Staff: Cindy B
Date: 3.25.22

PAI

Service Recipient: Christina W
Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: Choose a sensory activity daily
Summarize Steps:

Outcome #2: Choose a staff to assist w/ sensory activity
Summarize Steps:
Present choice board w/ staff that is available - Christina
will choose staff.

Communication Style:
Vocalization, body motion, picture book

Learning Style:

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
Seizures: ☐ No ☐ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet, cues to slow down, eat independently
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GERD Spasticity CP Hypertension SAD Anxiety DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: PAI Staff will administer medications.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full staff support - mechanical lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair - can propel short distance, safety belt
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will be with Christina at all times.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior when upset, hitting, biting, hair pull
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Routine, relax in recliner, have + nails done.

Important for:
Taking medication, communicate her needs/frustrations, recliner

Likes:
Hair + nails done, sitting in recliner, games, music

Dislikes:
Waiting, change in routine, loud people, tea

Lead Review Completed: _____

Outcomes:

Outcome #1: Use I-Pad to answer yes & no questions.
Summarize Steps: Staff presents yes/no question - Show Katie the Yes & no option on I-Pad.

Outcome #2: Choose staff member to go on 'walks' with
Summarize Steps: Staff will let Katie know if she can go on a walk, Staff will present picture cards w/ staff names to walk with.

Communication Style:
facial expression, eye gaze, body language, vocalization, I-pad,

Learning Style:
Routine & repetition, hand over hand

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

Category	Self-manage	List & Describe Supports
Allergies:	☒ No ☐ Yes	Dust, Mold, morphine, Seasonal
Seizures:	☒ No ☐ Yes	PA2 Protocol - PRN medication for extend seizures. *Tonic-Clonic*
Choking:	☒ No ☐ Yes	Bite size pieces.
Specialized Diet:	☒ No ☐ Yes	finger foods or staff assistance w/ fork. G-tube
Chronic Medical Conditions:	☒ No ☐ Yes	Autistic, CP, PMR, severe intellectual, Hyponatremia, Hip Dysplasia, Thrombocytopenia DNR/DNI: ☒ No ☐ Yes
Medication at PAI:	☒ No ☐ Yes	Staff will administer medications.
Personal Cares:	☒ No ☐ Yes	Full assistance - briefs.
Mobility/Fall Risk:	☒ No ☐ Yes	Wheelchair, Staff propels
Community Support:	☒ No ☐ Yes	PA2 Staff will be with Katie at all times.
Sensory Support:	☐ No ☐ Yes	
Behavior Support:	☒ No ☐ Yes	Self injurious -biting, hitting self
Unsupervised Time:	☐ No ☐ Yes	N/A

Important to:
Being comfortable, looking nice, music, beads, 1:1, chocolate

Important for:
Drink fluids, hands kept out of her mouth, Communication skills

Likes:
Music & dancing, shopping, time in recliner, chocolate sweets

Dislikes:
Loud noise, big crowds, face washed, hair brushed, being cold.

Lead Review Completed: _____

Staff: Cindy B

Date: 3.25.22

PAI

Service Recipient: Alan F.

Service Span: 4/21 - 6/22

Outcomes:

Outcome #1: Visit another Room

Summarize Steps: When alert will be offered 2 to 3 staff to take him to visit another room. Alan will choose staff.

Outcome #2: Choose a genre of music to listen to.

Summarize Steps: Staff will provide Alan 3 options of music to choose from. Will communicate w/ facial expression

Communication Style: Facial expression, vocalization, eye gazing

Learning Style:

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

Category	List & Describe Supports
Allergies: ☐ No ☐ Yes	N\A
Seizures: ☒ No ☐ Yes	Follow Alans Protocol - No Seizure Since 2005
Choking: ☒ No ☐ Yes	G-tube & Feeding Pump
Specialized Diet: ☒ No ☐ Yes	Do not reposition for 30 mins after feeding
Chronic Medical Conditions: ☐ No ☐ Yes	Osteoporosis, Chronic Hematuria, Chronic Constipation DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	PAI will administer medications.
Personal Cares: ☒ No ☐ Yes	Total assistance - Sling transfer, Hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	wheelchair,
Community Support: ☒ No ☐ Yes	PAI will be with Alan at all times.
Sensory Support: ☒ No ☐ Yes	Hearing impaired, visually, Tactile Defensive
Behavior Support: ☐ No ☐ Yes	N\A
Unsupervised Time: ☐ No ☐ Yes	N\A

Important to: Routine, van/bus rides, music, music therapy, Pet therapy, Sensory

Important for: medication, repositioning, nutrition

Likes: Soft & hard rock, animals, outings, van rides.

Dislikes: People in his space, face touched, change in routine

Lead Review Completed: _____

Staff: Cindy Bry
Date: March 25, 22

PAI

Service Recipient: Destiny S.
Service Span: 8/21 - 8/22

Outcomes:

Outcome #1: Independently clean area after lunch.
Summarize Steps: After lunch staff will prompt to clean up area. Staff will put rag on table and gesture n sign to clean area.

Outcome #2: Bring lunch cup to table.
Summarize Steps: Staff will gesture, point n use ASL to communicate that its lunch time & bring her cup to table.

Communication Style:
Picture cards, pointing, body language, some ASL,

Learning Style:

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Bee Stings, Contrast Dye, iodine, iohedol
Seizures: ☐ No ☐ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Regular spoon, deep plate eats independently
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Aortic valve Disorder MR, Osteoporosis, Scoliosis, Trisomy 9 — DNR/DNI ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff will administer medications.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Toilet independently but needs assistance freshin up bowel menses.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Mostly independent but may need a hand to transition surfaces.
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will be with Destiny at all times.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Hearing & Visually Impaired
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Opportunities to be helpful, picture books of parents, friends etc. matching games.

Important for:
Use her communication skills, social experience, fluids.

Likes:
Playing games w/ buttons n touch screens, people watching,

Dislikes:
Being told no, not being understood, large group games.

Lead Review Completed: _____

Staff: Cindy Perey   **PAI**   Service Recipient: Terry S.

Date: 3.24.22   Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: Id an emotion daily using I-pad

Summarize Steps:
Will be asked to id emotion from 4 choices on I-pad.
Staff will read & point to emotion.

Outcome #2: Choose Someone to sit by during an activity

Summarize Steps:
Staff will inform Terry that she can choose someone to sit next
to during the day.

Communication Style:
eye gazing, vocalizing, facial expression

Learning Style:

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

	List & Describe Supports:
Allergies: ☒ No ☐ Yes	Angioedema
Seizures: ☒ No ☐ Yes	Follow PAI Protocol
Choking: ☒ No ☐ Yes	Dysphagia - swallowing difficulties if mouth is full.
Specialized Diet: ☒ No ☐ Yes	Bite size pieces, thin liquids
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Harrington rods Intermit **DNR/DNI:** ☒ No ☐ Yes Arthritis me Alternating Esotropia C.P. Dysphagia Scoliosis Spastic Quad urinbowl retention
Medication at PAI: ☒ No ☐ Yes	Staff will administer medications.
Personal Cares: ☒ No ☐ Yes	Full support. uses ceiling lift & 2 person transfer Hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Wheelchair that staff propels.
Community Support: ☒ No ☐ Yes	Staff will remain w/ Terry at all times.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Visual impairment, Alternating Esotropia, Cataracts
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Depression/Anxiety Self injurious behavior (scratching) verbal/emotional aggression
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Included in activities, people who know her, humor

Important for:
Care givers know her well, Good balance of participating in an activities

Likes:
Socialize w/ friends & family, music & pet therapy, malls

Dislikes:
Emotional music, people not saying hi, activity going on to long.

Lead Review Completed: _____

Staff: Cindy B.

Date: 3.24.22

PAI

Service Recipient: Ron H.

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Daily Ron will choose a room to visit.

Summarize Steps:

Outcome #2: 1x a month Ron will choose an outing.

Summarize Steps:

Communication Style: Facial expression, body language, stick tongue out

Learning Style:

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

Category	List & Describe Supports
Allergies: ☑ No ☐ Yes	Pineapple, aminophylline, Terramycin, K-eteK, meridlat, saptra
Seizures: ☑ No ☐ Yes	Call 911 - No known seizures since 2001
Choking: ☑ No ☐ Yes	
Specialized Diet: ☑ No ☐ Yes	Pureed food, Staff will assist with feeding.
Chronic Medical Conditions: ☑ No ☐ Yes	CP, Scoliosis, Constipation, Gerd, Hiatal Hernia DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Staff will administer medications
Personal Cares: ☑ No ☐ Yes	Full assistance - 1 person transfer Hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Wheelchair with tilt feature Staff will propel chair
Community Support: ☐ No ☐ Yes	Staff will remain w/ Ron at all times.
Sensory Support: ☑ No ☐ Yes	Right eye blindness, sound sensitivity
Behavior Support: ☐ No ☐ Yes	Self injurious - biting hand
Unsupervised Time: ☐ No ☐ Yes	N/A

Important to: feel sun warmth. Calm routine, routine, informed on what's going on around him.

Important for: Drink adequate fluids, communicate

Likes: Calm environment, tail sounds, light music, Discussion - Paul Bunyon

Dislikes: Loud, chaotic environments, fast wind, cartoons

Lead Review Completed: _____

Staff: Cindy B
Date: 3.24.22

PAI

Service Recipient: Mary Jo H.
Service Span: 8-21 - 8-22

Outcomes:

Outcome #1: Choose a sensory activity using switch
Summarize Steps: Staff will give sensory option that are pre-recorded on switch. Mary Jo will hit the button of choice.

Outcome #2: Use gait trainer
Summarize Steps: Staff will ask MJ if she would like to use gait trainer daily. If no - will ask again later in day.

Communication Style: Direct eye contact, vocal, point - needs extra 30 sec. to process.

Learning Style: Hand over hand, verbal 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: Third hand smoke, latex bandaids.
Seizures: ☐ No ☐ Yes	Describe Supports:
Choking: ☒ No ☐ Yes	Describe Supports: No teeth.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed w/ honey thicken liquid. Assisted from Right side
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Anxiety Stroke Gerd, Hypertension, mood disorder, scoliosis, microcephally DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff will administer medications.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full care needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will propel wheelchair, can bear weight w/ assistance
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will remain with MJ at all times.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Blind - legally
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior - Sucking fingers
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: Family + friends, outside in nice weather, socialize.

Important for: Re-position frequently, walk daily, Beverages thru-out day.

Likes: Disney movies, songs, called Princess, hugs, shopping.

Dislikes: Lg group outings, tuna + peanutbutter, sit in same manner too long.

Lead Review Completed: _____

Outcomes:

Outcome #1: 1x a day Suzy will use picture cards to choose a peer to just talk
Summarize Steps: Walk in gait trainer
1x a day will choose between 2 or 3 pics of people she wants to visit.

Outcome #2: Complete art project 1x a week.
Summarize Steps: Staff will share different art projects Suzy can participate in during the week. Suzy will choose.

Communication Style: Verbally, facial expressions, body language.

Learning Style:

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
Seizures: ☑ No ☐ Yes	Describe Supports: PRN in backpack. Grandmal general Tonic-Clonic 15 secs to 1.5 min. Follow Protocol
Choking: ☑ No ☐ Yes	Describe Supports: Bite size pieces, can eat independently but may require hand over hand w/ spoon.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite size diet
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: CP, Heart murmur DNR/DNI: ☑ No ☐ Yes Epilepsy Pulmonary stenosis, bladder spasm, UTI's
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff will administer medication.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full support - ARJo lift, sit on toilet
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Bear weight w/ transfer support by staff, electric wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will be with Suzy at all times.
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Vision - glasses
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: Family, socializing, swimming, activities

Important for: Stay in good health, [coloring, travel w/ family,] communicate wants/needs

Likes: Walking, swimming, trying new things.

Dislikes: Loud noises, hungry, seizures, not being understood or included.

Lead Review Completed: _____