berg

Date Completed	Initials	Full Name
1/27/22	CK	Cortney Kelly
1/13/22	JK	Justyn Kriel
1/13/22	DN	Dawn Nelson
1/13/22	MP	Monti Patrick
1/13/22	AR	Anneliese Robinson
1/13/22	SS	Shelley Stover
1/24/22	SV	Soua Vang
1/13/22	EW	Erica Wubben

Date Uploaded to LMS: _____

Staff: Ann Alberg
Date: 1/24/22

Service Recipient: Mary Jo Otley
Service Span: 1/20 / 12/22

Outcomes:

Outcome #1: work w/ employment Specialist and make .
Summarize Steps:
I meet.

Outcome #2: Community activity 1x month .
Summarize Steps:
meet with her once a month to pck outing

Communication Style:
Verbal soft spoken hard to understand

Learning Style:
Visual demostration

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☐ No ☐ Yes	Describe Supports: remind to eat slow & chew
Specialized Diet: ☐ No ☐ Yes	Describe Supports: avoid hard chewy. Sticky food Chrunchy
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: not currently at PAI
Personal Cares: ☐ No ☐ Yes	Describe Supports: walk her to restroom help w accident
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: unsteady gait use a walk rockd gait belt impaired balance
Community Support: ☐ No ☐ Yes	Describe Supports: Verbal & physical assistance when needed
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: glasses clean when needed
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to:
living w/ her husband finding a new place for both to live Staying healthy
Important for:
eating healthy, active and being active in her community
Likes:
lunch lo funds pizza spaghetti baked salmon Shopping
Dislikes:
Scary movies cleaning exercise lg bodies of water arguing

Lead Review Completed: Catherine Kelly

Staff: DESTINY
Date: 11/3/22

PAI

Service Recipient: MJO
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: WORK WITH AN EMPLOYMENT SPECIALIST AND MAKE PROGRESS TOWARD COMMUNITY EMPLOYMENT.
Summarize Steps:
1. MEET W/ ES BI-WEEKLY TO DISCUSS EMPLOYMENT

Outcome #2: COMMUNITY ACTIVITY 1x/MONTH.
Summarize Steps:
1. STAFF WILL MEET WITH HER TO CHOOSE AN OUTING

Communication Style: VERBAL, SOFT SPOKEN, HARD TO UNDERSTAND

Learning Style: VISUAL & DEMONSTRATION

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: REMINDER TO EAT SLOW & CHEW
Specialized Diet: ☒ No ☐ Yes	Describe Supports: AVOID HARD, CHEWY, STICKY FOODS & CHILI CRUNCHY
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NOT CURRENTLY TAKING ANY
Personal Cares: ☒ No ☐ Yes	Describe Supports: WALK WITH TO RESTROOM HELP CLEANING IF ACCIDENT
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNSTEADY GAIT. IMPAIRED BALANCE. HOLD ONTO TRANSFER BELT
Community Support: ☒ No ☐ Yes	Describe Supports: VERBAL & PHYSICAL ASSISTANCE WHEN NEEDED
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: GLASSES. CLEAN WHEN NEEDED
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: LIVING W/ HUSBAND. FINDING NEW PLACE TO LIVE. HER & HUSBAND STAY HEALTHY

Important for: EATING HEALTHY, ACTIVE, AND BEING ACTIVE IN COMMUNITY.

Likes: LUNCH W/ FRIENDS. PIZZA. SPAGHETTI. BAKED SALMON. SHOPPING. COOKING & BAKING.

Dislikes: SCARY MOVIES. CLEANING. EXERCISE. LARGE BODIES OF WATER, ARGUING.

Lead Review Completed: DN

Staff: Austin Butterbaugh
Date: 1/13/22

Service Recipient: Mary Jo Otley
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: Mary Jo will work with ES to make progress towards community employment.
Summarize Steps: Meet with ES bi-weekly.

Outcome #2: will participate in a community activity once a month.
Summarize Steps:

Communication Style: Verbal.

Learning Style: Visual and ~~Demonstration~~ Demonstration.

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

Allergies: ☐ No ☑ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☑ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Reminded to slow down and chew thoroughly.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Avoid hard, chewy, sticky and dry crunchy foods.
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: N/A DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No meds at PAI.
Personal Cares: ☑ No ☐ Yes	Describe Supports: ~~transfer~~.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady Gait, impaired balance. staff will walk with her.
Community Support: ☑ No ☐ Yes	Describe Supports: verbal and physical assistance when needed.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Glasses.
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☑ Yes	Describe Supports: N/A
Important to: continue living with her husband, ~~finding~~ another place to live, for her and husband to stay healthy.	
Important for: Getting healthy, staying active, community.	
Likes: Out to lunch with friends, Pizza, spaghetti, baked salmon, shopping at Dollar Tree, cooking and baking.	
Dislikes: Scary Movies, cleaning, exercising, activities on or near bodies of water, and arguing.	

Lead Review Completed: DN

Staff: Juan Padilla

Date: 1-13-22

PAI

Service Recipient: Mary Jo Otley

Service Span: 1-22/12-22

Outcomes:

Outcome #1: Work w/ employment Specialist .

Summarize Steps: Meet w/ employment specialist biweekly to discuss community employment

Outcome #2: participate in community activity once a month .

Summarize Steps: Staff will ID her choose outing

Communication Style: verbal (soft spoken)

Learning Style: visual & demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: (reminder to eat slow & chew food thoroughly)
Specialized Diet: ☒ No ☐ Yes	Describe Supports: dry crunchy foods
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: walk w/ her to bathroom & assist as needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, impaired balance staff will hold transfer belt when walking w/her
Community Support: ☒ No ☐ Yes	Describe Supports: provide verbal & physical assistance as needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: wears glasses & cleans em
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: continue living w/ husband/finding another place to live for her & her husband to stay healthy

Important for: eating healthy staying active

Likes: going to lunch w/ friends, pizza, spaghetti, baked salmon, Jacuzzi tree, cooking & baking

Dislikes: scary movies, cleaning, exercising, activities on or near large bodies of water

Lead Review Completed: DM

Staff: Cynthia Byrd
Date: 1.13.22

PAI

Service Recipient: M.J. Ottley
Service Span: 11/22 - 12/22

Outcomes:

Outcome #1: Work w/ employment specialist.
Summarize Steps: make progress towards working in community. meet bi-weekly

Outcome #2: Community activity 1x month.
Summarize Steps: Staff will meet w/ M.J. to pick out activity.

Communication Style: Verbal - can be soft spoken.

Learning Style: Visual & demonstration

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☑ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: Reminder to slow down
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Avoid hard, sticky and dry foods
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Not current - but if need be
Personal Cares: ☑ No ☐ Yes	Describe Supports: Walk w/ M.J to bathroom and personal care if needed.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait, impaired balance, transfer belt
Community Support: ☑ No ☐ Yes	Describe Supports: Verbal & physical assistance when needed. standing & walking
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: No glasses, help cleaning
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☑ Yes	Describe Supports: N/A

Important to: Living w/ husband, finding another place to live, stay healthy

Important for: Eating healthy, staying active, being active in community

Likes: Lunch w/ friends, pizza, salmon, shopping store, cold baby

Dislikes: Scary movies, cleaning, alterations, activities by water, arguments.

Lead Review Completed: DN

Staff: Lynn Champagne
Date: 1/13/22

Service Recipient: Margo O'Hey
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: will work with employment Specialist.
Summarize Steps: progress towards meet Bi-weekly

Outcome #2: participate in comm activity 1X month.
Summarize Steps:

Communication Style:
Verbal

Learning Style:
Visual & demonstrating

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

Allergies: ☐ No ☑ Yes	List & Describe Supports: NA
Seizures: ☐ No ☑ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: remind to chew + eat slow
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Avoid hard sticky chewy food
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA — DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: not take any
Personal Cares: ☑ No ☐ Yes	Describe Supports: walk with her + help clean if accident
Mobility/Fall Risk: ☑ No ☑ Yes	Describe Supports: unsteady gait impaired balance
Community Support: ☑ No ☐ Yes	Describe Supports: Provide verbal + psychical
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: needs glasses help cleaning
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☑ Yes	Describe Supports: NA

Important to: lives with husband, finding place to live another, husband & her stay healthy

Important for: eating healthy being active in comm

Likes: lunch with friends pizza & pasta, bake & cooking Salmon Baking

Dislikes: scary movies, cleaning exercising, water, arguing activities near

Lead Review Completed: Dn

Staff: Isabelle Cooper
Date: 1/13/22

Service Recipient: MaryJo O.
Service Span: 1-22 – 12-22

Outcomes:

Outcome #1: work with employment specialist & make progress toward community employment
Summarize Steps: 1) meet with ES biweekly & employment opportunities

Outcome #2: pick & participate in community opportunity 1x/month.
Summarize Steps: 1) staff will show calendar & she will pick & participate

Communication Style: verbal - soft spoken & can be hard to understand

Learning Style: visual & demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: remind to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: ~~remind~~ Avoid hard, sticky, dry, crunchy food
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Not @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: walk to BR, help w/ assistance as needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, impaired balance, staff will use transfer belt, Remind to keep walker close
Community Support: ☒ No ☐ Yes	Describe Supports: verbal & Physical assistance when needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: glasses, assist cleaning, if lost – notify residence
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: continue living w/ husband, finding another place to live, her & her husband to stay healthy

Important for: eating healthy, staying active physically & community

Likes: Pizza, lunch w/ friends, Shopping (dollar tree), cooking & baking

Dislikes: Scary movies, cleaning, excersizing, activities that involve large bodies of water

Lead Review Completed: DO

Staff: Nicci Gangl
Date: 1/13/22

PAI

Service Recipient: Mandy O.
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: Will work with an Employment Specialist and progress towards community employment
Summarize Steps:
- Meet bi-weekly

Outcome #2: Participate in a community activity 1X month.
Summarize Steps:
- Staff will meet with her

Communication Style: Verbal

Learning Style: Visual - demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: n/a
Seizures: ☐ No ☒ Yes	Describe Supports: n/a
Choking: ☒ No ☐ Yes	Describe Supports: Need reminders to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Advoid hard, chewy, stick + dry foods
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: n/a DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walk w/ her - need help w/ cleaning
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait, impared balance - uses walker + gait belt
Community Support: ☒ No ☐ Yes	Describe Supports: Provide verbal + physical assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Wears Glasses
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: n/a
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: n/a
Important to:	Living w/ husband, finding another place to live, stay healthy
Important for:	Eating healthy, staying active, active in community
Likes:	Out to lunch w/ friends, pizza, shopping, coking, baking
Dislikes:	Scary movies, cleaning, exercises, activities near water + arguing

Lead Review Completed: DN

Staff: Jesse Haag
Date: 1-13-22

Service Recipient: MO
Service Span: 1/22 – 12/22

Outcomes:

Outcome #1: work towards comm. employment w/ a specialist.
Summarize Steps: Meetings biweekly to plan/discuss

Outcome #2: participate/choose 1 comm. activity monthly.
Summarize Steps:

Communication Style: verbal (soft spoken)

Learning Style: visual & demonstration

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

Allergies: ☐ No ☑ Yes N/A	List & Describe Supports:
Seizures: ☐ No ☑ Yes N/A	Describe Supports:
Choking: ☑ No ☐ Yes	Describe Supports: reminders to eat slow & chew
Specialized Diet: ☑ No ☐ Yes	Describe Supports: avoid difficult to chew foods
Chronic Medical Conditions: ☐ No ☑ Yes N/A	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: not currently any
Personal Cares: ☑ No ☐ Yes	Describe Supports: assistance walking / cleaning up occasionally
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady, gait/imparied balance. staff assistance
Community Support: ☑ No ☐ Yes	Describe Supports: verbal/physical assist while walking
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Glasses & help cleaning
Behavior Support: ☐ No ☑ Yes N/A	List & Describe Supports:
Unsupervised Time: ☐ No ☑ Yes N/A	Describe Supports:

Important to: living w/ husband, new place to live, staying healthy

Important for: eating healthy, stay active & in comm.

Likes: Lunch w/ friends, pizza, spaghetti, baked salmon, cooking baking, tree

Dislikes: scary movies, cleaning, exercising, being on/near lakes, arguing

Lead Review Completed: DN

Staff: Courtney Kelly
Date: 1/27/2022

Service Recipient: Mary Jo Otley
Service Span: 1/22-12/22

Outcomes:

Outcome #1: Work with an ES specialist & make progress towards community employment.
Summarize Steps:
1. meet w/ Paul bi-weekly & participate

Outcome #2: Community activity 1x/month.
Summarize Steps:
1. choose location
2. follow through & attend

Communication Style: Verbal, soft spoken

Learning Style: visual & demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Reminders to slow down & chew
Specialized Diet: ☒ No ☐ Yes	Describe Supports: avoid hard, chewy, sticky, & crunchy/dry foods
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none @ PAI currently
Personal Cares: ☒ No ☐ Yes	Describe Supports: walk with to restroom, assist as needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, impaired balance, walks w/ walker & gait belt held by staff
Community Support: ☒ No ☐ Yes	Describe Supports: verbal & physical assistance needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: glasses, may need help cleaning
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A
Important to:	living w/ husband, finding new place to live, staying healthy
Important for:	eating healthy, staying active, community
Likes:	lunch w/ friends, pizza, spaghetti, salmon, shopping, cooking & baking
Dislikes:	scary movies, cleaning, exercising, deep water, arguing

Lead Review Completed: CK

Staff: Justyn Kriel
Date: 1/13/22

Service Recipient: Mary Jo
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: work with employment specialist /make progress towards employment .
Summarize Steps: • meet w/ specialist bi-weekly

Outcome #2: Community activity of her choice once a month .
Summarize Steps: • staff meet with her to let her choose

Communication Style: verbal - soft spoken

Learning Style: visual / demonstration

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

Allergies: ☐ No ☑ Yes	List & Describe Supports: NA
Seizures: ☐ No ☑ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: reminders to slow down and chew
Specialized Diet: ☑ No ☐ Yes	Describe Supports: No hard, chewy, sticky, dry, crunchy food
Chronic Medical Conditions: ☐ No ☑ Yes	List & Describe Supports: NA DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: none @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: walk to and from bathroom /assist with accidents
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait, impaired balance, staff hold on to belt while walking/standing
Community Support: ☑ No ☐ Yes	Describe Supports: verbal and physical assist when needed
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: glasses + help cleaning them notify have if missing
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☑ Yes	Describe Supports: NA
Important to: living w/ husband, new house, her and husband to be healthy	
Important for: eating healthy, active, community	
Likes: lunch/w friends, pizza, baked salmon, dollar tree, cooking, baking	
Dislikes: scary movies, cleaning, exercising, large bodies of water, arguing	

Lead Review Completed: DM

Staff: DawnNelson
Date: 1/13/22

Service Recipient: Mary Jo Otley
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: Mary Jo will work with an Employment Specialist and make progress toward community employment

Summarize Steps:

Mary Jo will meet with an Employment Specialist at least bi-weekly to discuss community employment. She has a chart in her program book that we keep track of when she meets and what they discussed.

Outcome #2: Mary Jo will participate in a community activity of her choice once a month

Summarize Steps:

At the beginning of the month staff will approach Mary Jo with the outing calendar and ask her if she would like to pick an outing to attend

Communication Style:

Mary Jo is verbal but may be soft spoken and hard to understand at times.

Learning Style:

Visual & demonstration

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

Allergies: ☐ No ✕ Yes	List & Describe Supports: N/A
Seizures: ☐ No ✕ Yes	Describe Supports: N/A
Choking: ✕ No ☐ Yes	Describe Supports: Need to remind her to eat slow and to chew her food thoroughly
Specialized Diet: ✕ No ☐ Yes	Describe Supports: Avoid hard, chewy, sticky,, and dry crunchy foods
Chronic Medical Conditions: ☐ No ✕ Yes	List & Describe Supports: N/A DNR/DNI: ✕ No ☐ Yes
Medication at PAI: ✕ No ☐ Yes	Describe Supports: N/A Does not take meds at PAI
Personal Cares: ✕No ☐ Yes	Describe Supports: Staff will walk with Mary Jo to the bathroom when she needs to use it-if she has an accident she may need help
Mobility/Fall Risk: ✕No ☐ Yes	Describe Supports: Unsteady gait, impaired balance, staff will hold onto her transfer belt while standing up and walking-staff need to remind her to keep the walker close to her when she is walking
Community Support: ✕No ☐ Yes	Describe Supports: Provide verbal and physical assistance,
Sensory Support: ✕No ☐ Yes	List & Describe Supports: Mary Jo wears glasses-if they need cleaning staff will assist her. If staff see her glasses are missing or broken staff will notify her residence
Behavior Support: ☐ No ✕ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ✕ Yes	Describe Supports: N/A

Important to:

Continue living with her husband, finding another place to live, for her and her husband to stay healthy

Important for:

Eating healthy, staying active , being active in the community

Likes:

Out to lunch with friends, pizza, spaghetti, baked salmon, shopping at dollar tree, cooking and baking

Dislikes: Scary movies, cleaning, exercising, activities on/or near large bodies of water, and arguing

Lead Review Completed: DN

Staff: Mona

Date: 1/13/22

Service Recipient: MJO

Service Span: 1/22/-12/22

Outcomes:

Outcome #1: Mary Jo will work with employment specialist progress towards community employ
Summarize Steps:
Talk w/ Paul

Outcome #2: participate in community activites once a month.
Summarize Steps:
choose outing with staff

Communication Style:
verbal

Learning Style:
visual and demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: reminder to eat slow, chew thoughly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: avoid hard, sticky, chewy
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Not currenty taking
Personal Cares: ☒ No ☐ Yes	Describe Supports: walk and assist with cleaning if needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, impair balance, staff walk and hold belt
Community Support: ☒ No ☐ Yes	Describe Supports: provide verbal and physical when needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: glass and help cleaning
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: living w/ husband, finding another place to live, her and husband stay healthy

Important for: eating healthy, stay active, active in community

Likes: out to lunch w/ friend, Pizza, Spaghetti, bake Salamon, Dollartree, Cooking

Dislikes: Scary movies, cleaning, excercise, activity by water, agreeing

Lead Review Completed: DN

Staff: Anna Pratt
Date: 1/13/22

Service Recipient: Mary Jo Otly
Service Span: _____

Outcomes:

Outcome #1: work w/ employment specialist & make progress toward community employment
Summarize Steps: meet biweekly w/ employment specialist

Outcome #2: participate in community activity 1x month.
Summarize Steps: meet w/ to choose activity

Communication Style: Verbal

Learning Style: visual & demonstration

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NKA
Seizures: ☐ No ☐ Yes N/A	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: reminders to slow down & chew
Specialized Diet: ☒ No ☐ Yes	Describe Supports: avoid, hard, chewy, & dry crunchy foods
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff will administer any medication
Personal Cares: ☒ No ☐ Yes	Describe Supports: Physical assistance to bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: walker & gait belt
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal & physical assistance when needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: glasses
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports:

Important to: continue living w/ husband, finding another place to live, her & husband stay healthy

Important for: Eating healthy, stay active, be active in community

Likes: lunch w/ friends, pizza, spaghetti, salmon, dollar tree, cooking

Dislikes: scary movies, cleaning, large bodies of water, arguing

Lead Review Completed: DN

Staff: Annelieser.
Date: 1/13/22

PAI

Service Recipient: MJO
Service Span: 01/2022 - 12/2022

Outcomes:

Outcome #1: Will work w/ an employment specialist and make progress toward community employment.
Summarize Steps:
1. Will meet w/ specialist at least bi-weekly to discuss employment

Outcome #2: participate in community activity once a month.
Summarize Steps:
1. staff will meet

Communication Style: verbal, can be soft spoken and hard to understand

Learning Style: Visual and demonstration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: remind her to eat slow and chew thoroughly.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Avoid hard, chewy, sticky, dry crunchy foods
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none at PAI currently. would need administration if need did arise
Personal Cares: ☒ No ☐ Yes	Describe Supports: staff walk her to bathroom. If were to have an accident, staff assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait, impaired balance. staff assist w/ gait belt.
Community Support: ☒ No ☐ Yes	Describe Supports: Provide verbal and physical assistance as needs
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: wears glasses notify residence if missing, assist w/ cleaning as needed
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: continue living w/ husband, [redacted] her and husband stay healthy

Important for: eating healthy, staying active, being active in community

Likes: lunch w/ friends, pizza, spaghetti, baked salmon, dollar tree, cooking, baking

Dislikes: scary movies, cleaning, exercising, activities on or near water, arguing

Lead Review Completed: DN

Staff: Michelle Stover
Date: 4/13/22

PAI

Service Recipient: Mary Jo Otley
Service Span: 1/22 - 12/22

Outcomes:

Outcome #1: Work w an employment specialist & make progress towards community employment. Biweekly mtg
Summarize Steps:

Outcome #2: Community activity x1
Summarize Steps: She will pitch an outing w/ staff

Communication Style: Verbal - soft spoken, hard to understand

Learning Style: visual demonstration

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: n/A
Seizures: ☐ No ☐ Yes	Describe Supports: n/A
Choking: ☑ No ☐ Yes	Describe Supports: remind her to eat slow & chew thoroughly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: avoid hard, chewy, sticky food
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: n/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: does not take @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Walk her to restroom, help to if needed
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unsteady gait, impaired balance - hold onto Best when standing & walking
Community Support: ☑ No ☐ Yes	Describe Supports: Verbal & physicall assistance when needed
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: glasses - may help clearer vision
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: n/A
Unsupervised Time: ☐ No ☑ Yes	Describe Supports: n/A

Important to: continue living w/ her husband staying healthy

Important for: ~~Stay~~ safe, healthy, staying active, active in community.

Likes: out to lunch w/ friends, pizza, spaghetti, baked salmon

Dislikes: shopping @ Publix. Cooking and baking scary movies, cleaning, exercising, on or near large bodies of water agency.

Lead Review Completed: DM

Staff: Soua Vang
Date: 01/24/22

Service Recipient: Mary Jo Otley
Service Span: Jan 22 - Dec 22

Outcomes:

Outcome #1: work w/ employment specialist & make progress toward community.
Summarize Steps: 1) meet w/ ES biweekly & employment opportunities.

Outcome #2: pick & participate in community opportunity 1 a month.
Summarize Steps: 1) staff present Clander & Mary Jo will pick then participate.

Communication Style: verbal - soft spoken & can be hard to understand

Learning Style: visual & demonstration.

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Remind to eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Avoid hard, sticky, dry, crunchy foods.
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Not @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: walk to BR, help w/ assistance as needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, impaired balance, staff use transfer belt, remind to keep walker close.
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal & physical assistance as needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: glasses / assist w/ cleaning, if lost notify residence.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: N/A

Important to: continue to live w/ husband, finding another place to live, her & her husband to stay healthy.

Important for: eating healthy, studying activephysically, community.

Likes: pizza, lunch w/ friends, shopping @ $ Tree, cooking & baking.

Dislikes: Scary movies, cleaning, exercising, activities near / on large bodies of water.

Lead Review Completed: Courtney Kelly

Staff: Erica W

Date: 1/13/21

Service Recipient: Mary So

Service Span: 1-22-22 -12-22-22

Outcomes:

Outcome #1: Will Work With apportunity Speclist.

Summarize Steps:

Make Progress towards working / by Weekly

Outcome #2: Partipate ina Community cating once a Month.

Summarize Steps:

Staff will Speak With Mary jo

Communication Style:

Verbal, Softly Spoken

Learning Style:

Visiolyer, Demenostration

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: N/A
Seizures: ☐ No ☒ Yes	Describe Supports: MA
Choking: ☒ No ☐ Yes	Describe Supports: need reminder to chew food and eat slow
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Avoic, chewy, Dry, Crunchy, Sticky food
Chronic Medical Conditions: ☐ No ☒ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes N/A
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Walk her to bathroom / help clean up if have accident
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait, impared balance, Staff will grab gait belt
Community Support: ☒ No ☐ Yes	Describe Supports: Verball assists when needed
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Wears glasses
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:

Continute to live W/ her Hasbands, finding another house to live at

Important for:

eating healthy, Staying active

Likes:

going out to lunch, Pizza, baked Samon, Shopping

Dislikes:

Scary movies, Cleaning, exercising, Arguing

Lead Review Completed: DN