In-Service Training Log – Oakdale

Date: 3-1-2022

Type of Meeting: All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Amanda D Lead			R.H. competency review
.50	Emily E. Program supervisor			MKJ, DS,KJ semi annual revisions
.25	Ashleigh S. Program supervisor			Cc semi annual revisions

Make up Date	Initial	EE ID	Last Name
3-3-22	MBP		Basurto-Poferl, Mari
3/4/22	SB		Berglund, Sara
3-1-2022			Diaz, Amanda
3-1-22	Pd		Dyer, Paris
3-1	AFM		Fierro-Montes, Alfredo
3-1	TG		Gould, Trey
	LH		Hartman, Lisa
			Larson, Nancy

Make up Date	Initial	EE ID	Last Name
	TL		Lorsung, Tristen
?	SN		Nierad, Shelly
	JP		Pratt, Jalysa
	DST		St. Martin, Deb
	MS		Sweeney, Maurita
	KP		Perry, Kathy

Make Up Date	Initial	EE ID	Managers/Admin
3-3-22			Hiland, Lindsay
	EE		Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

In-Service Training Log – Linden

Date: 3-1-2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Amanda D Lead			R.H. competency review
.50	Emily E. Program supervisor			MKJ, DS,KJ semi annual revisions
.25	Ashleigh S. Program supervisor			Cc semi annual revisions

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy
	CA		Anderson-Jones, Celeste
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
			Cox, Alice
3/2/22			Gagner, Megan
	AH		Hampton, Tony
			Her, Bao
3/1/22	WH		Hetchler, Maria
	NJ		Johnson, Natalie

Make up Date	Initial	EE ID	Last Name
	FK		Kalu, Festus
			Larson, Nancy
	DL		Lepley, Deanne
	SM		Mafi, Sommer
3	KM		Mason, Kanya
	DM		Mendez, Danielle
	CR		Rice, Colette
	ES		Sandstrom, Erin
	SS		Stacken, Laura
	JT		Trimble, Jenny

Make Up Date	Initial	EE ID	Admin Staff
3/3/22	LH		Hiland, Lindsay
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
	AS		Shirley, Ashleigh

Competency Tracking Form
Oakdale

Participant: Ron Harvieux **Annual Service Span:** February 2022-February 2023

Annual Meeting Date: 2.10.2022 **Date Assigned to Lead:** 2.22.2022 **Quiz Due:** _____

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*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
3/1/22	Pd	Paris Dyer
3-1-22	LH	Lisa Hartman
3/1/22	MS	Maurita Sweeney
3/1/22	TL	Tristen Lorsung
3/1/2022	AK	Amanda Diaz
3/4/22	SB	Sara Berglund
3/1/22	JP	Jalysa Pratt
	EM	Emily Elsenpeter
3/1/22	TG	Trey Gould
3-1-22	AFM	Alfredo Fierro-Montes
3-1-22	SN	Shelly Nierad
3-3-22	MBP	Mari Basurto Poferl
	NJ	Nancy Larson
3-1-22	DST	Deb St. Martin

Date Completed	Initials	Full Name
~~3-1-22~~	~~KP~~	~~Kathy Perry~~

Date Uploaded to LMS: _____

Competency Tracking Form
Linden Site

Participant: Ron Harvieux **Annual Service Span:** February 2022-February 2023

Annual Meeting Date: 2.10.2022 **Date Assigned to Lead:** 2.22.2022 **Quiz Due:** _____

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*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
	BA	~~Aibort~~ Albert, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
		~~Christenson, Suzie~~
	AC	Cox, Alice
3/2/22	MG	Gagner, Megan
	TH	Hampton, Tony
3/1/22	BH	Her, Bao
3/1/22	MH	Hetchler, Maria
		~~Hland, Lindsay~~
3-1-22	NJ	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	NL	Larson, Nancy

Date Completed	Initials	Full Name
3-1-22	DL	Lepley, Deanne
3/1/22	SM	Mafi, Sommer
3·1·22	KM	Mason, Kanya
3·1·22	MM	Mendez, Danielle
3·1·22	CR	Rice, Colette
3·1·22	ES	Sandstrom, Erin
3·1·22	AS	Shirley, Ashleigh
	LS	Stacken, Laura
3/1/22	JT	Trimble, Jennifer
3·1·22	CA	Anderson Jones Celeste

Date Uploaded to LMS: _____

Staff: Paris Dyer
Date: 3/1/22

Service Recipient: Ron H
Service Span: _____

Outcomes:

Outcome #1: Choose a program room to visit
Summarize Steps: assist with 3 options
Staff describe each room
Ron will communicate choice

Outcome #2: Ron will choose outing
Summarize Steps: Present Ron with 4 outing choices
Describe location of each outing
Ron will communicate choice
Staff will let him know when he will be attending outing.

Communication Style:
Sticking tongue out, eye gazing

Learning Style:
repetition and 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: Keflex, pineapple, Septra, Terramycin etc.
Seizures: ☒ No ☐ Yes	Describe Supports: None since 2001 call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet from home, may pocket
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed, teaspoon sized spoon, small cup, full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral palsy, scoliosis, gerd, hiatal hernia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wear disposable brief, pillow from home on side, legged cross sling
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to left, has tilt wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: requires support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sound sensitivity, blindness
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites hand when upset, staff will take to calm place
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised visit

Important to:
warm food, familiar routine

Important for:
trigger words

Likes:
Paul bunyan; warm weather, walk

Dislikes:
loud environments, talking about pudding and ice cream

Lead Review Completed: Amanda Ray

Staff: Lisa Hartman

Date: 3-1-22

Oakdale

Service Recipient: Ron H.

Service Span: Feb 22- Feb 23

Outcomes:

Outcome #1: Choose a programming room to visit	
Summarize Steps:	3 options describe each room comm. choice assist to visit
Outcome #2: Choose an outing to go on	
Summarize Steps:	4 outing choices, describe each location, ken comm. choice let know where going
Communication Style:	facial exp. body language using tones
Learning Style:	routine, repetition, up beat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, amiodate, Septra, pineapple do not give + comm. to residence
Seizures: ☒ No ☐ Yes	Describe Supports: 2001 last rec if seizure
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet from home, full assist may pocket
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed, teaspoon sized, small cup full assist spoon
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, GERD DNR/DNI: ☒ No ☐ Yes position properly after eating concerns to home
Medication at PAI: ☐ No ☐ Yes NA	Describe Supports: a
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, sling from home, pillow on ~~bed~~ ceiling lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control leans to left, pillow on side, tilt w/c foot+lap belt
Community Support: ☒ No ☐ Yes	Describe Supports: assistance when out
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ~~retinitis~~ right blind, sound sensitive - calm voice + environment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: bite hand - over stim/upset remove ~~from~~ to calm place
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: a time alone (unsupervised)
Important to:	warm food calm environment outside familiar/routine
Important for:	freq. drinks, repositioned - don't say trigger words
Likes:	pure benyan warm weather walks
Dislikes:	loud chaotic env., crinkle sounds, cartoons, face wiped

trigger words: pudding icecream

Lead Review Completed: Amanda Lobb

Staff: Maurita Sweeney
Date: 3/1/2022

Service Recipient: R. H.
Service Span: March 2022 - 2023

Outcomes:

Outcome #1:	Ron will Choose Room daily to visit.
Summarize Steps:	Present Choices Ron Communicate Choice staff assist in helping him visit.
Outcome #2:	Choose outings.
Summarize Steps:	4 choices Describe Ron Communicate he will attend that choice
Communication Style:	Facial expression Body Language Uses tongue
Learning Style:	Responds to upbeat tones

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 many meds + pineapple. Staff will not administer meds unless prescribed
Seizures: ☑ No ☐ Yes	Describe Supports: None since 2001. Call 911
Choking: ☑ No ☐ Yes	Describe Supports: pockets food, pureed food. small spoon
Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed, Full assist
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: pureed DNR/DNI: ☑ No ☐ Yes Scoliosis, GERD, Hernia, position properly, tsp size, small cup, sit up after eat
Medication at PAI: ☑ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief, pillow under head on mat table to help GerD, lift in ceiling.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: tilt wheelchair, foot straps, tray, lapbelt
Community Support: ☑ No ☐ Yes	Describe Supports: Enjoys being out. Needs assistance.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: sound sensitive, likes calm environment Has some blindness, show things up close.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: move to will bite hand when upset/overstimulated. Calm place.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: Warm food, Calm environment, Being outside. Routine.

Important for: Trigger words, frequent drinks, (Puddings/ice cream trigger words)

Likes: Paul Bunyan, warm weather, walks

Dislikes: Having face wiped, crinkle noises, Cartoons, Desserts, Talking about puddings ice cream

Lead Review Completed: Amanda D

Staff: Tristen Lossung
Date: 3/11/22

Service Recipient: R.H.
Service Span: Feb. 22 - Feb. 23

Outcomes:

Outcome #1: Choose a program room to visit Summarize Steps: · 3 options, describe option, give time, assist in visit
Outcome #2: Choose outing to go on Summarize Steps: give 4 choices, give time, reassure he'll go.
Communication Style: facial expression, body language, tongue
Learning Style: routine, rep., upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Keflex, pineapple, terramycin, meriolate, septra, Aminophylline
Seizures: ☒ No ☐ Yes	Describe Supports: None since 2001, onset call 911
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet, mag pocket, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed, teaspoon size, small cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: C.P., gerd, constipation, position properly DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports: None At Pai
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, lift system, cross leg sling, pillow under head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: leans left, lap belt, side pillow, foot straps,
Community Support: ☒ No ☐ Yes	Describe Supports: requires full assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: retinitis pigmentosa, calm environment, sound sensitvity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites hand when over stim./upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time
Important to: warm food, calm enviroment, being outside	
Important for: calm envs, reposition, frequent liquids	
Likes: Paul Bunyan, warm weather, walks	
Dislikes: chaotic env., cartoons, crinkle sounds	

Lead Review Completed: Amanda Ott

Staff: Sara B

Date: 3/4/22

PAI

Service Recipient: Ron

Service Span: _____

Outcomes:

Outcome #1: Choose programming room to visit

Summarize Steps: present 3 options describe room Ron will communicate a choice after deciding staff will bring Ron to that room.

Outcome #2: Choose an activity to go on

Summarize Steps: 4 choices describe location of each activity Ron will communicate choice Staff will let him know when he will be attending activity choice.

Communication Style:

Facial expressions body language communicates using tongue.

Learning Style:

Routine & repetition responds best at times

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: ~~Amoxicillin~~ Phyllite Reflex Motrin Pineapple Septra Terramycin PAI will not administer meds no prescribed.
Seizures: ☐ No ☐ Yes	Describe Supports: no seizure 2001 call 911 onset of seizure
Choking: ☐ No ☐ Yes	Describe Supports: pureed diet sent from home may pocket food feel asst.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: pureed diet teaspoon size spoon small cup full asst.
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Cerebral palsy scoliosis constipation DNR/DNI: ☑ No ☐ Yes tired hiatal hernia assistance properly elevated upright after eating report at home or clinic for concerns
Medication at PAI: ☑ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☐ Yes	Describe Supports: briefs cross legged sitting from home pillow under head to be placed. elevate lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: limited trunk control leans to the left pillows on side tilt chair foot straps
Community Support: ☐ No ☐ Yes	Describe Supports: enjoys being in comm. requires asst
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: keratitis pigmentosa right eye cataracts blindness present stays close to Ron Sundown. Speak calm & soft
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Bite hand when overstimulated or upset
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: no unsupervised time.
Important to:	warm food calm environment familiar routine keep outside
Important for:	loud trigger words calm environment drinks temperature
Likes:	Paul Bunyan warm weather walks
Dislikes:	loud environments heavy rain thunder smoke sensory sounds cartoons blue purple talk about my fav. desserts.

Lead Review Completed: _____

Staff: Jalysa Pratt
Date: 3/1/2022

Service Recipient: Ron H
Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: Choose a program to visit. Daily.
Summarize Steps: ~~Asst~~ Assist him with 3 options. Describe ea. option. Communicate that choice.

Outcome #2: Choose an outing to go on.
Summarize Steps: Present 4 options, describe ea outing, He will communicate the choice. Let him know when outing is going to be.

Communication Style: Facial expression, tongue out, and body lang.

Learning Style: Upbeat tones, Routine & Repation

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amino phyline, Kelflex, Meriolate, Pineapple
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure activity since 2001, call 911 if seizure activity occurs
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, full assist. pocket food,
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, full assist. teaspoon, small cup.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: CP, Scoliosis, Constipation, Gerd, Hiatal Hernia. Postioned properly DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: None
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, wears cross sling ceiling lift, pillow under his head.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Enjoys being out in the community. Needs assist.
Community Support: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to the left. uses a pillow on his side, has a tilt wheelchair.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Sound sensitivity, staff will speak soft and quite. Blindness
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Will bite his hand when over stimulated or upset, staff will assist to calm enviornment.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Not to be alone under any circumstances.
Important to: Warm enviorment, having familiar routine, being outside.	
Important for: Knows his trigger words, calm enviornment, other frequent drinks	
Likes: warm weather, walks, Paul ~~Boy~~ Bunyon	
Dislikes: Face wiped, trigger words, loud noises, cartoons, when people talk abt favorite food.	

Lead Review Completed: Amanda

Staff: Emily Eisenpeter
Date: 3.1.2022

Service Recipient: Ron Harvieux
Service Span: February 2022- February 2023

Outcomes:

Outcome #1: Choose programming room to visit
Summarize Steps: Present 3 options, describe room, Ron communicate choice, staff assist

Outcome #2: Choose outing
Summarize Steps: 4 outing choices, describe location, communicate choice, staff let know when attending

Communication Style:
Facial expressions, body language, tongue

Learning Style:
Routine & repitition, upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, keflex, meriolate, pineapple, Septra, tetracycline Dont administer meds not perscribed, concerns communicated
Seizures: ☒ No ☐ Yes	Describe Supports: No activity since 2001, call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet from home, pocket food, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, teaspoon & small cup, full assistance
Chronic Medical Conditions: N/A ☒ No ☐ Yes	List & Describe Supports: CP, Scoliosis, GERD DNR/DNI: ☒ No ☐ Yes Dehydration constipation supports: Position, sit up after eating, report concerns
Medication at PAI: ☐ No ☐ Yes N/A	Describe Supports: No current meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, crosslegged sling, in ceiling lift, pillow under legs
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans left, pillow on side foot straps/lap belt
Community Support: ☒ No ☐ Yes	Describe Supports: Assistance when in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa right exotropia blindness, close to see Soft sensitivity calm voice
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand when overstimulated assist calm envt.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Warm food, calm environment, familiar routine, outside

Important for:
Staff know trigger words, calm envt, repositioned

Likes:
Warm weather, walks

Dislikes:
Loud envt, face wiped, crinkle sensory, talk of deserts

Lead Review Completed: Amanda Ros

Staff: Trey G
Date: 3/01/22

Service Recipient: Ben H
Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose a programming room to visit Summarize Steps: • 3 room Options • Staff Take Ben to room • Describe each room • Ben decides	
Outcome #2: Ben will Choose an Outing to Go On Summarize Steps: • 4 Choices • Choice • Describe • notify	
Communication Style: Facial expressions and Body language.	
Learning Style: Routine and repetition. upbeat tones	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: K-fiey, Pincapple Not Adminster random meds
Seizures: ☒ No ☐ Yes	Describe Supports: last 2ael, Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Diets, Pocketing, Full Assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, Teaspoen, Full Assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, Consripation, hernia, Proper positioning DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, Pillow, Sling From home,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheel Chair, Feetstraps, lapbelt, Pillow
Community Support: ☒ No ☐ Yes	Describe Supports: Out in the Community, enjoys
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: retinis, blindness, sound Sensitive, Calm envirbment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand when Overstimulated
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Calm, warm, routine, outside	
Important for: Trigger words, drinks, reposition	
Likes: Paul, warm, Walks	
Dislikes: loud, Chaotic, Face wiped, Crinkle, Cartoons, desserts	

Lead Review Completed: Amanda Gibbs

Staff: Alfredo Fierro-Montes
Date: 3-1-22

Service Recipient: Ron Harvieux
Service Span: Feb 22-Feb 23

Outcomes:

Outcome #1: Choose a programming room to visit.
Summarize Steps:

Present Ron w/ 3 options, describe each room to Ron, Ron will communicate a choice.

Outcome #2: Ron will choose an outing to go on.
Summarize Steps:

Present Ron w/ 4 options, describe location of each outing, Ron will communicate a choice.

Communication Style:
Facial expressions, body language, communicates using tongue.

Learning Style:
Routine + Repitition, responds best to upbeat tones.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, Staff will not administer non prescribed meds. Pineapple, Meriolate, Keflex, Septra, Terramycin.
Seizures: ☒ No ☐ Yes	Describe Supports: None since 2001, call 911 at onset of seizure.
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet from home, may pocket food.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, teaspoon size spoon, small cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral Palsy, Scoliosis, Constipation, GERD, Hiatal Hernia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No medications at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, cross legged sling & lift system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Tilt wheel chair, foot straps, lap belt. limited trunk control, leans to the left, uses pillow on side.
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out in community but requires assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa right exotropia, sound sensitivity.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite hand when overstimulated/upset.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to:
Warm foods, calm environment

Important for:
Know trigger words, frequent drinks, repositioning

Likes:
Paul Bunyan, warm weather, walks

Dislikes:
Loud environments, crinkle sounds, cartoons

Lead Review Completed:

Staff: Shelly Nieradka

Date: 03/01/22

Service Recipient: Ron

Service Span: 22-23

Outcomes:

Outcome #1: choose program to visit.

Summarize Steps:
assist 3 options, describe each room, brins Ron to room

Outcome #2: choose outing to go on

Summarize Steps:
4 outing choices, let Ron choose, he will go on outing

Communication Style:
Room Facial Exp. Body lang. ~~Noise~~ Tongue - yes -

Learning Style:
Routine, Repetition, upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylite. K-flex, mivalite, pineapple, septra
Seizures: ☑ No ☐ Yes	Describe Supports: None since 2001 - if does call 911
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet sent from home - full Assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, teaspoon size, Sm. cup. full Assist
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: position properly, sit upright DNR/DNI: ☒ No ☐ Yes CP, Scoliosis, Constipation, GERD, Hiatal, Hernia.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full Support, brief, slims, pillow under ~~left~~ left arm
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: limited trunk control, tilt w/c, footstraps, lap belt
Community Support: ☑ No ☐ Yes	Describe Supports: enjoys out in community, Full Assist
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: retnis pigmentosis Rt eye, blindness, sound sensitive
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Bites hand when upset - move him to calm area
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None alone, Full Supervision

Important to:
warm foods, calm enviorment, familiar routine

Important for:
calm environment, drinks

Likes:
Paul Bunyan, warm weather, walks, calmness

Dislikes:
loud chaotic environment, face cleaned, cartoons, people talk about pudding & ice cream.

Lead Review Completed: Amanda Bo

Staff: Mari BP

Date: 3-3-22

Service Recipient: Ron H

Service Span: 2/22-2/23

Outcomes:

Outcome #1: Choose programming room to visit.

Summarize Steps:
- staff will present ron w/ 3 options iron will communicate choice

Outcome #2: Ron will chose an outing to go on.

Summarize Steps:
- given 4 outing choices & ron will communicate choice

Communication Style: Ron communicates through facial expressions & body language and his tongue

Learning Style: Routine & repetition, responds to upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, Keflex, meriate, pineapple, Septra, terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure activity since 2001, call 911 onset of seizure
Choking: ☐ No ☐ Yes	Describe Supports: Pureed, tsp size spoon, small cup, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet sent from home, may pureed food, full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, constipation, GERD, hiatal hernia, position properly DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, cross legged sling, pillow under head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, leans to left uses pillow on side
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out but requires full assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: retinitis pigmentosa exotropia blindness, sound sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite top of left hand when over stimulated or
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time
Important to: Warm food, calm environments, routine, being outside	
Important for: trigger words known, calm environment, frappuccino drink	
Likes: Paul bunyan, warm weather, walks	
Dislikes: loud or chaotic environments, having face wiped or cleaned, stinky sensory items, or talking about favorite dessert	

Lead Review Completed: [signature]

Staff: Deb & Martin
Date: 3/1/2022

PAI

Service Recipient: Ron Harvieux
Service Span: Feb 2022 – Feb 2023

Outcomes:

Outcome #1: Chuse program room to visit
Summarize Steps: assist 3 options, describe each room, Ron chooses & staff assists away

Outcome #2: Chuse outing
Summarize Steps: present 4 choices, describe each outing, Ron communicate a choice, staff let him know when outing is

Communication Style: facial expression, body language, tongue

Learning Style: Routine, repetition, upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: amoxicillin, Keflex, Mendalac, Septra, tetracycline staff only administer prescribed meds
Seizures: ☒ No ☐ Yes	Describe Supports: none since 2001 - call 911 @ onset of any seizure
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet sent from home, May pocket
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet sent from home, teaspoon size spoon & small cup - full assistance.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral palsy, scoliosis, constipation, GERD, Hiatal hernia - positioning, sit upright after eating, can DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: n/a
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, cross legged sling from home, in ceiling lift system, pillow under head to help w/ GERD
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, leans to left, pillow inside, tilt wheelchair, foot straps
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being out and requires full assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa right exotropia blindness, staff present materials close & speak in calm slow voice (sensitive
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites hand when overstimulated or upset - move to calmer environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to: warm foods, calm environment, familiar routine,

Important for: trigger words, frequent drinks + repositions, calm environment

Likes: Paul Bunyan, being outside, warm weather, walks

Dislikes: loud & chaotic environment face wiped or cleaned, crunkley sounds, Cartoons + when pudding + ice cream

Lead Review Completed: Amanda Lipp

Staff: Betsy
Date: 3/1/22

Service Recipient: Ron H
Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Room to visit
Summarize Steps: present 3 options, Describe, communicate and decide

Outcome #2: Outing
Summarize Steps: present 4 options, describe, communicate and decide and let know

Communication Style:
Facial expressions, body language, using tongue

Learning Style:
Routine, repetition, upbeat tones responds best to

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, Keflex, Merrolate, pineapple, Septra + drayncia
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2001, call 911 onset
Choking: ☒ No ☐ Yes	Describe Supports: pureed sent from home, may pocket, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed, teaspoon size spoon, small cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerbal palsy, Scoliosis, Constipation, GERD, Hiatal Hernia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable briefs, Cross legged sling from home trak system pillow under head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to left, pillow on side, tilt wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Right eye blindness - close enough to see Sound sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand when over stimulated or upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to: warm food, calm environment, familiar routine, outside	
Important for: food triggers words, calm environment, drinks, repositioned	
Likes: Paul Bunyan, warm weather, walks	
Dislikes: Loud environments, face wipes, cartoons, when people talk about his favorite desserts	

Lead Review Completed:

Staff: Kia L. Bauch

Date: 3-1-22

Service Recipient: Ron Harvieux

Service Span: Feb 22' - 23'

Outcomes:

Outcome #1: choose a room to visit daily Summarize Steps: -give 3 options -describe each room -help him choose
Outcome #2: Ron will choose an outing Summarize Steps: -4 options -communicate choice
Communication Style: facial expressions, body language
Learning Style: routine, repetition, upbeat tones

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Aminophylline, Keflex, Meriolate do not administer if not approved
Seizures: ☑ No ☐ Yes	Describe Supports: No seizure since 2001
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet sent from home,
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet full assist
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: CP, scoliosis, Constipation, GERD DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No medications @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief, cross sling, in-ceiling lift track system pillow under head
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: limited trunk control, leans to the left, foot straps/lap belt
Community Support: ☑ No ☐ Yes	Describe Supports: enjoys being out but requires assistance
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: blindness in the right eye, sound sensitive
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: will bite his hand, prefers a calm environment
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time
Important to: warm foods, calm environment, being outside	
Important for: trigger words, calm environment	
Likes: Paul Bunyan, warm weather	
Dislikes: loud environments, crinkle toys, cartoons	

Lead Review Completed:

Staff: Morgan B.
Date: March 1st

Service Recipient: Ron H.
Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: Choose program room

Summarize Steps:
present w/ 3 options
describe each room
communicate choice, visit the room

Outcome #2: choose outing

Summarize Steps:
present w/ 4 choices
describe location communicate choice, visit outing

Communication Style:
facial expressions, body language, tongue

Learning Style:
routine/repetition upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: aminopylline, keflex, pineapple, meriolate, septra, terramycin NOT Administer
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2nd, call 911
Choking: ☒ No ☐ Yes	Describe Supports: full assist, pureed,
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed, may pocket food, small cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral palsy, GERD, constipation, hiatal hernia position properly
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, cross leg sling, pillow under head.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Pillow on left side/ leans to left, limited trunk control
Community Support: ☒ No ☐ Yes	Describe Supports: enjoy being in community, needs assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: blind, Speak softly, assist move to calm environment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: bite hand if upset, assist him to calm down
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to:
Warm food, familiar routine, being outside

Important for:
Know trigger words, calm enviroment, repositioning

Likes:
Warm weather, Walks, Paul Bunyan

Dislikes:
loud enviroments, face wiped, crinkle sounds

Lead Review Completed:

Staff: Alice L. Cox
Date: 3/1/2022

PAI

Service Recipient: Ron H.
Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Choosing a Room to Visit Daily
Summarize Steps:
3 Options, Staff describe, Take to room

Outcome #2: Choose an outing
Summarize Steps:
4 options, Staff describe, Take to scheduler

Communication Style:
Facial Expressions, Tongue Out for No, Body Language

Learning Style:
Repetition + Modeling, Positive Tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, Mexiletine, Pineapple, Septra Tetramycin
Seizures: ☒ No ☐ Yes	Describe Supports: Not Since 2001 call 911
Choking: ☒ No ☐ Yes	Pured Food, Pocketed food Full Assistance
Specialized Diet: ☒ No ☐ Yes	Dys Size D, Full Assist, Pured, Small Lip Coated Spoon
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Constipation DNR/DNI: ☒ No ☐ Yes Cerebral Palsy, Seizures, Scoliosis, Hiatal Hernia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: NA
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, Cross leg Sling, Hoyer or Track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited Trunk Support, Lean, Left, straps, tilt chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 Assistance Bilateral one Left Support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis Pigmentosa, Right Eye Blindness Sound Sensitive
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: While Rite hand when upset Quiet Voice Quiet Area
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE

Important to:
Warm Food, Calm Place, Ostrich, Family

Important for:
Triage Laundry, Calm Place, Repositioned, Frequent Drinks

Likes:
Paul Bunyan, Warm Weather, Walks

Dislikes:
Cartoons, Talking about Pudding, Ice Cream
Fall Wizard, Crinkle Bowls

Lead Review Completed: [signature]

Staff: Megan Gagner
Date: 3/2/2022

Service Recipient: Ron Herviaux
Service Span: Feb 22 – Feb 23

Outcomes:

Outcome #1: Choose a programming room to visit.
Summarize Steps:
Staff will present Ron 3 options describe each room to Ron, Ron will communicate a choice

Outcome #2: Ron will choose an outing to go on.
Summarize Steps:
Staff will present Ron with 4 outing choices Staff will describe the location of each outing, Ron will communicate a choice

Communication Style: facial expressions, body language, communicating using his tongue

Learning Style: Routine and repetition, responds best to upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: aminophyllin, keflex, meriolate, pineapple, septra, terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure activity since 2001, call 911 at onset of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet sent from home, moist pocket food, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, teaspoon size spoon and small cup, full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral palsy, scoliosis, DNR/DNI: ☒ No ☐ Yes constipation, GERD, Hiatal Hernia, supports: Positioned properly, eliminations reported to home
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A No medications at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, wears a cross-legged sling from home, in ceiling lift system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, leans to the left, uses a pillow on his side, has a tilt wheelchair and foot straps
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out in the community but requires assistance when at.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa right exotropia blindness, Staff present materials close enough for him to see
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Will bite his hand when over stimulated or upset, staff assist to calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Warm food, Being in a calm environment, having a familiar routine, being outside

Important for: Staff that know my food trigger words, a calm environment, offer frequent drinks, repositioned

Likes: Paul Bunyan, warm weather, walks

Dislikes: loud or chaotic environments, having his face wiped or cleaned, crinkle sounding sensory items, cartoons, when people talk about my seizures

Lead Review Completed: Emily

Staff: Tony

Date: _____

PAI

Service Recipient: ~~Mary Jo~~

Service Span: _____

Outcomes:

Outcome #1: Choose a program Room to visit Summarize Steps: Present Ron with 3 options Describe each Room Visit The Room he Chooses
Outcome #2: Ron will Choose for activity to go on Summarize Steps: Present Ron with 4 outing Choices Describe each option Ron will Communicate a Choice
Communication Style: Facial expressions and body language
Learning Style: Routine and Repition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophyllin, Keflex, meriolate, Pineapple, septra, tetracycline Do not give medication
Seizures: ☒ No ☐ Yes	Describe Supports: none since 2001
Choking: ☒ No ☐ Yes	Describe Supports: Pureed Diet may Packet food Full assistance
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Pureed diet, teaspoon size and small Cup
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Cerebral Palsy, Scoliosis / Constipation / GERD DNR/DNI: ☐ No ☐ Yes N/A Position Properly
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, Crosses Sling from home
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk Control Lean to Left Pillow on Side
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis Project materials close enough for him to see
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite hand
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to: Warm food being outside Calm environment	
Important for: food triggers words frequent drinks	
Likes: Paul Bunyan warm weather walks	
Dislikes: Loud chaotic environments face wipes	

Lead Review Completed: Amanda Lee

Staff: BAO HER

Date: 3/1

PAI

Service Recipient: R. H

Service Span: Feb 22 - 23

Outcomes:

Outcome #1: choose program room to visit

Summarize Steps: present 3 options describe each room; will communicate choice ~~assist~~ assist to room

Outcome #2: choose outing

Summarize Steps: present 4 outing choices describe location communicate a choice; let him know when he will be visiting

Communication Style: facial; body language; his tongue

Learning Style: Routine; Repetion; upbeat tones

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Amino Ph will not be in use ice pack, meriolate, pineapple, septra, tetracycline
Seizures: ☑ No ☐ Yes	Describe Supports: No seizure since 2001; call 911
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet from home; full assistance; Packed food
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed, teaspoon ^ spoon cup full assistance
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: cerebral palsy, scoliosis, constipation, Gerd, Hiatal Hernia DNR/DNI: ☑ No ☐ Yes positioned properly sit upright after eating
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☑ No ☐ Yes	Describe Supports: brief wears a cross legged sling from home in ceiling lift
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: limited trunck control, leans to left a pillow on side, tilt wheelchair head straps/ lap belt uses
Community Support: ☑ No ☐ Yes	Describe Supports: enjoys being in community but requires assistance
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa right exotropia blindness staff present materials close sound sensitivity calm voice
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: bite his hand when over stimulated or upset; assist to calm environment
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: warm foods; calm environment, familiar routine, outside

Important for: food trigger words calm environments, drinks, repositon

Likes: Paul Bunyan, walks, warm weather

Dislikes: loud or chaotic environments hearing his type wipe/ cleaned or crinkle sounds/ sensory items, cartoons when ppl talk about favorite

Lead Review Completed: Amanda Bell

Staff: Maria Hetchler
Date: 3/1/22

Service Recipient: Ron. H
Service Span: 2022 - 2023

Outcomes:

Outcome #1: choose a programming room to visit.
Summarize Steps: staff will assist Ron w/ 3 options
- describe each room to Ron
Ron will communicate choices, After decide staff assist visit room

Outcome #2: Ron will choose an outing to go on.
Summarize Steps: staff will present Ron w/ 4 outing choice
describe the location of each outing
Ron communicate choice

Communication Style: Ron communicates through facial expressions and body language and communicates using his tongue

Learning Style: Routine and repetition, responds best to upbeat tones.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amino Phylline, Keflex, meriolate, Pineapple, Septra, Terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: NO Seizure activity since 2001, Call 911 at onset of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Puree diet sent from Sam, may pocket food, full assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Puree diet, teaspoon size spoon and small cup, full assist
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy, Constipation, GERD DNR/DNI: ☒ No ☐ Yes Supports: Positioned Properly, eliminations reported, Hernia, to home, Sit upright after eating, Concerns reported to nurse
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposible brief, Wears a cross-Bagged sling from home, In Ceiling Lift System, Pillow under his head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, lead to the Left
Community Support: ☒ No ☐ Yes	Describe Supports: enjoy being out community but requires assist When out
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: retinitis pigmentosa right exotropia blindness, staff present materials Close enough for him to see, sound sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Will bite his hand when over stimulated or upset - staff assist to calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No supervised time

Important to: warm food, being calm environment, having a familial routine, being outside

Important for: staff that know my trigger words, a calm environment, offer frequent drinks, repositioned

Likes: Paul Bunyan, Warm weather, walks

Dislikes: Loud environment, having his face wiped or clean

Lead Review Completed:

Staff: Natalie Johnson
Date: 3-1-22

PAI

Service Recipient: Ron H
Service Span: 2-22 - 2-23

Outcomes:

Outcome #1: Choose a program room to visit
Summarize Steps:
Offer Choices - Staff assist

Outcome #2: Ron will choose an outing
Summarize Steps:
4 Choices - make a choice - Staff will let him know

Communication Style: facial expressions, body language - uses tongues

Learning Style: ~~Upbeat tones~~
Routine & repetition and upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: ~~PA~~ Amyno Pineapple
Seizures: ☒ No ☐ Yes	Describe Supports: none since 2001 - call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pureed food from home - full assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: tsp size - small cup - full assist
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebal palsy, Constipation, GERD, hernia report home DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief, Sling, in ceiling track, pillow on mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: leans to left - tilt wheelchair, pillow, lap belt
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being out, full assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: extratropia. blindness - sound sensitivity, Calm environment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: bite hand when upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Warm food, Calm environment, being outside

Important for: Know trigger words, repositions,

Likes: Pat bunyan, walks, being outside

Dislikes: fast wheel, loud noises, cartoons, talking about his fav deserts

Lead Review Completed: Amanda Lee

Staff: Jesus

Date: 3/1/22

Service Recipient: Ron 2/22 - 2/23

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1:	choose a program room to visit
Summarize Steps:	staff will present Ron with 3 options staff will describe each room to Ron Ron will communicate a choice
Outcome #2:	Ron will choose an activity to do
Summarize Steps:	staff will present Ron with 4 options
Communication Style:	communicates by his tongue, facial expressions and body type
Learning Style:	Routine and repetition, responds 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: Avoid Mold, Kiwi, mirtoberry, Pineapple Don't administer inhalers with Propellant
Seizures: ☒ No ☐ Yes	Describe Supports: Call 911 on set of seizure
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, set for home, may proceed food with assistance.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, tea spoon size spoon and staff assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, constipation, GERD DNR/DNI: ☒ No ☐ Yes Positioning, elimination support to home, set up assistance
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☐ No ☐ Yes	Describe Supports: Dispense soap, wash and towel dry for home with verbal prompts and hand over hand assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Gait belt, tennis shoes, cane
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being in the community for regular support
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Refuses presentation of glasses, staff will present periodically throughout the day to see
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Good behavior
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time alone
Important to:	Warm food, sleep in a calm environment, having a routine, being outside
Important for:	Staff will know my food type needs, a calm environment, offer frequent drinks, supervision
Likes:	Pool, Banyan, warm weather, walks
Dislikes:	Loud or chaotic environments, having to see unpleasant odors, cold, sandy sand, cartoons, pulpy fruit, eating in shower/bed

Lead Review Completed

Staff: Maddy K
Date: 3/1/22

Service Recipient: Ron H
Service Span: Feb 22- Feb 23

Outcomes:

Outcome #1: Choose a program room to visit
Summarize Steps: - Present 3 options - Staff will assist
- Staff describe rooms
- Ron will choose

Outcome #2: Ron will choose an outing to go on
Summarize Steps: - Present 4 choices - Staff will assist
- Staff describe locations
- Ron will choose

Communication Style: Facial expressions, body language, tongue

Learning Style: Routine + 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: Amenophyline, Keflex, Meriolate, Pineapple, Septra, Terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: Call 911 at onset
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, May pocket food, Full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, Scoliosis, Constipation, GERD, Hiatal Hernia, -Positioned properly, upright after eating DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No medication at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, Cross legged sling, in ceiling lift system, Pillow under head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to the left
Community Support: ☒ No ☐ Yes	Describe Supports: Requires assistance when out
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinis Pigmentosa right exotropia blindness, Staff present things close enough for him to see
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Will bite his hand when upset, Staff assist to calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Warm food, calm enviroment, routine, being outside

Important for: Staff to know trigger words, Calm area, frequent drinks

Likes: Paul Bunyun, Warm weather, walks

Dislikes: Loud envisoments, face wiped/cleaned, crinkle sound, cartoons, When people talk about favorite deserts.

Lead Review Completed: Amanda R

Staff: Nancy Larson
Date: 3-1-22

PAI

Service Recipient: Ron H.
Service Span: Feb. 2022 - Feb 2023

Outcomes:

Outcome #1: picking a room to visit daily
Summarize Steps:
1. give choices
2. bring him to that room

Outcome #2: Choose an outing
Summarize Steps:
1. 4 outing choice 3. go on outing
2. pick a choice

Communication Style:
facially + body language

Learning Style:
routine + repetition + upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: amoxil pineapple keflex cephtra
Seizures: ☒ No ☐ Yes	Describe Supports: 2001 - no seizure activity
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet, full assistance, may pocket food
Specialized Diet: ☒ No ☐ Yes	Describe Supports: tsp. size - full assistance, small cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, GERD, hernia DNR/DNI: ☒ No ☐ Yes position properly.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, trach system,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited control of trunk - lap tray - tilt wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: being out in community - not left alone
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: some blindness, sound sensitive, speak softly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite hand, move to calmer environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none -

Important to:
warm food, calm environ., being

Important for:
trigger words, frequent drinks, being comfortable

Likes:
Paul Bunyon, warm weather, walks

Dislikes:
Chaotic environments, crinkle sounds, cartoons,

Lead Review Completed: [signature]

Staff: Deanne Lepley
Date: 3-1-22

Service Recipient: Ron Harrieux
Service Span: ~~Feb 2022~~ - Feb 2023

Outcomes:

Outcome #1: Program room 2 visit Summarize Steps:	Staff give choice to visit, staff assist to visit room after he chooses
Outcome #2: outings to go on Summarize Steps:	4 outing choices, describe choices, staff will let him know he will attend the one he chooses
Communication Style:	facial expression + body language or gestures
Learning Style:	Routine + Rep. + Responds to tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amiodarone, kelp tix, pineapple, Septra staff will not give things not provided
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2001, call 911 on onset of seizure
Choking: ☒ No ☐ Yes	Describe Supports: puree diet, pocket PEG, full assistance
Specialized Diet: ☐ No ☐ Yes	Describe Supports: puree, tsp sized bites, straw cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: cerebral palsy, Scoliosis, GERD DNR/DNI: ☒ No ☐ Yes Hiatal Hernia Position properly, sit up right after eating
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Diapers brief, Crocs loosen slings,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, lap belt, pillow for side
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out in community - staff
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Redness & scratches in eye. staff prevent from rubbing staff uses calm voice
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand if over-stimulated or upset staff take to quieter location
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	warm foods, being outside, being in calm environment
Important for:	trigger words, calm environments
Likes:	Paul Revere, trucks, warm weather
Dislikes:	Loud or cacophonic environments, face wipes or cleaned contains, people talking about favorite desserts

Lead Review Completed:

Staff: Sommer
Date: 3/1/22

PAI

Service Recipient: Ron H
Service Span: _____

Outcomes:

Outcome #1: Choose a program room to visit - daily.
Summarize Steps: - 3 options - describe rooms - room will choose staff assist going to room

Outcome #2: Choose an outing.
Summarize Steps: - presented with 2 choices, describe each location ron comm a choice, staff lets him know when he goes

Communication Style: facial expression, body lang

Learning Style: Routine rep, responds to up beat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Kiwi, Pineapple, Terramycin staff does not give meds that aren't present
Seizures: ☒ No ☐ Yes	Describe Supports: Call 911, no seizure since 2001
Choking: ☒ No ☐ Yes	Describe Supports: Pureed sent from home, may puree
Specialized Diet: ☒ No ☐ Yes	Describe Supports: full assistance, pureed diet, small cut
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, scoliosis, gerd, constipation - positioned properly, upright after eating — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, pillow on mat table, track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: leans to left, uses a pillow on side has a trit wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being out, needs assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Speak softly, shown up close
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand when over stimmy or upset
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: Warm foods, calm environment.

Important for: Other drinks, trigger words

Likes: paw bunion, warm weather walks

Dislikes: Cartoons, face being cleaned

Lead Review Completed: Amanda

Staff: Ikanya M
Date: 3·1·22

Service Recipient: Ron Harvieux
Service Span: Feb 22 · 23

Outcomes:

Outcome #1: Choose a Programming Room to visit Summarize Steps: Ron will be asked which room present 3 options	
Outcome #2: Choose a outting to go on Summarize Steps: Ron will pick between 4 outings	
Communication Style: facial expression, Body expression.	
Learning Style: Routine, Repatition	

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 imunoFiling, Staff will not give medication that is not percibed
Seizures: ☒ No ☐ Yes	Describe Supports: nasnt had a sizure since 2001. call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pura diet 1on1, CUP Food
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pura diet tea spoon size
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scribal palzie, Posistion Proberthy, Sit DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: No Medication at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Sling From home, Sit Stright up ~~when~~ after eating
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lap belt. use a Pillow on his side
Community Support: ☒ No ☐ Yes	Describe Supports: enjoy being in the community but require assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Staff presents materials close for him to see Staff speaks in a soft and calm voice
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite his hand when ~~mad~~ upset/overwellmed
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time
Important to: Warm food calm enviarments being outside	
Important for: Staff to know his trigger words	
Likes: Walks warm weather	
Dislikes: loud enviarments having face cleaned, when people talk pudding/ice cream Trigger words	

Lead Review Completed: Amanda

Staff: Danielle Mendez
Date: 3-1-22

Service Recipient: Ron H.
Service Span: Feb. 22 - Feb 23

Outcomes:

Outcome #1: choose a program room to visit.
Summarize Steps: give Ron 3 options communicate a choice describe each room Assist to Room

Outcome #2: Choose an outing.
Summarize Steps: 4 outing choices communicate choice describe location

Communication Style: facial expression, body language tongue

Learning Style: Routine, repetition upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophylline, pineapple Keflex, septra, Terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2021 call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet full assistance may packet food
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, tsp size, small cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, constipation, GERD, Hiatal Hernia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: No Medication @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, cross leg sling from home, 1 person track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, pillow on left side, foot straps, seatbelt, tilt w/c
Community Support: ☒ No ☐ Yes	Describe Supports: Requires assistance when in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis pigmentosa, present materials up closley
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite hand when upset, staff assist to calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO

Important to:
Warm Foods, calm environment, routine, outside

Important for:
staff know trigger words, calm environment,

Likes:
Walks, Pall Bynum, warm weather

Dislikes:
loud environments, having face wiped, cartoons

Lead Review Completed: Amanda

Staff: Colette Rice

Date: 3·1·22

Service Recipient: ~~Ron~~ Ron Harvieux

Service Span: Feb 22 → 23

Outcomes:

Outcome #1: Choose program room to visit

Summarize Steps:
- give 3 options

Outcome #2: Choose outing to go on

Summarize Steps:
- Choose outing choices

Communication Style: expression
Facial ~~expression~~

Learning Style:
Repetition, routine, upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophilline, Kaflex, metriolate
Seizures: ☒ No ☐ Yes	Describe Supports: no Seizure Since 2001
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, Sent from home, full assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, full assist
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes — Scoliosis, Gerd, Constipation
Medication at PAI: ☒ No ☐ Yes	Describe Supports: no medications at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, Cross Sling, in ceiling track System
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: leans to left, tilt wheelchair, lap belt
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being out but requires assistance
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: blindness in right eye, Sound Sensitive
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite his hand, ~~pref~~ Prefers calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time

Important to:
Warm foods, familiar, routine, outdoors

Important for:
trigger word, reposition

Likes:
Paul Bunyan warm ~~weather~~ weather, walks

Dislikes:
loud environments, Crinkle toys, Cartoons

Lead Review Completed: Amanda Lee

Staff: ERIN SANDSTROM
Date: 3·1·2022

Service Recipient: RON HARVIEUX
Service Span: 2/1/22 - 2/1/23

Outcomes:

Outcome #1: RON WILL CHOOSE A PROGRAMMING ROOM TO VISIT.

Summarize Steps:
PRESENT 3 OPTIONS
DESCRIBE EACH ROOM

Outcome #2: RON WILL CHOOSE AN OUTING TO GO ON.

Summarize Steps:
PRESENT 4 OUTING CHOICES · COMMUNICATE A CHOICE
DESCRIBE LOCATION OF EACH OUTING

Communication Style:
FACIAL EXPRESSIONS, BODY LANGUAGE, USING HIS TONGUE

Learning Style:
ROUTINE, REPETITION, RESPONDS TO UPBEAT TONES

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: AMYLOPHYLINE, KEFLEX, MERIOLATE, PINEAPPLE
Seizures: ☒ No ☐ Yes	Describe Supports: NO SEIZURE ACTIVITY SINCE 2001 CALL 911 ON ONSET.
Choking: ☒ No ☐ Yes	Describe Supports: PUREED DIET SENT FROM HOME, FULL ASSISTANCE, MAY POCKET FOOD
Specialized Diet: ☒ No ☐ Yes	Describe Supports: PUREED DIET, TEASPOON SIZE SPOON, SMALL CUP, FULL ASSISTANCE
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes CEREBRAL PALSY, SCOLIOSIS, GERD, CONSTIPATION POSITION PROPERLY, SIT UPRIGHT AFTER EATING.
Medication at PAI: ☐ No ☐ Yes	Describe Supports: MA
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, IN CEILING TRACK SYSTEM, CROSS SLING
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: LIMITED TRUNK CONTROL, LEANS TO LEFT, USES A PILLOW ON HIS SIDE.
Community Support: ☒ No ☐ Yes	Describe Supports: ENJOYS BEING OUT IN COMMUNITY BUT REQUIRES ASSISTANCE.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: EXTROPIA RIGHT BLINDNESS, SOUND SENSITIVE SOFT CALM VOICE
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: WILL BITE HAND WHEN OVER STIMULATED OR UPSET
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME

Important to:
WARM FOOD, CALM ENVIRONMENT, BEING OUTSIDE

Important for:
FOOD TRIGGER WORDS, FREQUENT DRINKS, CALM ENVIRONMENT

Likes:
PAUL BUNYAN, WARM WEATHER, WALKS

Dislikes:
LOUD CHAOTIC ENVIRONMENT HAVING FACE WIPED/CLEANED, CRINKLE SOUNDS
CARTOONS, TALK ABOUT DESSERTS - PUDDING/ICE CREAM

Lead Review Completed:

Staff: Ashleigh Shirley
Date: 3.1.22

Service Recipient: Ron Harriker
Service Span: Feb 22-23

Outcomes:

Outcome #1: Choose program room to visit
Summarize Steps:
3 options, describe room, Ron give choice - staff take to room

Outcome #2: Ron choose outing to go on
Summarize Steps:
give choices desribe choices, Ron decides,

Communication Style:
facial exp, body language, tongue

Learning Style:
responds, upbeat tones repetition-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: Aminophylline, Keflex, Meriolate, Pineapple, Septra, Terramycin
Seizures: ☒ No ☐ Yes	Describe Supports: call 911
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet, may pocket food full assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: ↓ teaspoon bites full cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, GERD, Scoliosis, constipation DNR/DNI: ☒ No ☐ Yes Hiatal hernia, position properly
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears brief, cross leg sling from home, Pillow under head
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans left, Pillow on side foot tilt w/ with strap
Community Support: ☒ No ☐ Yes	Describe Supports: assist when out Ear bean
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: vision loss - show close - sound sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: will bite hand when over stim, move to quiet location
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time

Important to:
warm food, calm environment, routine, outside

Important for:
trigger food words, pudding + ice cream, calm environment, frequent drinks, repositioned

Likes:
Paul bunyan

Dislikes:
loud/chaotic, face wiped, crinkle sound, cartoon, talking about fave desserts

Lead Review Completed: Amanda Pitts

Staff: Laura Stacken
Date: March 1, 2022

Service Recipient: Ron Harvieux
Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: Choose a programming room to visit.
Summarize Steps:
Staff will present Ron with 3 options
Staff will describe each room to ron

Outcome #2: Ron will choose an outing to go on.
Summarize Steps:
Staff will present ron with 4 outing choices

Communication Style:
Ron communicates facial expressions & body lang, using his tongue

Learning Style:
Routine & 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: Allergies: Aminophyline, Keflex, meriolate, Pineapple
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2001 Call 911
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet sent from Home, may pocket food full Assist
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, teaspoon size spoon, small cup, full Assist
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, Scoliosis, Constipation, GERD, Hiatal Hernia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, wears a cross-legged Sling from home ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to left, uses a pillow on his side, tilt WC foot straps.
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out Community but requires Assist.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Rentinitis Pigmentosa right exotropia blindness, sound sensitivity.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Will bite his hand when over stimulated or upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO

Important to: Warm Foods, Calm environment, having a familiar routine, being outside.

Important for: Staff that know my food triggers words, a calm enviroment, repositioning

Likes: Paul bunyan, warm weather, walks.

Dislikes: Loud or Chaotic environments. Face wiped or cleaned. Sound sensory
Favorite deserts.

Lead Review Completed

Staff: Jenny Trimble
Date: 3/1/2022

Service Recipient: Ron Harvieux
Service Span: 2-2022 - 2-2023

Outcomes:

Outcome #1: Choose a program Room to visit
Summarize Steps: Staff Present 3 choices
Ron communicate a choice

Outcome #2: Choose an outing
Summarize Steps: Present Outing
Ron Communicate a choice

Communication Style: facial expression, body language
using tongue

Learning Style: Repitition & responds best w/ upbeat tones
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: aminophylline, keflex, meniscate, pineapple Septra! Therapy substitute staff not administe
Seizures: ☒ No ☐ Yes	Describe Supports: Call 911 none since 2001
Choking: ☒ No ☐ Yes	Describe Supports: Pureed Diet sent from home may pocket
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed Diet teaspoon spoon & small cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, Scoliosis, Constipation, DNR/DNI: ☒ No ☐ Yes Gerd Hiatal Hernia positioned properly
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, Cross legged sling in-ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Limited trunk control, leans to left uses pillow on side. tilt w/c, foot supports
Community Support: ☒ No ☐ Yes	Describe Supports: Enjoys being out in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinos Pigmentosa right exotropia staff present
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hand when overstimulated staff bring to calm environment
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: warm food, calm environment, routine and being outside

Important for: staff know trigger words calm environment, offer drink

Likes: Rain, Bunyon, walks, warm weather

Dislikes: loud or chaotic environment, face washed or cleaned, crinkle toys, sounding sensory items

Lead Review Completed: [signature]

Staff: Celeste Anderson Jones

Date: 3.1.22

Service Recipient: Ron H

Service Span: Feb 22 – Feb 23

Outcomes:

Outcome #1: Choose a program room to visit (daily)

Summarize Steps: Staff ~~assist~~ present 3 options, describe each
Communicate a ~~choose~~ choice

Outcome #2: Choose an watery

Summarize Steps: 4 boring choices
staff describe each Ron will communicate his choice

Communication Style: facial expression + body language + with his ~~tou~~ tongs

Learning Style: routine + repitition, upbeat tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aminophyline, KeFlex, ~~Mercate~~ Pineapple staff will not admin. meds not prescribed
Seizures: ☒ No ☐ Yes	Describe Supports: No seizure since 2001, call 911
Choking: ☒ No ☐ Yes	Describe Supports: Puree, diet sent from home may pocket food, full assistance
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, tsp size, sm cup full assistance
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy, Sclerosis, constipation, GERD, Hiatal hernia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief sling (crossed legged) ceiling lift Pillow under his head to help with GERD
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited trunk control, leans to the (R) foot
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being out ~~under~~ in the community assistance when in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Retinitis Pigmentosa (B) ~~ext~~ exo
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Will bite his hand when over Stimulated assit to calm
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no alone time

Important to: warm foods, calm environment having familiar routine

Important for: staff that know my food trigger words, & calm environment offer drinks

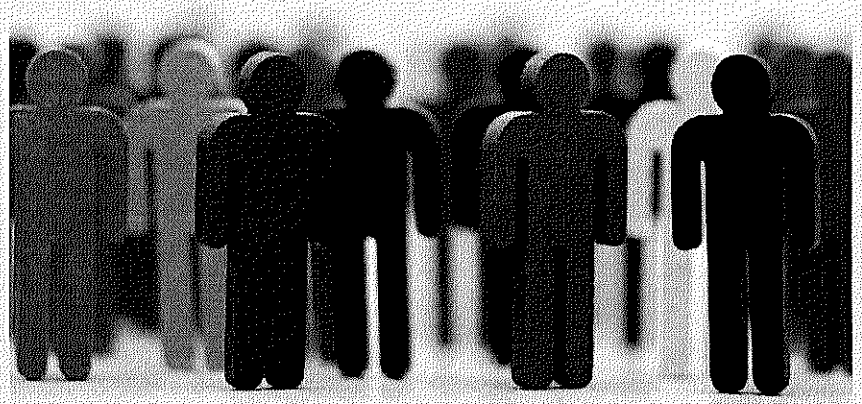
Likes: Paul Bunyan, ~~Sat~~ warm weather, walks

Dislikes: loud or chaotic environment having face wiped cartoons,

Lead Review Completed: ~~Jennifer Ray~~

PAI-
Linden/Oakdale
Team Meeting

3/1/2022



Welcome

Sign In

Introductions

A moment of gratitude

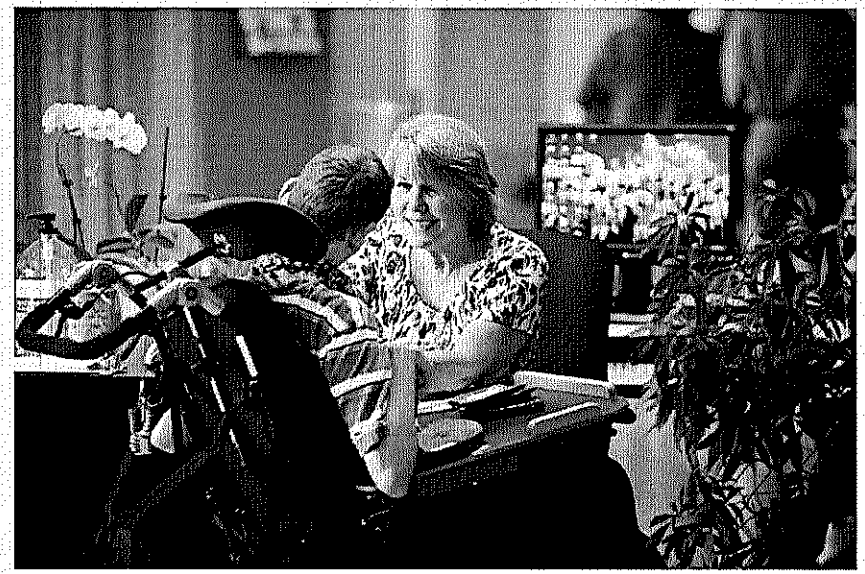
Agenda

Welcome
Site-Specific Updates
Competency Reviews
Semi-Annual Reviews

Wrap Up

Site-Specific Updates

- When going to a training offsite (medication administration, CPR, etc.) milage is reimbursed. If you are leaving from home, your normal commute will be subtracted from the distance it takes to get to your training.
  - Ex: If it takes me 20 miles to get to PAI from home but takes me 35 miles to get to the training from home we will subtract 20 from 35. I would be reimbursed 15 miles each way for a total of 30 (both ways).



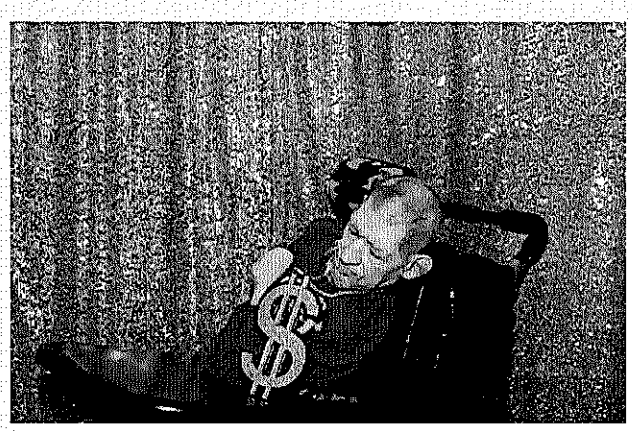
Site-Specific Updates

- When taking people on walks, please ensure they have their communication methods (books/tablets) available to them and offer them when they're expressing that they want to communicate with others.
- These are great opportunities for people to socialize with others and we should be supporting that!

Competency Reviews, Ron Harvieux

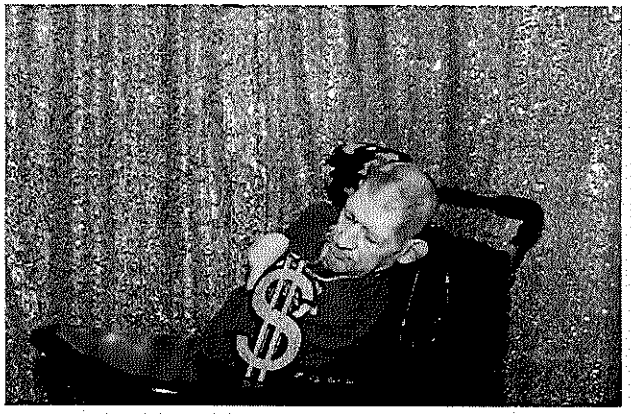
Outcome #1: <u>Choose a programming room to visit</u> **Summarize Steps:** Staff will present Ron with 3 options Staff will describe each room to Ron Ron will communicate a choice After deciding, staff assist in visiting the room
Outcome #2: <u>Ron will choose an outing to go on</u> **Summarize Steps:** Staff will present Ron with 4 outing choices Staff will describe the location of each outing Ron will communicate a choice Staff let him know when he will be attending the outing of his choice.
Communication Style: Ron communicates through facial expressions and body language and communicates using his tongue.
Learning Style: Routine and repetition, responds best to upbeat tones.

Annual Span: February 2022-
February 2023



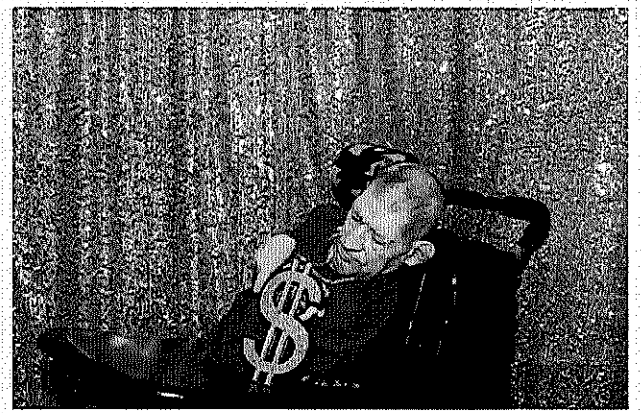
Competency Reviews

Allergies: ■ **No** ☐ **Yes**	**List & Describe Supports:** Allergies: Aminophylline, Keflex, Meriolate, Pineapple, Septra, Terramycin Supports: PAI will not administer medications that are not Prescribed. Concerns communicated to residence
Seizures: ■ **No** ☐ **Yes**	**Describe Supports:** No seizure activity since 2001, call 911 at onset of seizure.
Choking: ■ **No** ☐ **Yes**	**Describe Supports:** Pureed diet sent from home, may pocket food, full assistance
Specialized Diet: ■ **No** ☐ **Yes**	**Describe Supports:** Pureed diet, teaspoon size spoon and small cup, full assistance



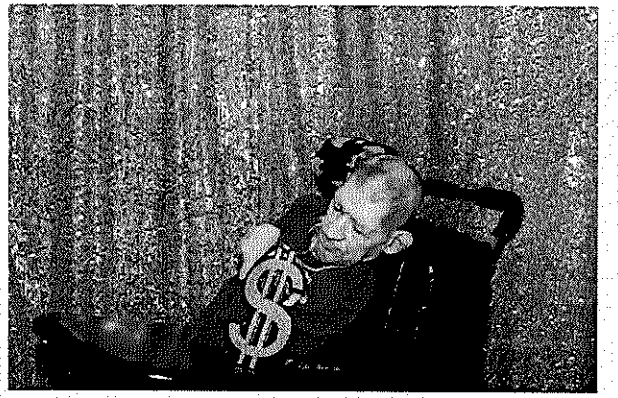
Competency Reviews

Chronic Medical Conditions: ■ **No** ☐ **Yes**	**List & Describe Supports** Cerebral Palsy, Scoliosis, Constipation, GERD, Hiatal Hernia Supports: Positioned properly, eliminations reported to home, sit upright after eating, concerns reported to home **DNR/DNI:** ■ **No** ☐ **Yes**
Medication at PAI: ☐ **No** ☐ **Yes** **N/A**	**Describe Supports:** No medications at PAI
Personal Cares: ■ **No** ☐ **Yes**	**Describe Supports:** Disposable brief, wears a cross-legged sling from home, in-ceiling lift system, pillow under his head to help with GERD
Mobility/Fall Risk: ■ **No** ☐ **Yes**	**Describe Supports:** Limited trunk control, leans to the left, uses a pillow on his side, has a tilt wheelchair and foot straps/lap belt



Competency Reviews

Community Support: ■ **No** ☐ **Yes**	**Describe Supports:** Enjoys being out in the community but requires assistance when out.
Sensory Support: ■ **No** ☐ **Yes**	**List & Describe Supports:** Retinitis pigmentosa right exotropia blindness, staff present materials close enough for him to see. Sound sensitivity, staff speak in a soft calm voice and assist to calm environment as needed.
Behavior Support: ■ **No** ☐ **Yes**	**List & Describe Supports:** Will bite his hand when over stimulated or upset, staff assist to calm environment
Unsupervised Time: ■ **No** ☐ **Yes**	**Describe Supports:** No unsupervised time



Competency Reviews

Important to: Warm Food, being in a calm environment, having a familiar routine, being outside
Important for: Staff that know my food trigger words, a calm environment, offer frequent drinks, repositioned
Likes: Paul Bunyan, warm weather, walks,
Dislikes: Loud or chaotic environments, having his face wiped or cleaned, crinkle sounding sensory items, cartoons and when people talk about my favorite deserts.

Semi-Annual Reviews

Kay Jeske

Outcome 1: Daily, Kay will maintain appropriate boundaries with 2 or fewer prompts in 90% of all opportunities over the next 12 months.

Outcome 2:Daily, Kay will participate in her chosen activity in 2 or fewer prompts in 90% or more of opportunities over the next 12 months.

Semi-Annual Reviews

Destiny Smith

Outcome 1: Daily, Destiny will independently clean up her area after lunch in 90% or more of all opportunities over the next 12 months.

Outcome 2: Daily, Destiny will bring her cup to the lunch table in 80% or more of all opportunities over the next 12 months.

Semi-Annual Reviews

Mary Jo Huberty

- Outcome 1: Daily, Mary Jo will choose a sensory activity to participate in using a switch in 75% of all opportunities over the next 6 months.
- Outcome 2: Daily, Mary Jo will use her gait trainer in 75% of all opportunities over the next 6 months.
- Good day: Visiting the community which could include participating in special Olympics, participating in preferred activities, and chatting with staff. Having the opportunity to listen to preferred music like The Beatles or music from a Disney movie. A good day for Mary Jo would also include having the opportunity to use her communication skills frequently.
- Bad day: Feeling too warm and not having enough opportunities to get out of her chair and/or be repositioned. Being in loud chaotic environments.

Semi-Annual Reviews

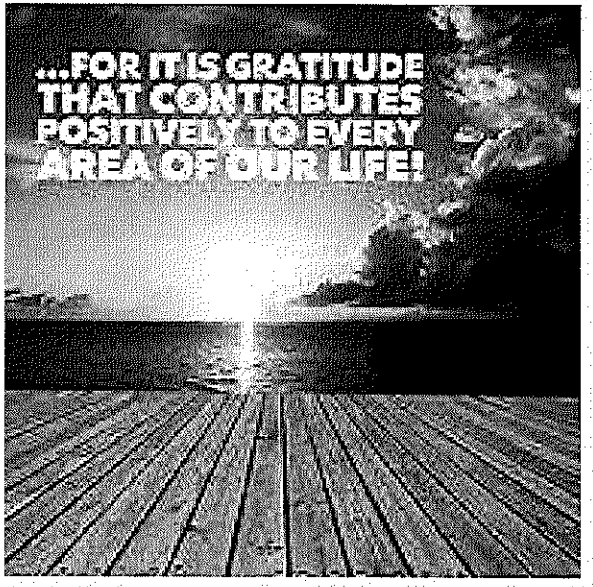
Carrie Carlson (Remote Services)

- Once a month, Carrie will choose a book to read for at least 75% of trials over a 6-month reporting period.
- Weekly, Carrie will choose a music genre to listen to using facial expressions or vocalizations for at least 70% of trials over a 6-month reporting period.

Gratitude

Alfredo

Tony



Wrap Up

Thoughts and feedback on new All-Staff

- Agenda
- Objectives
- Suggestions for continued improvement

Is there information you would like to provided at next meeting?

Any final thoughts?