STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: Tyler Bongard
Date of hire: 1.10.2022
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.**

Initials of person(s) served:
CA, JW, KV, CW, TM, SG, JL, NK, TJ, AF, KB, LB

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
CPR, if required by the *CSSP* or *CSSP Addendum*	1.28.2022	Demonstration	5.5	Health counseling enter
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	1.19.2022	comp quiz	6.0	N/A enter
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	1.19.2022	comp quiz	6.0	N/A enter
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	left Oakdale prior to completing			

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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	1.28.2022	comp 9412	~~[illegible]~~ 6.0	N/A
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: N/A Topic: Topic:				

left oakdale prior to completing

Staff signature

Date

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

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HEARTSAVER

Heartsaver®
First Aid CPR AED

American Heart Association.

Tyler Bongard

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.

Optional modules completed:

Heartsaver Total, Child CPR AED, Infant CPR

Issue Date

1/28/2022

Renew By

01/2024

Training Center Name

Health Counseling Services

Instructor Name

Eugene Evers

Training Center ID

MN20159

Instructor ID

02112291703

Training Center City, State

Bloomington, MN

eCard Code

226012234237

Training Center Phone Number

612-345-8522

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Staff: TYLER BONGARD

Date: 1/19/22

PAI

Service Recipient: JEROME WELCH

Service Span: NOV. 2021 – NOV. 2022

Outcomes:

Outcome #1: WEEKLY, JEROME WILL CHOOSE A STAFF TO ASSIST HIM IN MAKING HIS SENSORY BOTTLE (75% OVER 6 MO.)

Summarize Steps: STAFF WILL TELL JEROME WHO CAN ASSIST HIM & VERBALLY SAY EACH NAME/ POINT TO EACH STAFF. IF HE COMMUNICATES PREFERENCE, DOCUMENT AS ACHIEVED.

Outcome #2: WEEKLY, JEROME WILL CREATE A SENSORY BOTTLE (75% OVER 6 MO.)

Summarize Steps: STAFF PROVIDES VARIOUS OPTIONS LIKE DIFFERENT SIZED BOTTLES, GLITTER, COLORING, BEADS, ETC. STAFF OFFERS ITEMS ONE AT A TIME, ALLOWING JEROME TO PROCESS & MAKE CHOICES. ACHIEVED IF HE MAKES CHOICES (Y).

Communication Style: VOCALIZATIONS, REACHING FOR THINGS, EYE GAZE, ADAPTIVE SWITCHES & FACIAL EXPRESSIONS.

Learning Style: LEARNS THROUGH CONSISTENT ROUTINE & PHYSICAL & VERBAL CUES.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: PENICILLIN, POLIO VACCINE, SEASONAL (FALL/SPRING) ONLY RECEIVES MEDS PRESCRIBED BY DOCTOR.
Seizures: ☒ No ☐ Yes	Describe Supports: TONIC CLONIC/GRAND MAL. SEIZURE PRN PASSED (IF CRITERIA WAS MET) SEIZURE ACTIVITY > 30 SEC COMMUNICATED TO RESIDENCE.
Choking: ☒ No ☐ Yes	Describe Supports: CAN EAT INDEPENDENTLY W/ STAFF SUPERVISION – MAY REQUIRE HAND/HAND ASSISTANCE W/ SPOON OR FULL ASSISTANCE IF TIRED/NEAR END OF MEAL.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: PUREED FOOD/NECTAR THICKENED LIQUIDS. IF HE DOESN'T WANT TO DRINK LIQUIDS, STAFF WILL SPOON FEED IT TO HIM.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: MONITORED FOR SYMPTOMS OF CELLULITIS. MONITORED FOR POTENTIAL SWELLING IN LOWER LEGS. OSTEOPENIA – GENTLE, CAREFUL TRANSFERS TO PREVENT BUMPS THAT MAY DAMAGE BONES. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS ON SPOON W/ FOOD W/ FULL ASSISTANCE – OFFERED DRINK ONCE SWALLOWED W/ FOOD.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF – COMPLETED EVERY 2 HRS & AS NEEDED. OBSERVED FOR REDNESS & PRESSURE MARKS DURING CARES
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: PUMMEL & CHEST, PELVIC & SAFETY STRAPS SECURED. TRANSFERS COMPLETED W/ 2 STAFF.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ASTIGMATISM – HOLDING ITEMS CLOSE ENOUGH SO HE CAN SEE/TRACK THEM. OVERSTIMULATION – OFFERED CALM/QUIET ENVIRONMENT WHEN POSSIBLE
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY SCRATCH HEAD/HANDS/ARMS – SCRATCHES TREATED WHEN NECESSARY. YELLING/EXTENDED DISTRESSED VOCALIZATIONS – ASSESS IMMEDIATE NEEDS
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: STAFF PRESENCE REQUIRED IN PROGRAM/COMMUNITY.

Important to: SPICY FOOD, BAKED GOODS, BOTTLES, PITANES, TIME TO RELAX/NAP, SENSORY TIME, PEOPLE WATCHING

Important for: REPOSITIONING, ENCOURAGEMENT TO BE AS INDEPENDENT AS POSSIBLE, FLUID INTAKE, BALANCED MEALS, SUPPORT TO BE SOCIAL/ENGAGED IN ACTIVITIES

Likes: PEOPLE WATCHING, SENSORY ACTIVITIES, & HOLDING BOTTLES/MANIPULATIVES

Dislikes: HAVING TO WAIT, ACTIVITIES THAT REQUIRE PUTTING HIS BOTTLE AWAY.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/19/22

Service Recipient: KIM VARNESS

Service Span: SEPT 2021 - SEPT 2022

Outcomes: (70% over 6 mo.)

Outcome #1: DAILY, KIM WILL HAND HER DRINK TO STAFF WHEN FINISHED

Summarize Steps: GIVE DRINK, LET HER KNOW TO GIVE IT TO STAFF WHEN DONE. STAFF STANDS IN ARMS REACH. WHEN STAFF NOTICE SHES ALMOST DONE, STAFF AGAIN PROMPTS KIMMY TO GIVE STAFF HER CUP.

Outcome #2: DAILY, KIM WILL TAKE OFF HER SHIRT PROTECTOR AFTER LUNCH (80% over 6 mo.)

Summarize Steps: STAFF PROMPTS HER TO TAKE OFF SHIRT PROTECTOR WHILE CLEANING UP HER AREA. PROVIDED TIME TO TAKE IT OFF - ASSISTED IF SHE DOESNT TAKE IT OFF, TO CREATE REPETITION.

Communication Style: NONVERBAL - FACIAL EXPRESSIONS, VOCALIZING, WAVING, TOUCHING/PUSHING AWAY

Learning Style: THROUGH ROUTINE & REPETITION. BEST SUPPORTED W/ VERBAL PROMPTS, STAFF MODELING PROMPTS, OCCASIONAL PHYSICAL PROMPTS. LESS RECEPTIVE TO HAND OVER HAND.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: ALLERGIC TO SULFA MEDS, ALL BUG SPRAYS & SOME SUNSCREENS. PORTABLE BUG REPELLING DEVICE & LONG SLEEVES/HAT FOR SUN EXPOSURE
Seizures: NO SEIZURE SINCE '98 ☒ No ☐ Yes	Describe Supports: CALL 911 IF SEIZURE OCCURS - SEIZURE ACTIVITY REPORTED TO RESIDENCE.
Choking: ☒ No ☐ Yes	Describe Supports: MAY NOT CHEW THOROUGHLY/EATS QUICKLY. DIRECT SUPERVISION & REMINDERS TO SLOW DOWN & CHEW AS NEEDED
Specialized Diet: ☒ No ☐ Yes	Describe Supports: PHYSICAL SUPPORT GIVEN WHEN FOOD IS NOT APPROPRIATE TO EAT W/ HANDS. NOT SEATED NEAR PEER'S FOOD - MAY EAT DIME-SIZED FOOD PIECES.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CONSTIPATION - ENCOURAGED TO DRINK THROUGHOUT DAY/MONITORED FOR SIGNS OF DISCOMFORT. DYSMENORRHEA - MAY YELL FOR PROLONGED PERIODS/CRY. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS TAKEN W/ SOFT FOODS & ENCOURAGED TO TAKE A DRINK AFTERWARDS.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF. REQUIRES ADDITIONAL SUPPORT DURING MENSES (IF SPOTTING). REDNESS/IRRITATION IN PERI AREA AS RESULT OF RESISTANCE TO PERSONAL CARES. FEMALE STAFF WHEN POSSIBLE.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: PRONE TO BRUISING - DONT LEAD BY ARM. ASSISTED IN WALKING W/ GAIT BELT ON HER LEFT SIDE.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT IN COMMUNITY
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: NEAR SIGHTED - OFFER CHOICES 12-24 IN. IN FRONT OF HER. OVERSTIMULATION - OFFER PREFERRED SENSORY ACTIVITIES & ASSIST TO LESS STIMULATING ENVIRONMENT
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: TRICHOTILLOMANIA - REDIRECT & OFFER OTHER SENSORY ACTIVITIES IF PICKING/PULLING HAIR. PHYSICAL AGGRESSION - REDIRECT, DONT REACT
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: STAFF PRESENCE REQUIRED IN PROGRAM & COMMUNITY

Important to: BEING ENGAGED IN MEANINGFUL INTERACTIONS DAILY & SUPPORTED IN SOCIALIZING, SAFE ORAL MANIPULATIVES & FREQUENT SENSORY OPPORTUNITIES

Important for: TO WALK DAILY W/ GOOD POSTURE TO MAINTAIN MUSCLE STRENGTH & ABILITY, SENSORY INTEGRATION & APPROPRIATE MANIPULATIVES, WASHING HANDS, WORKING ON COMMUNICATION SKILLS

Likes: BEING CALLED KIM OR KIMMY, ORAL SENSORY INPUT, TACTILE INPUT, MUSIC, DANCING, VAN RIDES W/ WINDOWS DOWN

Dislikes: BEING RUSHED, REPEATED REQUESTS, BEING CALLED KIMBERLY, BEING BORED, WASHING HANDS/BRUSHING TEETH

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/19/22

(I MIXED UP #1 & #2 - SORRY!)

Service Recipient: CHRISTINA WAGNER

Service Span: MARCH 2021 - MARCH 2022

Outcomes:

Outcome #1: DAILY, CHRISTINA WILL CHOOSE A STAFF TO ASSIST W/ HER CHOSEN SENSORY ACTIVITY (80% OVER 12 MO.)

Summarize Steps: AFTER CHOOSING SENSORY ACTIVITY, STAFF WILL PRESENT HER W/ CHOICE BOARD OF PICS. OF AVAILABLE STAFF TO DO ACTIVITY WITH. IF SHE CHOOSES, ITS ACHIEVED.

Outcome #2: DAILY, CHRISTINA WILL CHOOSE A SENSORY ACTIVITY TO PARTICIPATE IN (80% OVER 12 MO)

Summarize Steps: PRESENT CHRISTINA W/ SENSORY BOX & ASK WHICH ACTIVITY SHE WANTS TO DO. IF SHE CHOOSES AN ACTIVITY, IT IS ACHIEVED. (Y)

Communication Style: ESTABLISHING EYE CONTACT, VOCALIZATIONS, FACIAL EXPRESSIONS, COMMUNICATION DEVICES, POINTING TO/DROPPING THINGS

Learning Style: LEARNS THROUGH REPETITION ONCE ROUTINE IS ESTABLISHED. BEST SUPPORTED W/ MODELING, VERBAL & PHYSICAL PROMPTS.

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

Allergies: ☐ No ☒ Yes	List & Describe Supports: SEASONAL ALLERGIES - TAKES MED AT HOME & WILL USE A KLEENEX TO WIPE HER RUNNY NOSE
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: EATS QUICKLY - VISUALLY MONITORED & PROMPTED TO SLOW DOWN AS NEEDED. BITE SIZE PIECES 1"x1" "SLOW DOWN" "EAT SLOWLY"
Specialized Diet: ☒ No ☐ Yes	Describe Supports: PHYSICIAN ORDERED CHOPPED DIET INTAKE COMMUNICATED TO RESIDENCE
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: MONITORED FOR SYMPTOMS OF GERD & HYPERTENSION - NOTED SYMPTOMS COMMUNICATED TO RESIDENCE DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS TAKEN WHOLE IN SOFT FOOD FOLLOWED BY SIP OF WATER. BACLOFEN @ NOON FOR MUSCLE SPASTICITY.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF - NEEDS TOTAL ASSISTANCE TO COMPLETE ALL PERSONAL & MENSTRUAL CARES. EVERY 2 HRS & AS NEEDED. TELL HER WHEN ITS TIME FOR CARES & EXPLAIN EACH STEP DURING PROCESS.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: CAN PROPEL CHAIR SHORT DISTANCES. WEARS PELVIC BELT, SAFETY BELT & LAP TRAY - VISUALLY CHECK THAT THEY'RE SECURED.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT IN COMMUNITY
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: MODERATE - SEVERE HEARING LOSS. ORIENT SELF IN FRONT OF/FACING HER W/IN VISUAL RANGE, SPEAK LOUDLY/CLEARLY, EYE CONTACT & TOUCHING HAND DURING SPEAKING
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY COMMUNICATE BEING UPSET/FRUSTRATED/ANXIOUS BY HITTING SELF IN FACE/PULLING HAIR. ACKNOWLEDGE HER FEELINGS, REDIRECT TO COMMUNICATE IN ANOTHER WAY
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: STAFF PRESENCE REQUIRED IN PROGRAM & COMMUNITY

Important to: FOLLOWING A ROUTINE, HAVING NAILS PAINTED & HAIR DONE, HAVING LUNCH & SNACK ON TIME, TIME TO RELAX IN RECLINER

Important for: USING COMMUNICATION SKILLS WHEN UPSET/ANXIOUS, TAKING MEDS AS SCHEDULED, PROPELLING WHEELCHAIR AS INDEPENDENTLY AS POSSIBLE

Likes: HAVING NAILS PAINTED & HAIR DONE, CHINESE FOOD & SWEETS, MUSIC, SENSORY ACTIVITIES, COLORING

Dislikes: HAVING TO WAIT, CHANGE IN ROUTINE, NEW STAFF, ICED/FLAVORED TEA, NOT HAVING PERSONAL SPACE

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/19/22

Service Recipient: TERRELL MONJEAU

Service Span: JUNE 2021 - JUNE 2022

Outcomes:

Outcome #1: DAILY, STAFF WILL MODEL ASL SIGN & TERRELL WILL USE FLASHCARDS TO
Summarize Steps: IDENTIFY THE CORRECT SIGN (90% TRIALS OVER 12 MO.) STAFF WILL MODEL SIGN, THEN PRESENT 2 FLASHCARDS & ASK WHICH CARD SHOWS SIGN STAFF MODELED. 15 SECONDS, THEN MODEL & SHOW IMAGES & GIVE ANOTHER 15 SEC.

Outcome #2: DAILY, TERRELL WILL CHOOSE A PROGRAMMING SPACE TO VISIT (80% OVER 2 MO.)
Summarize Steps: PRESENT 2 OPTIONS OF PROGRAMMING ROOMS TO VISIT USING PICTURE CARDS OR PICTURES ON IPAD. HE MAY CHOOSE BY USING FACIAL EXPRESSIONS, VOCALIZATIONS, SIGN LANGUAGE, POINTING/REACHING OR EYE GAZING.

Communication Style: FACIAL EXPRESSIONS, VOCALIZATIONS, LIMITED SIGN LANGUAGE, REACHING FOR/POINTING TO ITEMS & EYE GAZING.

Learning Style: LEARNS BEST THROUGH ROUTINE, VERBAL & PHYSICAL CUES, MODEL PROMPTS, GESTURES & REPETITION.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: ALLERGIC TO CIGARETTE SMOKE. USE CAUTION IN COMMUNITY & REMOVE TERRELL IF SOMEONE SMOKES NEAR HIM. STAFF THAT SMOKE ON BREAK LEAVE COATS OUTSIDE OF PROGRAM ROOM.
Seizures: ☒ No ☐ Yes	Describe Supports: POSSIBLE SEIZURE ACTIVITY – ARMS JERKING NEAR CHEST, LEGS SPREADING OUTWARDS, HEAD JERKING SIDE TO SIDE, INCONTINENCE. NOTIFY RESIDENCE OF SEIZURE ACTIVITY ASAP
Choking: ☒ No ☐ Yes	Describe Supports: VISUALLY MONITORED WHILE EATING, WEARS ~~CHEST~~ SHOULDER STRAPS DURING MEALS TO PROMOTE GOOD POSTURE.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: BITE-SIZED DIET - SENT FROM HOME. ALLOWED 10-15 MIN TO EAT INDEPENDENTLY BEFORE STAFF ASSISTS HIM. LIPPED PLATE, THICK HANDLE UTENSIL, SPOUTED CUP OR STRAW.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: BACLOFEN PUMP - MONITOR FOR SIGNS OF OVER/UNDER DOSING & LISTEN FOR PUMP ALARM - CONCERNS REPORTED TO RESIDENCE. CONSTIPATION - ENCOURAGE TO DRINK FLUIDS THROUGHOUT DAY. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDICATIONS TAKEN WHOLE ORALLY IN SOFT FOODS FOLLOWED BY A DRINK.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF ASSISTED IN REPOSITIONING/COMPLETING PERSONAL CARES EVERY 2 HRS & AS NEEDED. IF HE ATTEMPTS TO SELF-STIMULATE, SIGN "STOP" & "LATER"
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: SEATBELT/PELVIC BELT ON CHAIR SECURED - IF HE UNBUCKLES, STAFF WILL SIGN NO & RECONNECT IT - IF HE DOES IT AGAIN, OFFER REPOSITIONING OPTIONS.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: DEAF - ORIENT SELF IN FRONT OF HIM SO HE CAN LOOK AT THEM WHEN THEY ADDRESS HIM & USE SIGN LANGUAGE/HAND GESTURES & FACIAL EXPRESSIONS TO COMMUNICATE.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY COMMUNICATE BEING UPSET/FRUSTRATED/HUNGRY/IN PAIN BY BITING HIMSELF. ASL SIGN FOR PAIN - PRN ACETAMINOPHEN. DURING TRANSITIONS - COMMUNICATE 1ST/THEN
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: STAFF PRESENCE REQUIRED IN PROGRAM & COMMUNITY

Important to: HAVE A SNACK EVERY DAY, TIME TO RELAX IN RECLINER, FUN & ENGAGING PEOPLE TO BE AROUND

Important for: SUPPORTED IN TAKING MEDS & BEING PHYSICALLY ACTIVE, CONTINUING TO GROW/EXPAND ABILITY, TO FORM FRIENDSHIPS, COMMUNICATE & MAKE CHOICES

Likes: USING WII, PLAYING TETHERBALL, EATING, VAN/BUS RIDES, BEING OUTSIDE, BEING W/ MOM

Dislikes: WAITING TO EAT WHEN HUNGRY, BANANAS/EGGS/VEGGIES, PLAIN WATER

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

PAI

Service Recipient: SUE GILBERTSON

Service Span: JUNE 2021 - JUNE 2022

Outcomes:

Outcome #1: DAILY, SUE WILL IDENTIFY WHAT EMOTION SHE IS FEELING (7.5%)

Summarize Steps: STAFF WILL GREET SUE & PRESENT HER W/ 4 EMOTION OPTIONS ON A CHOICE BOARD, READING EACH OPTION & POINTING TO IT. IF SHE EXPRESSES THAT SHES FEELING 1 OR MORE EMOTIONS, OUTCOME IS ACHIEVED.

Outcome #2: WEEKLY, SUE WILL CHOOSE A GROUP ACTIVITY TO PARTICIPATE IN

Summarize Steps: ANOTHER PROGRAMMING ROOM (80%) WHEN ENGAGED/ALERT STAFF WILL OFFER SUE 3 ACTIVITIES SHE CAN PARTICIPATE IN, IN ANOTHER PROGRAMMING ROOM. IF SUE CHOOSES AN ACTIVITY, OUTCOME IS ACHIEVED (Y)

Communication Style: VERBALLY, POSITIVE & NEGATIVE FACIAL EXPRESSIONS, CLAPPING, REACHING FOR ITEMS, YES/NO, VARIOUS PHRASES (SHUT UP, BLESS YOU)

Learning Style: RESPONDS TO VERBAL DIRECTION, LEARNS BEST THROUGH ROUTINE/REPETITION. PREFERS SPACE, NEEDS TIME TO PROCESS WHEN ASKED SOMETHING.

MAY REQUIRE SUPPORT TO EAT SOFT FOODS (FRUIT CUPS, YOGURT)

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: IBUPROFEN & NAPROXEN. ONLY ADMINISTER MEDS PER DOCTOR'S ORDERS.
Seizures: ☒ No ☐ Yes	Describe Supports: GENERALIZED TONIC CLONIC, DROP SEIZURES & ABSENCE SEIZURES. VNS MAGNET ON WHEELCHAIR, PRN DIAZEPAM FOR PROLONGED SEIZURES. DURING DROP SEIZURE - WHEELCHAIR TILTED BACK TO OPEN AIRWAY.
Choking: ☒ No ☐ Yes	Describe Supports: VISUALLY CHECK HOME-PREPARED FOOD BEFORE SERVING, VISUALLY OBSERVE & SUPPORT HER WHILE EATING.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: WONT EAT PUREED FOOD (AGAINST MEDICAL ADVICE) BEGINS MEAL W/ HAND OVER HAND ASSISTANCE & WILL TRANSITION TO EATING INDEPENDENTLY AFTER BEING ASSISTED.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes FOOD/BEV INTAKE & OUTPUT REPORTED DAILY TO RESIDENCE. REPOSITION SUE EVERY 2 HRS TO PREVENT PRESSURE ULCERS.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: STAFF DISPENSES MEDICATION FOR SUE.
Personal Cares: ☒ No ☐ Yes	Describe Supports: WEARS BRIEFS, NEEDS TOTAL ASSISTANCE TO TRANSFER & COMPLETE ALL SELF CARE. EVERY 2HRS/AS NEEDED PERSONAL CARES
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: IN WHEELCHAIR - APPLY SEATBELT & ENGAGE SUE'S BRAKES. RECLINER - SAFETY STRAP W/ FOOT REST UP TO PREVENT FALLS.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, SUPERVISION & PHYSICAL SUPPORT BY STAFF
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: SUPPORTED IN WEARING GLASSES & KEEPING THEM CLEAN. ITEMS PLACED IN HER VISUAL RANGE.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: REDIRECTION WHEN BEING SELF INJUROUS OR PHYSICALLY AGGRESSIVE - HIGH FIVES, HOLDING JEWELRY, SOMETHING TO DO W/ HER HANDS.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED

Important to: PERSONAL SPACE, QUIET ENVIRONMENT, COMMUNICATION ABOUT WHATS HAPPENING/WHO IS HELPING HER, FREQUENT INTERACTION.

Important for: BEING AS INDEPENDENT AS POSSIBLE, WELL-BALANCED DIET, BEING REPOSITIONED, BEING COMMUNICATED WITH

Likes: COLORING, SENSORY & SILLY ANIMAL VIDEOS, ANIMALS, MUSIC THERAPY, FAMILY VISITS.

Dislikes: PEOPLE IN HER SPACE, STAFF WHO DONT TELL HER HOW THEY WILL HELP HER, SURPRISES IN HER ENVIRONMENT.

Lead Review Completed: _____

Staff: TYLER BENGARD

Date: 1/18/22

PAI

Service Recipient: JENNY LAFBOM

Service Span: JAN. 2021 – JAN. 2022

Outcomes:

Outcome #1: DAILY, JENNY WILL CHOOSE A SENSORY ACTIVITY (75%).

Summarize Steps: PRESENT 3 OPTIONS OF SENSORY ACTIVITIES - ASK IF SHE WANTS TO PARTICIPATE IN EACH OPTION UNTIL SHE EXPRESSES SHE DOESNT WANT TO PARTICIPATE OR UNTIL SHE CHOOSES/SHOWS INTEREST IN AN ACTIVITY.

Outcome #2: DAILY, JENNY WILL CHOOSE TO USE HER GAIT TRAINER (75%)

Summarize Steps: (IN MORNING) ASK IF SHE WANTS TO USE HER GAIT TRAINER. (TAH - YES, PAFT - NO) ASK AGAIN LATER (ONCE MORE) IF SHE SAYS NO

Communication Style: VOCALIZATIONS, EYE GAZING, OCCASSIONALLY REACHING FOR OBJECTS. PRIMARILY USES EYE GAZING & YES/NO ANSWERS.

Learning Style: THROUGH ROUTINE/REPETITION. UNDERSTANDS SHORT VERBAL CUES & RESPONDS BEST TO UPBEAT ENCOURAGEMENT PAIRED W/ PHYSICAL CUES.

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

Allergies: ☐ No ☐ Yes NA	List & Describe Supports:
Seizures: ☒ No ☐ Yes	Describe Supports: SUPERVISED/MONITORED FOR SEIZURE ACTIVITY. MAY EXPERIENCE CLUSTERS OF SEIZURE ACTIVITY, MAY BE RELATED TO MEDICAL PDD OR BEING DEHYDRATED. SEIZURE ACTIVITY DOCUMENTED & REPORTED TO PARENTS.
Choking: ☒ No ☐ Yes	Describe Supports: FULL ASSISTANCE IN EATING & DRINKING. FOOD PREPPED BY STAFF FROM POWDER & MIXED W/ WATER. PREFERS FOOD & DRINKS WARMED.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: ONLY EATS KETO FOOD SENT FROM HOME. DRINKS W/ ASSISTANCE FROM SPOUTED CUP W/ LID & REGULAR SPOON.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CHRONIC DEHYDRATION - OFFERED DRINKS DURING DAY, ENCOURAGED TO DRINK 32 OZ. MONITORED FOR EAR INFECTION SYMPTOMS & FOR SYMPTOMS OF OBSTRUCTION (BOWEL) DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS WHOLE ORALLY OR CUT AS TOLERATED IN SOFT FOODS
Personal Cares: ☒ No ☐ Yes	Describe Supports: GUARDIANS REQUEST FEMALE STAFF COMPLETE CARES WHEN AVAILABLE. DISPOSABLE BRIEF, CARES COMPLETED EVERY 2 HRS & AS NEEDED.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: WHEELCHAIR W/ HEADREST & FOOT RESTS, CHEST/PELVIC STRAPS & SEATBELT. POSEY BELT + STAFF SUPPORT TO TRANSFER.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: VISUAL IMPAIRMENT - VERBALLY INFORM JENNY WHAT SHES DOING & PROVIDE EXPLANATIONS OF ACTIVITIES & LARGE/COLORFUL/TEXTURED ITEMS WHEN POSSIBLE.
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED

Important to: MEANINGFUL 1:1 INTERACTIONS, MUSIC, TIME TO RELAX OUT OF WHEELCHAIR, TIME TO BE ACTIVE

Important for: FOLLOWING KETOGENIC DIET, BE OFFERED FLUIDS FREQUENTLY, MAINTAINING PHYSICAL ABILITY TO ASSIST W/ TRANSFERS.

Likes: MUSIC, 1:1 SENSORY TIME, COMMUNITY OUTINGS, BEING BAREFOOT.

Dislikes: WAITING FOR THINGS SHE WANTS OR NEEDS, WEARING SOCKS & SHOES, LIMITED ATTENTION FROM STAFF.

Lead Review Completed: _____

Staff: TYLER BORGARD

Date: 1/18/22

Service Recipient: NICK KESSLER

Service Span: NOV. 2021 – NOV. 2022

Outcomes:

Outcome #1: WEEKLY, NICK WILL PARTICIPATE IN DANCING OR JUMPING AROUND W/ STAFF (70% / 6 mo.)

Summarize Steps: PRESENT HIM W/ UPBEAT MUSIC & UPBEAT TONE & ASK IF HE WANTS TO JUMP/DANCE. YES = SMILING, DANCING/JUMPING NO = PUSHING AWAY, REFUSING TO GET UP. IF HE REFUSES, ASK LATER IN THE WEEK.

Outcome #2: DAILY, NICK WILL IDENTIFY HIS ACTIVITIES ON THE IPAD (75% / 6 mo.)

Summarize Steps: PRESENT 2 OPTIONS OF ACTIVITIES ON IPAD. ASK IF HE CAN IDENTIFY EACH ACTIVITY. IF HE DOESNT IDENTIFY CORRECTLY, REVIEW ACTIVITIES W/ HIM & TRY AGAIN. CORRECT ID = Y (ACHIEVED)

Communication Style: NONVERBAL – FACIAL EXPRESSIONS, VOCALIZATION, GESTURES, TAKING ITEMS (WANTS) PUSHING ITEMS AWAY (DOESNT WANT)

Learning Style: LEARNS THROUGH REPETITION, ROUTINE, VERBAL & PHYSICAL CUES.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: HAY FEVER/SEASONAL ALLERGIES, POSSIBLE ALLERGY TO LATEX. MONITORED FOR SYMPTOMS, CONCERNS RELAYED TO HOME
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: REGULAR CALORIE, BITE SIZED, FROM HOME. REMIND TO SLOW DOWN – MAY EAT SLOWER W/ SPOON VS. FORK. CAN DRINK FROM CUP INDEPENDENTLY.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: FOOD BROUGHT FROM HOME, MONITORED WHILE EATING TO PREVENT HIM FROM EATING TOO FAST
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASD – ASSIST IN MAINTAINING APPROPRIATE BOUNDARIES WHILE ENCOURAGING MEANINGFUL INTERACTIONS & CONVERSATIONS W/ OTHERS. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: TAKES MEDS ON SPOON W/ APPLESAUCE. NEEDS MEDS DISPENSED & ADMINISTERED FOR/TO HIM.
Personal Cares: ☒ No ☐ Yes	Describe Supports: WEARS BRIEF – NEEDS ASSISTANCE CHANGING. NEEDS REMINDERS TO USE BATHROOM ≈ EVERY HOUR & 30 MIN.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MAY NEED ASSISTANCE ON STAIRS, UNEVEN TERRAIN, OR WHILE GOING FROM SITTING TO STANDING.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF PHYSICAL/VERBAL SUPPORT, SUPPORTED IN SAFE COMMUNITY/SOCIAL ENGAGEMENT.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: VISION IMPAIRMENT – ASSIST W/ TRANSITIONING WHILE WALKING (ARM/HAND), CLEAN GLASSES AS NEEDED. SI/AGGRESSION – ENCOURAGE TO JUMP AROUND OR FIND HIM SPOT TO COOL DOWN.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: TRANSITIONING GRADUALLY. MAY BECOME AGGRESSIVE WHEN TRYING TO COMMUNICATE FRUSTRATION BEING UPSET – ATTEMPT REDIRECTION W/ JUMPING AROUND OR COOL DOWN TIME
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED

Important to: HIS BEADS, SOCIALIZING W/ OTHERS, SWIMMING, ADAPTIVE TRICYCLE, CLASSICAL MUSIC, SOFT/CRUNCHY/SOUR/SWEET FOODS

Important for: REMINDERS TO SLOW DOWN @ LUNCH & REMINDERS TO USE RESTROOM DURING DAY. BEING PATIENT W/ HIS COMMUNICATION.

Likes: SWIMMING, TRAMPOLINE, CAR RIDES, MUSIC, JUMPING, HIS RECLINER

Dislikes: LOUD ENVIRONMENTS, SCREECHING NOISES, BEING RUSHED, NOT HAVING TIME TO PROCESS THINGS & MAKE CHOICES, BEING MISUNDERSTOOD BY STAFF.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

Service Recipient: TE'VON JOSEPH

Service Span: MAY 2021 - MAY 2022

Outcomes:

Outcome #1: DAILY, TE'VON WILL TELL STAFF WHEN HE NEEDS TO USE THE RESTROOM (70%) 6 MO.
Summarize Steps: STAFF PRIVATELY REMINDS TE'VON TO LET THEM KNOW WHEN HE NEEDS TO USE RESTROOM BY SIGNING OR VERBALIZING.

Outcome #2: DAILY, TE'VON WILL CHOOSE A SONG TO SING W/ STAFF (80%) (6 MO.)
Summarize Steps: ASK IF HES INTERESTED - IF SO, ASK WHAT SONG HE WANTS TO SING OR PRESENT THE OPPORTUNITY TO USE KEYBOARD OR IPAD TO CHOOSE.

Communication Style: 1-3 WORDS AT A TIME, "YES" OR "NO" AS REPLY OFTEN, WHEELCHAIR TOWARDS THINGS HE LIKES & AWAY FROM DISLIKES.

Learning Style: LEARNS BEST W/ MINIMAL ENVIRONMENTAL STIMULI - LEARNS THROUGH REPETITION & ROUTINE.

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

Allergies: ☐ No ☐ Yes NA	List & Describe Supports:
Seizures: ☐ No ☐ Yes NA	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: BITE-SIZED DIET. REMIND HIM TO "SLOW DOWN" WHEN EATING TOO FAST.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: FOOD FROM HOME - ABLE TO EAT INDEPENDENTLY W/ SUPERVISION USING ADAPTIVE SILVERWARE, REG. CUP & BUILT-UP PLATE.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ADHD - ENCOURAGE TO STAY ON TASK/PAY ATTENTION. CP - SUPPORTED IN GROSS & FINE MOTOR TASKS & IN ACTIVITIES INVOLVING COORDINATION. ~~DNR~~/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: STAFF DISPENSES/ADMINISTERS MEDS - HE TAKES THEM WHOLE W/ A DRINK OR IN SOFT FOOD.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF/NEEDS ASSISTANCE W/ PERSONAL CARES. NEEDS ASSISTANCE TO TRANSFER TO TOILET. MAY NOT ALWAYS "GO" ON TOILET WHEN "SQUIRMY", ENCOURAGED TO SIT ON TOILET.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ENCOURAGE TO PROPEL CHAIR, ASSIST W/ RIGHT TURNS BY VERBAL CUES OR PUSHING HIS CHAIR. HELP W/ PUSHING WHEN NEEDED.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: VISION IMPAIRMENT - MAKE SURE GLASSES/SUNGLASSES ARE ON, ASSIST W/ CLEANING LENSES AS NEEDED, ORIENT OBJECTS/SELF IN MIDDLE SO HE CAN SEE
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports: TACTILE DEFENSIVENESS OF HANDS - ASSIST W/ REMOVING STICKY/WET TEXTURES FROM HANDS
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED

Important to: MUSIC/MUSICAL ACTIVITIES DAILY, ACESS TO TECHNOLOGY, SOCIALIZING & ENGAGING W/ OTHERS

Important for: INDICATING HIS PREFERENCES, DOING THINGS FOR HIMSELF AS INDEPENDENTLY AS POSSIBLE.

Likes: VIDEO GAMES, MUSIC, SINGING, SNACKS, WALKS OUTSIDE, GAMES, DANCING

Dislikes: JELLO, STICKINESS ON HANDS, LOUD NOISES, HOT ENVIRONMENTS, SOMETIMES DISLIKES USING STANDER.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

Service Recipient: ANDY FARISS

Service Span: APRIL 2021 - APRIL 2022

Outcomes:

Outcome #1: DAILY, ANDY WILL PUT HIS PUZZLE PIECES AWAY BEFORE LUNCH (95% OVER 6 MO.)

Summarize Steps: ACKNOWLEDGE COMPLETION OF PUZZLE - MODEL PUTTING PIECES AWAY/ VERBALLY PROMPT. AFTER 5 MIN - REMIND BY TAPPING DOMINANT HAND, TAPPING CLOSEST PIECE, & TAPPING PUZZLE PIECE BIN. AFTER 2 MIN, ASSISTED HAND (HAND.

Outcome #2: DAILY, ANDY WILL KNOCK DOWN A PYRAMID OF BLOCKS SET UP

Summarize Steps: SET UP BLOCKS, TELL HIM TO KNOCK DOWN W/ FOR HIM (70%) READY. AFTER 15 MIN, PROMPT AGAIN.

Communication Style: NONVERBAL - TOUCHING OR EYE GAZING AT PICTURES, REACHING FOR/GRABBING OBJECTS HE WANTS. RECEPTIVE TO SHORT VERBAL COMMUNICATION & PHYSICAL PROMPTS.

Learning Style: THROUGH ROUTINE/REPETITION - BEST SUPPORTED W/ VERBAL & PHYSICAL PROMPTS. BENEFITS FROM HAND/HAND DURING NEW TASKS.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SPRING SEASONAL, ANTIBIOTICS, PENICILLIN, SULFA REACTION - HYPERACTIVITY/INSOMNIA. CONCERNS COMMUNICATED TO RESIDENCE.
Seizures: ☒ No ☐ Yes	Describe Supports: VNS ON BACK OF WHEELCHAIR. PADDED LAP TRAY TO DECREASE INJURY - MOVE ITEMS OFF TRAY DURING SEIZURE/PUT DOWN ALLOW. VNS/PRN SEIZURE MED IF NEEDED
Choking: ☒ No ☐ Yes	Describe Supports: BITE SIZED DIET - TEXTURE CAN BE MODIFIED FURTHER IF NEEDED, LIQUID THICKENED IF NEEDED. VISUALLY MONITORED/HELPED AS NEEDED.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: MEALS/SNACKS FROM HOME. CAN BRING FORK TO MOUTH BUT NEEDS HELP GETTING FOOD ON FORK. WILL USUALLY DRINK MILK IF REFUSING TO EAT.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP - MONITORED FOR SWALLOWING DIFFICULTIES. HSVI - BANDANA CHANGED AS NEEDED. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: PRN SEIZURE MED - BUCCAL (SIDE OF CHEEK) OTHER MEDS TAKEN ORALLY IN SOFT FOOD, FOLLOWED BY A DRINK
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF. ALERT - ARJO W/ LARGE SLING. IF NOT - TRANSFERRED BY 2 STAFF W/ HOYER TO MAT TABLE.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: SPECIALIZED WHEELCHAIR W/ CHEST STRAP, PADDED TRAY, PELVIC STRAP & SAFETY BELT. BELT MONITORED/REFASTENED IF NEEDED.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION/STAFF SUPERVISION & PHYSICAL SUPPORT
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: REDIRECT IF ANDY IS SCRATCHING/DIGGING IN EARS. SCRATCHES/OBVIOUS WAX COMMUNICATED TO RESIDENCE. TACTILE DEFENSIVE - WARN BEFORE HELPING CLEAN FACE
Behavior Support: ☒ No ☐ Yes NA	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED.

Important to: BEING CALLED ANDY, DOING PUZZLES, PICKING OUT HIS OUTFIT EACH DAY, GOING ON WALKS/INTO THE COMMUNITY, TAKING NAPS

Important for: USING FINE MOTOR SKILLS DURING MEALTIMES & COMMUNICATION SKILLS THROUGHOUT THE DAY

Likes: SHAPE PUZZLES, CRAFTS, COMMUNITY OUTINGS, WATER ACTIVITIES, THE TWINS & THE PACKERS

Dislikes: HAVING FACE TOUCHED, SWEETS, HUMIDITY OR HOT SUN, LOUD NOISES & LOUD PEOPLE.

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

Service Recipient: KEITH BUCHMAN

Service Span: JUNE 2021 - JUNE 2022

Outcomes:

Outcome #1: DAILY, KEITH WILL CHOOSE A STAFF HE WOULD LIKE TO ASSIST HIM IN VISITING ANOTHER SPACE IN 90% OF OPPORTUNITIES IN NEXT 6 MO.

Summarize Steps: PRESENTED W/ 2 STAFF - ASK KEITH IF HE WANTS TO VISIT PERSON A OR B. IF KEITH CHOOSES, OUTCOME IS DOCUMENTED AS ACHIEVED & CHOSEN STAFF ASSISTS KEITH IN VISITING.

Outcome #2: KEITH WILL CHOOSE SENSORY ACTIVITY 80% OPPORTUNITIES IN NEXT 6 MO.

Summarize Steps: PRESENT 2 OPTIONS - IF HE CHOOSES & PARTICIPATES IN SENSORY ACTIVITY, DOCUMENT AS ACHIEVED. (4)

Communication Style: ACTIVATING SWITCHES, VOCALIZATIONS, ENGAGING IN ACTIVITIES, WHEELING TOWARDS THINGS OR AWAY FROM THINGS, THROWING OPTION NOT CHOSEN ON FLOOR.

Learning Style: REPETITION, CONSISTENT PRACTICE OF AN ACTIVITY, VERBAL & PHYSICAL PROMPTS.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: DUST MITES, GRASS, TREES, CATS, WEEDS, 3 KINDS OF MOLD & SENSITIVE TO MILK & GRAPEFRUIT PRODUCTS. IF SYMPTOMS ARE NOTED, PRN IS GIVEN W/ GLASS OF JUICE/WATER TO AVOID MUCUS BUILD UP.
Seizures: ☒ No ☐ Yes	Describe Supports: HAS NOT HAD OBSERVED SEIZURE IN 16 YEARS. IF HE HAD A TONIC CLONIC SEIZURE, 911 WOULD BE CALLED & IT WOULD BE REPORTED TO RESIDENCE.
Choking: ☒ No ☐ Yes	Describe Supports: PUREED DIET, SENT FROM HOME. PHYSICAL ASSISTANCE WHILE EATING & DRINKING, GIVEN TBSP BITES AT A TIME W/ FREQUENT SIPS OF BEVERAGE. STAFF WILL NOT LEAVE FOOD IN FRONT OF HIM ALONE.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: ADAPTED HOLLOW HANDLED SPOON & DIVIDED PLATE & SMALL CUP W/ WIDE MOUTH. ASSISTED FROM RIGHT SIDE BY STAFF SCOOPING FOOD ONTO HIS SPOON & TAPPING HIS PLATE TO CUE HIM TO PICK IT UP. HOLDS CUP BUT NEEDS HELP SETTING IT DOWN.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GOUT - MONITORED FOR SYMPTOMS (FOOT) DNR/DNI: ☒ No ☐ Yes GIVEN PRN (STANDING ORDER) MED FOR DISCOMFORT. PICA - MONITORED SO THAT HE DOESN'T SWALLOW INEDIBLE OBJECTS.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: MEDS TAKEN WHOLE ORALLY IN SOFT FOOD FOLLOWED BY A DRINK.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF & OFFERED OPPORTUNITY TO USE RESTROOM EVERY 2 HOURS (OR MORE AS NEEDED). IF HE DOESN'T GO, OFFER AGAIN IN 30 MIN - 1 HOUR. WIPE BACKSIDE EVERY TIME TO PROTECT SKIN.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: IF HE UNBUCKLES SEATBELT, STAFF WILL OFFER TO REFASTEN OR OFFER HIM TIME ON THE FLOOR. CONCERNS/OCCURENCE OF FALLS COMMUNICATED TO RESIDENCE.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION, STAFF SUPERVISION & PHYSICAL SUPPORT.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: PHYSICAL ACTIVITIES/PHYSICAL CUES NEARBY OR VERBALLY COMMUNICATED (VISION IMPAIRMENT). OFFERED ORAL SENSORY ACTIVITIES/ REDIRECTED WHEN SEEN HAND-MOUTHING.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: BANGING HEAD AGAINST OBJECTS/BITING HANDS - VERBAL REDIRECTION, ASL SIGN FOR STOP, ALTERNATIVE ACTIVITIES OFFERED.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED.

Important to: GREETING FRIENDS, SOCIALIZING W/ FAVORITE PEERS & STAFF, OPPORTUNITIES TO SPEND OUTSIDE WHEELCHAIR, SUNNY WINDOWS, EATING LUNCH EARLY

Important for: OPPORTUNITIES TO BE PHYSICALLY ACTIVE, DRINKING ADEQUATE FLUIDS, AVOIDING BUMPING FEET, BEING AS INDEPENDENT AS POSSIBLE W/ AIDS.

Likes: HUGS, DANCING, SUNNY SPOTS, MUSIC, VIBRATIONS, FUNNY NOISES, SPICY FOOD, DESSERTS

Dislikes: SITTING IN ONE SPOT TOO LONG, WEARING HAT & GLOVES, GETTING CHAIR STUCK

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

Service Recipient: LIBBY BROADBENT

Service Span: SEPT. 2021 - SEPT. 2022

Outcomes:

Outcome #1: DAILY, LIBBY WILL CHOOSE A MUSICAL PREFERENCE IN 80% OF OPPORTUNITIES OVER THIS NEXT YEAR.

Summarize Steps: PRESENT OPTIONS OF MUSICAL INTERESTS - SONG/ARTIST/ MUSICAL INSTRUMENT. IF SHE MAKES A CHOICE, IT IS DOCUMENTED AS ACHIEVED. (Y).

Outcome #2: DAILY, LIBBY WILL CHOOSE PEER OR STAFF MEMBER TO GREET &

Summarize Steps: WILL ESTABLISH EYE CONTACT, SMILE OR WAVE IN 80% OF ALL OPPORTUNITIES. LIBBY WILL BE CUED TO PEOPLE AROUND HER & BE ENCOURAGED TO USE COMMUNICATION SKILLS TO GREET THEM.

Communication Style: NONVERBAL - EYE CONTACT, VOCALIZATIONS, FACIAL EXPRESSIONS, EYE POINTING & BODY LANGUAGE (WIGGLING HIPS = DISPLEASURE)

Learning Style: THROUGH ROUTINE, REPETITION & MODELING. BEST SUPPORTED W/ PHYSICAL & VERBAL CUES.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SEASONAL ALLERGIES - TAKES MEDS @ HOME. CONCERNS W/ ALLERGIES COMMUNICATED TO LIBBY'S RESIDENCE VIA PHONE, EMAIL OR COMMUNICATION BOOK & LOCATED IN DAILY PROGRESS NOTES.
Seizures: TONIC-CLONIC 15-30 SEC ☒ No ☐ Yes	Describe Supports: SUPERVISED & MONITORED FOR SEIZURE ACTIVITY - VNS ADMIN. AT ON-SET OF SEIZURE ACTIVITY & PRN MED PER SEIZURE PROTOCOL IF SHE MET CRITERIA. SEIZURE ACTIVITY REPORTED TO RESIDENCE/PARENTS.
Choking: ☒ No ☐ Yes	Describe Supports: ENSURE FOOD IS PROPERLY PREPARED, ASK HER TO TAKE SMALL BITES & ENCOURAGED TO DRINK EVERY FEW BITES, REMIND HER TO SLOW DOWN & CHEW. MONITORED DURING EATING. ABDOMINAL THRUSTS IF CHOKING.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: MECHANICALLY SOFT/CHOPPED DIET. USES TRAY ON WHEELCHAIR. CAN EAT INDEPENDENTLY - PROMPT TO USE UTENSILS. MAY NEED HELP W/ FEEDING WHEN TIRED/DISTRACTED. INTAKE COMMUNICATED.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: ASTHMA - IF LIBBY IS WHEEZING, SHE WILL BE POSITIONED IN CHAIR W/ TRAY ON - TO OPEN AIRWAY & PROMOTE PROPER BREATHING. IF WHEEZING >1 MIN, PRN INHALER IS GIVEN. CBRD - TRAY/SHOULDER STRAPS ON DURING MEALS & 30 MIN AFTER. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: TAKES MEDS WHOLE AS TOLERATED IN SOFT FOODS FOLLOWED BY A DRINK. DISPENSED/ADMINISTERED BY STAFF.
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEFS, CARES EVERY 2 HRS & AS NEEDED. ARJO/MED. ARJO BELT FOR TRANSFERS TO TOILET - SITS ON TOILET 5 MIN. MAY OR MAY NOT VOID ON TOILET. ELIMINATIONS COMMUNICATED
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: LAP BELT IN CHAIR ALWAYS SECURED. LAP TRAY/SHOULDER STRAPS USED DURING TRANSPORTATION, MEALS & 30 MIN AFTER & TO ASSIST POSITIONING. RECLINER - POSITIONING BELT & FOOT REST UP.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION USED TO SAFELY ACESS COMMUNITY. STAFF PROVIDES SUPERVISION & PHYSICAL SUPPORT WHEN IN COMMUNITY.
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes NA	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: PRESENCE OF STAFF REQUIRED

Important to: HAVING MEANINGFUL & SOCIAL INTERACTIONS AS OFTEN AS POSSIBLE, HAVING OPPORTUNITY TO MAKE CHOICES & GO ON OUTINGS, PARTICIPATING IN SENSORY ACTIVITIES (ESPECIALLY TACTILE)

Important for: TO BE AS INDEPENDENT AS POSSIBLE W/ ALL TASKS, TO HELP W/ TRANSFERS, TO BEAR WEIGHT & MAINTAIN MUSCLE TONE, TO NOT HAVE SMALL OBJECTS NEARBY LIBBY WILL PUT SMALL NON-FOOD OBJECTS IN MOUTH & EAT

Likes: 1:1 ACTIVITIES, SENSORY ACTIVITIES, GROUP ACTIVITIES, VISITING W/ FRIENDS, HOLDING HANDS, MUSIC, PAINTING, THE THERAPY DOG, MAKING CHOICES

Dislikes: BEING RUSHED, PLAIN WATER, COOKIES, SERIOUS/STERN TONE

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 1/18/22

Service Recipient: CHANEL ANDERSON

Service Span: FEB. 2021 - FEB. 2022

Outcomes:

Outcome #1: ONCE WEEKLY, CHANEL WILL CHOOSE ANOTHER PROGRAM ROOM TO VISIT IN 80% OF ALL OPPORTUNITIES OVER THE NEXT YEAR.

Summarize Steps: PRESENT CHANEL W/ 2-3 PICTURES OF PROGRAM ROOMS TO SHOW HER OPTIONS & CHANEL CAN CHOOSE BY REACHING OUT FOR PREFERRED ACTIVITY. IF SHE MAKES A CHOICE OR INDICATES "NO" TO ALL OPTIONS, OUTCOME IS DOCUMENTED AS ACHIEVED (Y).

Outcome #2: DAILY, CHANEL WILL PLAN HER IN ROOM GROUP EXPERIENCES BY SELECTING AN OPTION ON THE IPAD IN 80% OF ALL OPPORTUNITIES OVER NEXT YEAR.

Summarize Steps: PRESENT CHANEL W/ 2 OPTIONS ON IPAD, ASKING ABOUT EACH OPTION INDIVIDUALLY & GIVEN OPPORTUNITY TO INDICATE Y/N SHE WANTS TO TRY THAT GROUP.

Communication Style: VOCALIZATIONS, EYE GAZING, IPAD/PICTURE/OBJECT CHOICE MAKING/PUSHING OR THROWING THINGS ON FLOOR SHE DOESNT WANT.

Learning Style: LEARNS THROUGH MODELING, REPETITION & A CONSISTENT ROUTINE

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SENSITIVITIES/ALLERGIES - BANANAS, APPLE JUICE, FRESH/FROZEN STRAWBERRIES & JUICE, EGG & PRODUCTS CONTAINING EGG, CUSTARD, MSG, WHEAT PRODUCTS, TOMATO PRODUCTS. SENSITIVITIES/ALLERGIC REACTIONS REPORTED ASAP TO GUARDIAN ON PHONE.
Seizures: ☒ No ☐ Yes	Describe Supports: HAS AVERAGE of 1 SEIZURE/YEAR. DURING SEIZURE, STAFF WILL STAY NEXT TO HER/COMFORT HER. SEIZURE 5< MIN - CALL 911. SEIZURE ACTIVITY REPORTED TO GUARDIAN, OR RESP. DISTRESS SEIZURE REPORT WITHIN 24 HRS.
Choking: ☒ No ☐ Yes	Describe Supports: FOOD PUREED & BROUGHT FROM HOME. SUPPORTED 1:1 DURING MEAL TIME. SPITTING OUT A FULL BITE HONORED AS REFUSAL. FOOD CONTAINERS SENT HOME IN LUNCH BOX DAILY.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: FOOD CONTAINERS SENT HOME DAILY/FOOD BROUGHT FROM HOME DAILY NUTRITIONAL SUPPLEMENT FROM HOME SOMETIMES INCLUDED
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes ANXIETY W/ PMS - STAFF WILL OFFER SENSORY ACTIVITIES/OPPORTUNITIES TO STRETCH/RELAX WHEN SHE HAS SYMPTOMS AT PAI. LOW URINE OUTPUT - FLUIDS OFFERED THROUGHOUT DAY, FLUID INTAKE/VOIDS REPORTED TO GUARDIAN VIA COMMUNICATION BOOK. MICROCEPHALY - CONCERNS REPORTED TO GUARDIAN.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: IF SHE REQUIRES MEDICATIONS, STAFF DISPENSE MEDS & ASSIST HER IN TAKING IT ORALLY OR WITH SYRINGE. CONCERNS/MED ISSUES REPORTED TO GUARDIAN
Personal Cares: ☒ No ☐ Yes	Describe Supports: FULL SUPPORT - CARES COMPLETED EVERY 2 HRS & AS NEEDED. ASSISTED BY TRANSFERRING WITH ARJO & SLING & BRIEF IS CHANGED ALSO TRANSFERRED BY 2 STAFF & POSEY BELT TO A MAT TABLE FOR CARES.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: USES A WHEELCHAIR & USES A STANDER 3-5x/WEEK - MONITORED BY STAFF IN STANDER. USES ALL SAFETY STRAPS IN STANDER & WHEELCHAIR & TRANSFER BELT WHEN IN A RECLINER.
Community Support: ☒ No ☐ Yes	Describe Supports: PAI TRANSPORTATION PROVIDER USED TO SAFELY ACCESS COMMUNITY. STAFF PROVIDES SUPERVISION & PHYSICAL SUPPORT IN COMMUNITY. SUPPORTED IN SAFELY ENGAGING W/ COMMUNITY ACTIVITIES/PEOPLE OF HER CHOICE.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: FREQUENTLY PUTS HANDS IN MOUTH - CAUSES SKIN BREAKDOWN & DEHYDRATION. ENCOURAGED TO USE HANDS IN ACTIVITIES & ALSO OFFERED SENSORY OPPORTUNITIES & OFFERED EXTRA FLUIDS AS TOLERATED.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: HAIR PULLING - REDIRECTED BY STAFF/ASSESSED FOR UNMET NEEDS. PHYSICAL AGGRESSION - REDIRECTED/MOVED SAFE DISTANCE FROM OTHERS, ASSESSED FOR UNMET NEEDS. LOUD VOCALIZATIONS - ASSESS FOR UNMET NEEDS/SUPPORT AS NEEDED.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: REQUIRES PRESENCE OF STAFF

STAFF INTERVENE ON HER BEHALF / IF UNSAFE SITUATION ARISES

Important to: ENGAGE IN PREFERRED ACTIVITIES (LIKE MUSIC & PET THERAPY), HAS TIME W/ PEOPLE SHE ENJOYS WHO KNOW HER WELL, OFFERED VARIETY OF OPPORTUNITIES TO ENGAGE IN ACTIVITIES, ABLE TO MOVE AROUND/REPOSITION.

Important for: USE STANDER REGULARLY, EAT/DRINK DAILY, LIMIT HAND MOUTHING, COMMUNICATE W/OUT SPITTING, PHYS. AGGRESSION

Likes: TACTILE MANIPULATIVES, MUSIC, 1:1 PROJECTS, SENSORY BOX ACTIVITIES, CIRQUE DU SOLEIL VIDEOS, GOING ON OUTINGS

Dislikes: SITTING IN ONE PLACE TOO LONG/NOT ENOUGH OPPORTUNITIES FOR ACTIVITIES, SENSORY OVERLOAD, TOO MANY PEOPLE IN HER SPACE. SOMETIMES EATING & DRINKING CAUSES FRUSTRATION.

Lead Review Completed: _____