In-Service Training Log – Oakdale

Date: 3-29-2022

Type of Meeting: All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.00	Maurita Ashleigh			Competency reviews for CW and MS
.75	Emily E, Maddy K. and Ashleigh S.			Semi annual reviews for KV, AM, and JB

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	PD		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	NL		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
3/29/22	VK		Healy, Vanessa
4-1-22	KP		Perry, Kathy

Make Up Date	Initial	EE ID	Managers/Admin
	LH		Hiland, Lindsay
	EE		Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

Competency Tracking Form
Oakdale

Participant: Shelly S **Annual Service Span:** _____

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **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
3/29/22	PD	Paris Dyer
3-29-22	LH	Lisa Hartman
3/29/22	MS	Maurita Sweeney
3/29/22	TL	Tristen Lorsung
3/29/22	AD	Amanda Diaz
4/1/22	SB	Sara Berglund
3/29/22	JP	Jalysa Pratt
3.29.2022	EE	Emily Elsenpeter
3/29/22	TG	Trey Gould
3/29/22	AFM	Alfredo Fierro-Montes
3/29/22	SN	Shelly Nierad
3-29-22	MBP	Mari Basurto Poferl
3-29	NL	Nancy Larson on Linderis
3-29	DST	Deb St. Martin

Date Completed	Initials	Full Name
3/29/22	VK	Kealy, Vanessa
4-4-22	KP	Perry, Kathy

Date Uploaded to LMS: _____

Competency Tracking Form
Oakdale

Participant: Christina Wagner **Annual Service Span:** March 2022-March 2023

Annual Meeting Date: 3.22.2022 **Date Assigned to Lead:** 3.23.2022 **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.

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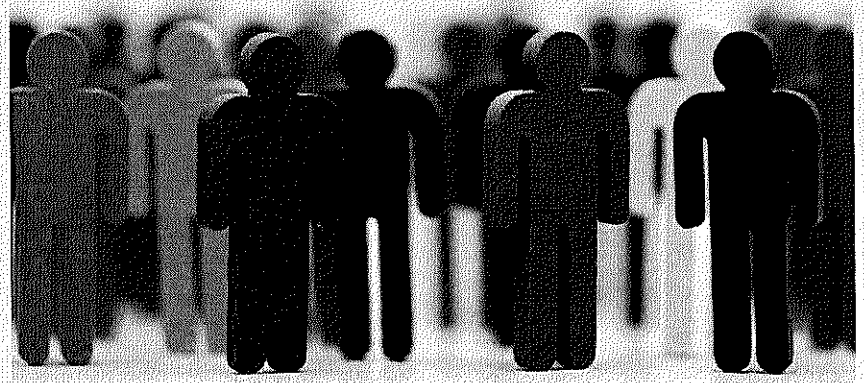
3/29/22	TG	Trey Gould
3/29/22	AFM	Alfredo Fierro-Montes
3/29/22	SN	Shelly Nierad
3-29-22	MBP	Mari Basurto Poferl
3-29	NL	Nancy Larson on Linden's
3/29/22	DST	Deb St. Martin

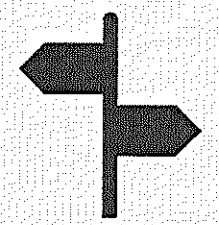
Date Completed	Initials	Full Name
3/29/22	VK	Kealy, Vanessa
~~4/1/22~~	~~KP~~	~~Perry, Kathy~~

Date Uploaded to LMS: _____

PAI-
Linden/Oakdale
Team Meeting

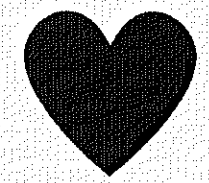


Welcome



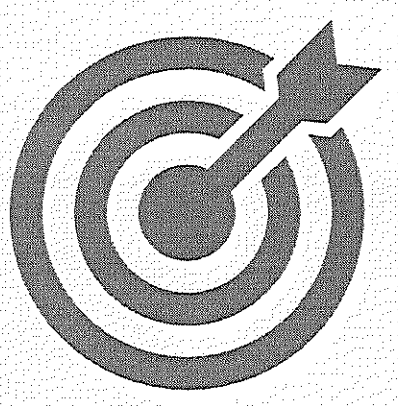
Sign In

Introductions



A moment of gratitude

Agenda

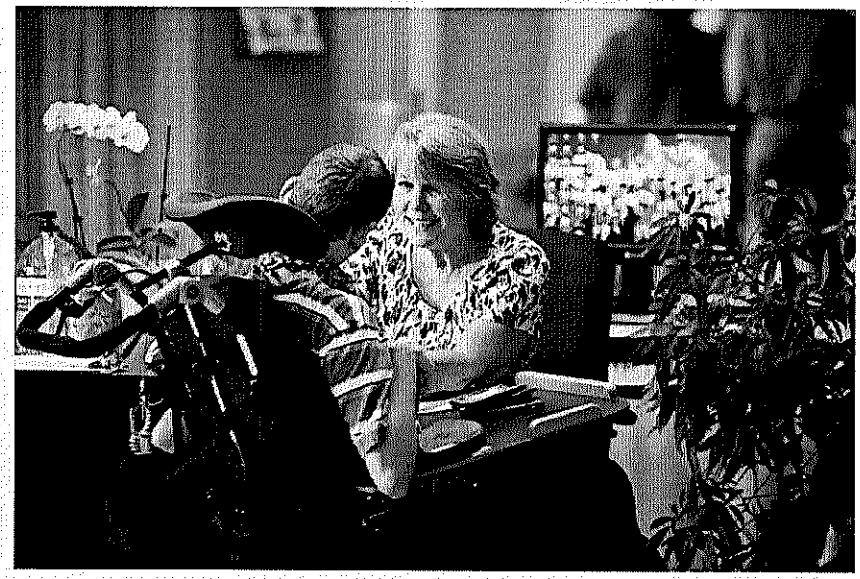


Welcome
Site-Specific Updates
Agency-Wide Updates
Policy and Procedure Review
Employee Handbook Review
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up

Site-Specific Updates

Fire Drill:
-Doors need to be shut after everyone is out of your room (to contain the fire).
-Staff need to go back in and get additional participants.



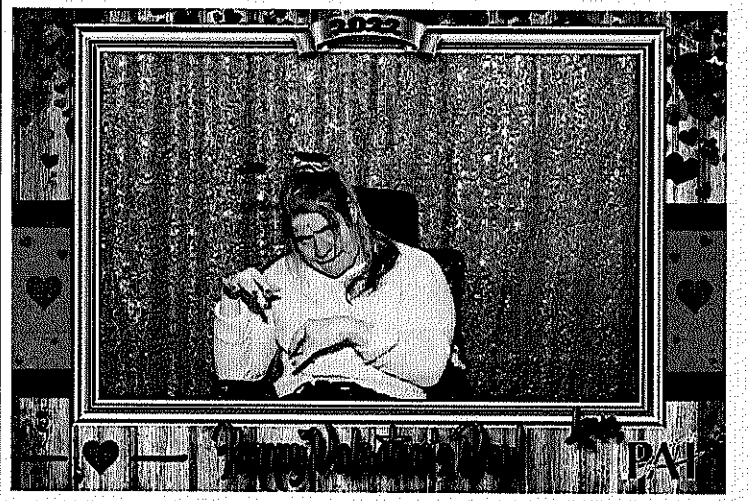
Competency Reviews

Outcome #1: Daily, Christina will identify how she is feeling using emotions on the iPad in 80% of all opportunities. Summarize Steps: **Staff present and review 3-4 options on iPad, time to make her choice.**
Outcome #2: Monthly, Christina will choose an outing to go on in 80% of all opportunities. Summarize Steps: **Staff present 3-4 options using picture cards, describe outing, time to make choice.**
Communication Style: Vocalizations, body language, facial expressions, eye contact, crying, reaching for her communication partner's hand.
Learning Style: Routine and repetition, modeling, verbal, and physical prompts.

Christina Wagner
Annual Span: March 2022-
March 2023

Competency Reviews

Christina Wagner
Annual Span: March 2022-
March 2023

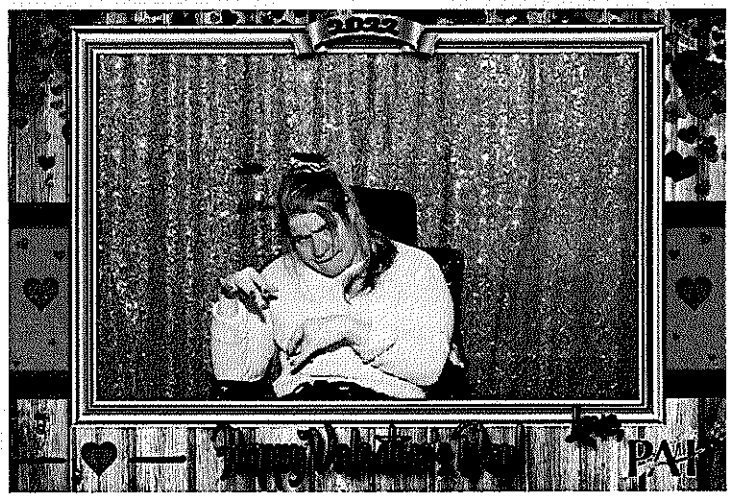


Allergies: ☒ **No** ☐ **Yes**	**List & Describe Supports:** Seasonal allergies: Offer her a tissue to and/or wipe nose when runny, report concerns home, home gives medication
Seizures: ☐ **No** ☐ **Yes** **N/A**	**Describe Supports:** N/A-no seizures
Choking: ☒ **No** ☐ **Yes**	**Describe Supports:** Chopped diet to prevent choking, visually monitored during meals, verbal cues to eat slowly
Specialized Diet: ☒ **No** ☐ **Yes**	**Describe Supports:** Sits in wheelchair, 4 oz cup, small teaspoon, divided plate

Competency Reviews

Chronic Medical Conditions: ☒ No ☐ Yes	**List & Describe Supports:** -GERD: Symptoms communicated to residence -Quadriplegic Cerebral Palsy (CP): May experience problems with sensations, vision, and hearing, swallowing, and speaking. Symptoms communicated to residence -Spasticity: Supported in taking medication daily to reduce tightness, monitored for signs or symptoms of discomfort -Hypertension: Monitored for signs and symptoms of high blood pressure such as headache and dizziness **DNR/DNI:** ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	**Describe Supports:** Medication in soft food followed by a sip of water, medications administered according to the prescriber's order
Personal Cares: ☒No ☐ Yes	**Describe Supports:** Briefs, support with menstrual cares, transferred by 1 staff using a mechanical lift and a 2-point cross leg sling, likes to be told what is being done while completing cares, brief changed regardless of output, concerns and requests communicated to residence.

Christina Wagner
Annual Span: March 2022-March 2023



Competency Reviews

Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** Wheelchair, support in applying her tray, pelvic and safety belts while using her wheelchair, can propel her chair short distances (under 10 feet), staff assist for longer distances and outside the building
Community Support: ☒ No ☐ Yes	**Describe Supports:** Staff provide supervision and physical support in the community, practice pedestrian safety skills, observe surroundings, call 911 in an emergency.
Sensory Support: ☒ No ☐ Yes	**List & Describe Supports:** Sensorineural Hearing Loss: Staff will orient themselves in front of her and within 3-4 feet while speaking loudly and clearly. It is helpful to lightly touch her hand and make eye contact prior to speaking.

Christina Wagner
Annual Span: March 2022-March 2023

Competency Reviews

Christina Wagner
Annual Span: March 2022-
March 2023

Behavior Support: ☒ **No** ☐ **Yes**	**List & Describe Supports:** Self-Injurious (hitting self in face, pulling own hair): Validate feelings, redirect-different activities, encourage communication Physical aggression (loud vocalizations, attempt to hit/grab those around her): Assisted to safe location, watch her, promote safety, when calm-praise
Unsupervised Time: ☒ **No** ☐ **Yes**	**Describe Supports:** No unsupervised time.

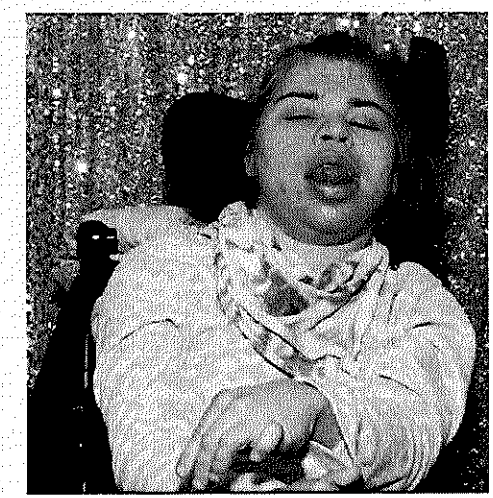
Competency Reviews

Christina Wagner
Annual Span: March 2022-
March 2023

Important to: Routine, having her nails painted, snack and lunch on time
Important for: Use her communication skills when feeling upset or anxious, taking her medication as scheduled, and propel her wheelchair as independently as she is able.
Likes: Having nails painted, hair done, eating (especially Chinese food), snacks, painting, listening to music, playing games, coloring, sensory activities, Music Therapy, bowling, shopping
Dislikes: Having to wait, changing in a room with loud vocalizations, changes in routine, working with newer or unfamiliar staff, loud peers, peers in her personal space bumping into her wheelchair.

Competency Reviews

Shelly Scott
March 2022-March 2023



Outcome #1: Shelly will choose a genre of music to listen to three times a week in 85% or more of trials until her next review.

Summarize Steps:

Offer 2 choices of music genre by playing sample songs, give time to process and choose, play chosen music genre

Outcome #2: Shelly will choose to visit another program room a minimum of once weekly in 85% or more of trials until her next review.

Summarize Steps:

Describe other program rooms and staff, allow time to process and choose, bring her to chosen program room

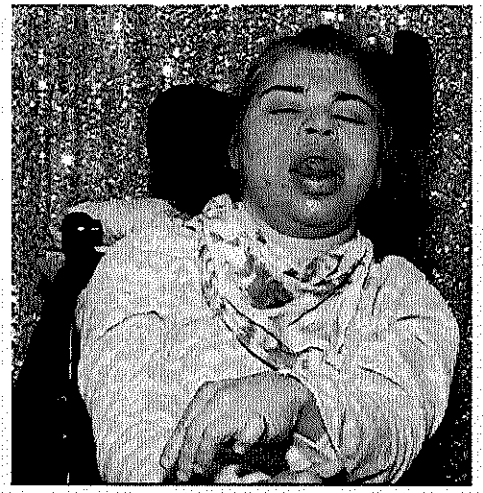
Communication Style: Shelly uses vocalizations, facial expressions and body language to communicate.

Learning Style: Kinesthetic, tactile, auditory, repetition

Competency Reviews

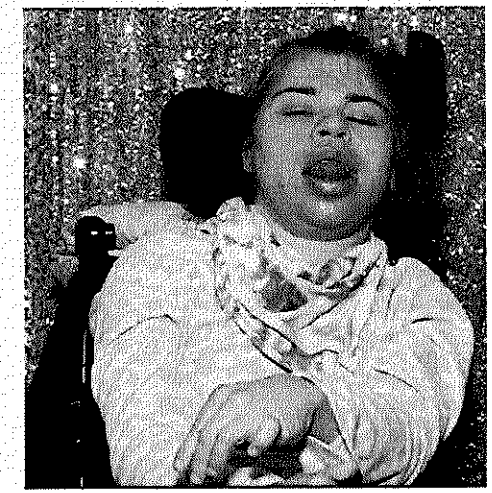
Allergies: ■ **No** ☐ **Yes**	Cats, farm animals, zoo animals and bug bites. Staff will avoid going places she may be exposed to these allergens. Shelly does not participate in pet therapy per guardian request.
Seizures: Epile psy ■**No** ☐ **Yes**	Absent or GTC seizures. Staff will follow Shelly's seizure protocol. Shelly has a PRN seizure med at PAI.
Choking: ■**No** ☐ **Yes**	Pureed diet, at risk of choking if she has food in her mouth while she has a seizure.
Specialized Diet: ■ **No** ☐ **Yes**	Pureed diet, her first bite takes a while to swallow. Allow her time to swallow her first bite.

Shelly Scott
March 2022-March 2023



Competency Reviews

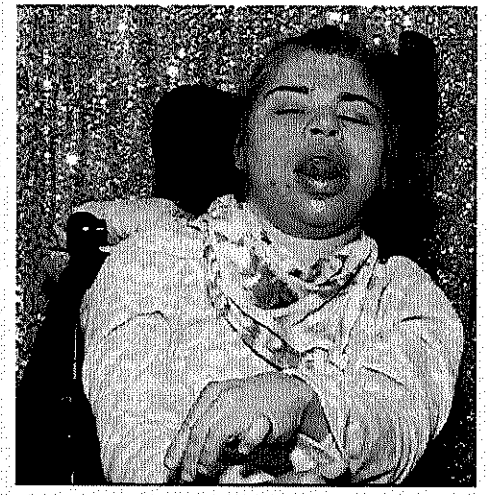
Shelly Scott
March 2022-March 2023



Chronic Medical Conditions: ■ **No** ☐ **Yes**	**List & Describe Supports: DNR/DNI:** No **X Yes** Microcephaly, Severe Rheumatoid Arthritis, Asthma, scoliosis, Upper and lower extremity spasticity, reflexive extensor tone, titanium rods in her back. PAI will report medical concerns to her home.
Medication at PAI: ■ **No** ☐ **Yes**	**Describe Supports:** Receives meds at PAI, including a PRN seizure med.
Personal Cares: ■ **No** ☐ **Yes**	**Describe Supports:** disposable brief, full cares, top bottom lift due, do not twist her back while transferring.
Mobility/Fall Risk: ■ **No** ☐ **Yes**	**Describe Supports:** Staff propel wheelchair, top bottom lift transfers due to spasticity and reflexive movements

Competency Reviews

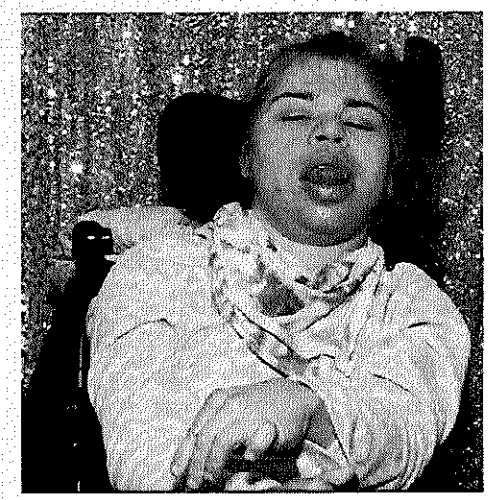
Shelly Scott
March 2022-March 2023



Community Support: ■ **No** ☐ **Yes**	**Describe Supports:** Staff support in the community to propel wheelchair and model appropriate safety skills in the community.
Sensory Support: ■**No** ☐ **Yes**	**List & Describe Supports:** Bilateral cataracts, considered blind, Staff will place things close to her and verbally explain things that are offered.
Behavior Support: ■**No** ☐ **Yes**	**List & Describe Supports:** N/A
Unsupervised Time: ■ ☐ **Yes**	**Describe Supports:** No unsupervised time.

Competency Reviews

Shelly Scott
March 2022-March 2023



Important to: Family, Fidgets, being engaged in activities
Important for: Seizure protocol, dietary needs, familiar staff and advocates
Likes: fidgets, music, hand massages, 1 on 1 time with staff
Dislikes: Feeling tired from seizures, not getting 1 on 1 time with her favorite staff, not having fidgets available

Semi-Annual Reviews

Kim Varness

- Outcome 1: Daily, Kim will choose another programming room to visit in 80% of all opportunities over the next 6 months.
- Outcome 2: Monthly, Kim will choose an outing to go on 80% of all opportunities over the next 6 months.

Semi-Annual Reviews

John Boeck

Outcome 1: Monthly, John will choose a community outing he would like to attend in 85% of trials for a 6-month period.

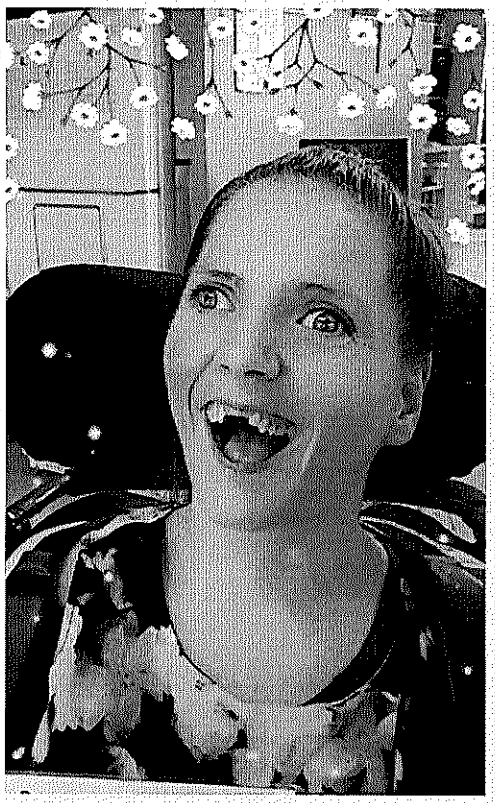
Outcome 2: Twice a week, John will choose another program room to visit in 75% of trials over a 6-month period.

Semi-Annual Reviews

Angelina Mazoleny

Outcome 1: Three times a week, Angelina will choose a room or person to visit in 80% of all trials.

Outcome 2:Monthly, Angelina will greet someone in the community while on an outing 80% of all trials over a 6-month period.

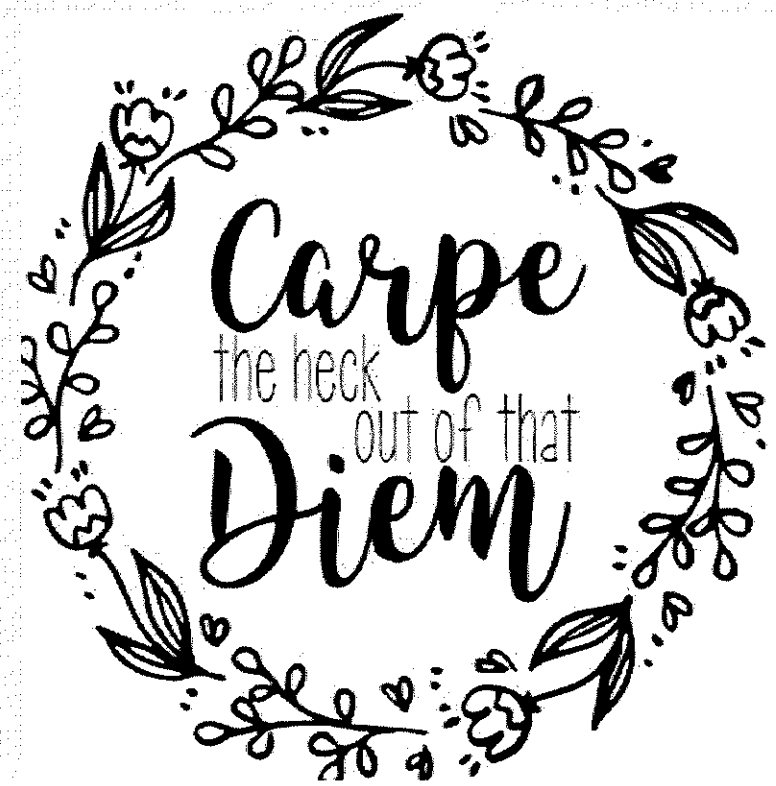


Wrap Up

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?



Staff: Paris D
Date: 3/29/22

PAI

Service Recipient: Christina W
Service Span:

Outcomes:

Outcome #1: Daily Christina will identify feeling using ipad
Summarize Steps: Staff will present 3-4 options on ipad

Outcome #2: Monthly Christina will choose outing to go on
Summarize Steps: Staff will present 3-4 options using pictures cards describing outing. give time to make choice

Communication Style:
Vocalizing, body langauge, crying, facial expressions

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: Seasonal, offer tissue to wipe nose
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: encourage to eat slow Chopped diet to prevent chocking, monitor meals
Specialized Diet: ☒ No ☐ Yes	Describe Supports: 4 oz cup, teaspoon, divided plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, Cerebal Palsy (vision, speaking, swallowing) issues hypertension DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: meds in soft food followed by sip of water
Personal Cares: ☒ No ☐ Yes	Describe Supports: briefs, 1 staff 2pt cross sling, like to know what staff is doing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair, apply tray & safety belts outside building assistance
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provide supervision and physical support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss: Staff will talk in front of her loudly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hitting self in face - pulling hair. (validate feeling - redirect)
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
routine, nails painted, lunchtime, being on time

Important for:
use communication skill, taking meds, propelling chair independently

Likes:
Nails and hair done, eating, painting, music, games, coloring

Dislikes:
Waiting, loud vocalizions, routine changes, unfamiliar staff

Lead Review Completed: Marita Sweeney

Staff: Lisa Hartman

Date: 3-29-22

PAI

Service Recipient: Christina W.

Service Span: March 22 → March 23

Outcomes:

Outcome #1: Daily, identify how she is feeling using emotions.

Summarize Steps: on I pad present + review 3-4 options on I pad, time to make choice

Outcome #2: Monthly, will choose an outing to go on.

Summarize Steps: 3-4 options using picture cards, describe outing time to make choice

Communication Style: Voc., body language, crying facial ex: eye contact reaching for hand

Learning Style: routine repetition, modeling verbal + physical prompt

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 - offer tissue report concerns to home
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: chopped diet, visually monitored verb. cues to eat slowly
Specialized Diet: ☑ No ☐ Yes	Describe Supports: chopped diet, ~~thin~~ sit in w/c 4 oz cup small teaspoon, divided plate
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: GERD, CP, spasticity, ~~hy~~ hypertension - problems comm. to home DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: med in soft food - sip H_2O, per order
Personal Cares: ☑ No ☐ Yes	Describe Supports: briefs trans x 1 staff mechanical lift + 2 pt cross sling - tell what is being done & regardless of output
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: w/c, tray, pelvic + safety belts s. propel 10 ft support outside + longer than 10 ft. - (by staff)
Community Support: ☑ No ☐ Yes	Describe Supports: staff provide supervision + safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: sensorineuro ~~hearing~~ hearing loss - orient in front 3-4 ft. speak loudly + clearly speaking touch hand / eye contact prior to
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: S.I.B (hitting self in face, pulling hair) validate, redirect PA - loud voc., attempt to hit/spit promote safety, when calm praise
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: ∅ unsupervised time

Important to: routine, nails painted, lunch + snacks, on time eating

Important for: use comm. skills when upset or anxious, medications propel chair as ind. as possible

Likes: nails painted, hair done (eating-chicken), snacks, painting, music, games, coloring, sensory, bowling, shopping, Music therapy

Dislikes: having to wait, Δ in routine, Δ in room, loud voc., working w/ new/unfamiliar staff

Lead Review Completed: Maureen Sweeney

Staff: Maurita Sweeney

Date: 3.29.2022

Service Recipient: Christina Wagner

Service Span: March 2022-2023

Outcomes:

Outcome #1: Daily, Christina will identify how she is feeling using emotions on the iPad in 80% of all opportunities.
Summarize Steps:
Staff present and review 3-4 options on iPad, time to make her choice.

Outcome #2: Monthly, Christina will choose an outing to go on in 80% of all opportunities.
Summarize Steps:
Staff present 3-4 options using picture cards, describe outing, time to make choice.

Communication Style: Vocalizations, body language, facial expressions, eye contact, crying, reaching for her communication partner's hand.

Learning Style: Routine and repetition, modeling, verbal, and physical prompts.

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

Allergies: ☒ No ☐ Yes	**List & Describe Supports:** Seasonal allergies: Offer her a tissue to and/or wipe nose when runny, report concerns home, home gives medication
Seizures: ☐ No ☐ Yes N/A	**Describe Supports:** N/A-no seizures
Choking: ☒ No ☐ Yes	**Describe Supports:** Chopped diet to prevent choking (1" X 1"), visually monitored during meals, verbal cues to eat slowly
Specialized Diet: ☒ No ☐ Yes	**Describe Supports:** Sits in wheelchair, 4 oz cup, small teaspoon, divided plate
Chronic Medical Conditions: ☒ No ☐ Yes	**List & Describe Supports:** GERD: Symptoms communicated to residence Quadriplegic Cerebral Palsy (CP): May experience problems with sensations, vision, and hearing, swallowing, and speaking. Symptoms communicated to residence Spasticity: Supported in taking medication daily to reduce tightness, monitored for signs or symptoms of discomfort Hypertension: Monitored for signs and symptoms of high blood pressure such as headache and dizziness DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒☐ No ☐ Yes	**Describe Supports:** Medication in soft food followed by a sip of water, medications administered according to the prescriber's order
Personal Cares: ☒No ☐ Yes	**Describe Supports:** Briefs, support with menstrual cares, transferred by 1 staff using a mechanical lift and a 2-point cross leg sling, likes to be told what is being done while completing cares, brief changed regardless of output, concerns and requests communicated to residence.
Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** Wheelchair, support in applying her tray, pelvic and safety belts while using her wheelchair, can propel her chair short distances (under 10 feet), staff assist for longer distances and outside the building
Community Support: ☒ No ☐ Yes	**Describe Supports:** Staff provide supervision and physical support in the community, practice pedestrian safety skills, observe surroundings, call 911 in an emergency.
Sensory Support: ☒ No ☐ Yes	**List & Describe Supports:** Sensorineural Hearing Loss: Staff will orient themselves in front of her and within 3-4 feet while speaking loudly and clearly. It is helpful to lightly touch her hand and make eye contact prior to speaking.
Behavior Support: ☒ No ☐ Yes	**List & Describe Supports:** Self-Injurious (hitting self in face, pulling hair): Validate feelings, redirect-different activities, encourage communication Physical aggression (loud vocalizations, attempt to hit/grab those around her): Assisted to safe location, watch her, promote safety, when calm-praise

Lead Review Completed: _____

Staff: Maurita Sweeney

Date: 3.29.2022

Service Recipient: Christina Wagner

Service Span: March 2022-2023

Unsupervised Time: ☒ No ☐ Yes	**Describe Supports:** No unsupervised time.
Important to: Routine, having her nails painted, snack and lunch on time	
Important for: Use her communication skills when feeling upset or anxious, taking her medication as scheduled, and propel her wheelchair as independently as she is able.	
Likes: Having nails painted, hair done, eating (especially Chinese food), snacks, painting, listening to music, playing games, coloring, sensory activities, Music Therapy, bowling, shopping,	
Dislikes: Having to wait, changing in a room with loud vocalizations, changes in routine, working with newer or unfamiliar staff, loud peers, peers in her personal space bumping into her wheelchair.	

Lead Review Completed: _____

Staff: Tristen Lossung

Date: 3/29/22

Service Recipient: C.W.

Service Span: March 2022-23

Outcomes:

Outcome #1: Identify how she is feeling

Summarize Steps: • present 3-4 options
- give time
• Spud

Outcome #2: Choose an outing to go on

Summarize Steps: - picture cards
- 3-4 choices
- time given

Communication Style: vocalizations, body lang., body lang.

Learning Style: routine & repitition, verbal/physical prompts

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet, verbal cues to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: 4oz cup, teaspoon small, divided plate, sits in her own chair
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: C.P., Gerd, Hypertension, spasticity DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Soft food used followed by sip
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, lift, cross leg sling, changed regardless,
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lap tray, pelvic safety belts, propel self short distance, staff assist long distances
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensorineural hearing loss, clearly talk 3-4ft away
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Self injurious, hitting self, pulling hair, redirect
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None Here.

Important to: routine, nails painted, lunch time

Important for: medication, comm. when upset, propel independently

Likes: hair done, nails painted, music

Dislikes: waiting, loud peers, changes in routine.

Lead Review Completed: [signature]

Staff: Amanda Diaz
Date: 03/29/2022

PAI

Service Recipient: CW
Service Span: 03/22 - 03/23

Outcomes:

Outcome #1: Daily, Christina will identify how she is feeling.
Summarize Steps: Staff will show choices on Ipad
- make choice on Ipad

Outcome #2: Monthly, Christina will choose an outing to go on.
Summarize Steps: will be presented 3-4 options to choose from

Communication Style: Vocalizations, body language, facial expression, grabbing partners hand, crying

Learning Style: rep, modeling, 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: seasonal allergies, report concerns to home
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet to prevent choking, verbal cues to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sits in wheelchair, 4oz cup small mouthcare spoon divided plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, quadraplegic CP, Spasticity concerns, Hypertension DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: meds given in soft food then a sip of water
Personal Cares: ☐ No ☐ Yes	Describe Supports: Briefs support w/menses cares, 1 staff with lift and 2 point cross sling. Must always change
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair, supported with tray, lap belt, able to propel short distance
Community Support: ☒ No ☐ Yes	Describe Supports: staff provide supervision and support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Sensoneural hearing loss, stand in front of her 3-4 feet, touch prior to speaking
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: self-injurious (hitting and pulling own hair) validate feelings, may grab friends
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised alone time

Important to: Routine, having nails done, snacks, lunch time

Important for: use her communication skills when feeling upset or anxious to propel her chair when able

Likes: nails done, hair done, eating, snacks, painting, listening to music, color, sensory

Dislikes: Having to wait, changing in a room that is loud, change to routine, ~~unfamiliar~~ new staff

Lead Review Completed: Maurita Sweeney

Staff: Sara B
Date: 4/1/22

PAI

Service Recipient: Christina
Service Span: _____

Outcomes:

Outcome #1: Daily identify how she is feeling using an app
Summarize Steps: Staff will present & reviewed 3/4 options on ipad. 80%

Outcome #2: Morning Christina will choose an activity
Summarize Steps: 3-4 options using picture cards 80%
describe activity

Communication Style: vocalizations body language speech-speaking up contact crying reaching for hands.

Learning Style: Routine & repetition modeling verbal physical prompt.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal allergies after tissue wipe nose report concern to home
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: chopped diet visual monitor during meals
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sits in wheelchair 4 oz cup small tea divided plate
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Gerd-report home spasticity-daily med. headache hypertension high blood monitor signs pressure DNR/DNI: ☑ No ☐ Yes CP-problems w/ sensation vision hearing swallow
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff good follow by supervisor.
Personal Cares: ☑ No ☐ Yes	Describe Supports: always changed. 1 staff lift 2 point cross leg sling. Needs support w/ menstrual cares
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: wheelchair, tray pelvic belts short distance under 10ft
Community Support: ☑ No ☐ Yes	Describe Supports: supervision physical support safety skill observe surroundings
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: hearing loss 3-4 ft away when speaking. pitch hand make eye contact
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: self injurious hitting face hair pulling. physical
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to: Routine nails painted snack & lunch time

Important for: comm skills when upset taking med propel wheelchair.

Likes: Sreaping nails painted hair done eating snacks painting games coloring listening to music

Dislikes: having to wait changing w/ loud noise unfamiliar staff personal space

Lead Review Completed: _____

Staff: Jalysa Pratt

Date: 3/29/22

Service Recipient: Christina Wagner

Service Span: Mar 22 - Mar 23

Outcomes:

Outcome #1: Daily will identify how she's feeling.

Summarize Steps: staff will presen + 3-4 options.

Outcome #2: Monthly she will choose an outing to go on.

Summarize Steps: staff will presen + 3-4 options

Communication Style: vocalization, body lang, facial expression, eye contact, reaching, crying, partners hand.

Learning Style: Routine + repetetion, verbal, physical prompts

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal, tiss use offered, or assist, report concerns
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: chopped diet, visual monitoring, verbal cues to slow down if needed.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sits in wheelchair, 4 oz cup, divided Plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, Quadriplegic DNR/DNI: ☒ No ☐ Yes CP, spasticity, Hyper tension.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds in soft foods, and a sip of water.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disaposable briefs, support with menstrual, 2 point sling, likes to be told whats happening.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair, applying tray, safety belt. can propel herself 10 ft. Assist outside of PAI.
Community Support: ☒ No ☐ Yes	Describe Supports: staff provides supervision, physical support in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss. Staff will speak loud and clear. 3-4 ft. lightly touch her hand before speaking.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injury, validate her feelings Physical aggression, loud vocalization.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None.

Important to: Routine, nails painted, lunch on time, snacks.

Important for: Use her communication skills, taking her meds, self propel if able.

Likes: Nails painted, hair done, eating, painting, music, games, sensory, shopping, and bowling.

Dislikes: Having to wait, changing in a room that is too loud. changes in routine, working with unfamiliar staff.

Lead Review Completed: Maurita Sweeney

Staff: Emily Eisenpeter
Date: 3.29.2022

PAI

Service Recipient: Christina Wagner
Service Span: March 2022 - March 2023

Outcomes:

Outcome #1: Identify how feeling using emotions on iPad.
Summarize Steps:
3-4 options, time to make choice using iPad

Outcome #2: Choose outing.
Summarize Steps:
3-4 options using picture cards, time for choice

Communication Style:
Vocalizations, body lang., crying, reaching for hand, facial express. eye contact

Learning Style:
Routine & Repitition, modeling, verbal & physical prompts

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal: offer tissue to wipe nose/assist, report concerns; home gives med
Seizures: ☐ No ☐ Yes N/A	Describe Supports: No history of seizures
Choking: ☒ No ☐ Yes	Describe Supports: Chopped 1x1, visually monitored, verbal cues to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sits in wheelchair, 4oz cup, divided plate, small teaspoon
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GERD-communicate symptoms; CP-communication of symptoms; Spasticity-Medication, monitor; Hypertension-Monitor headache, dizziness; DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: in soft food w/ H_2O
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, 1 staff transfer, 2 pt. cross sling, brief always changed communication
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair, support in applying safety straps, can maneuver indep. for shorter distances
Community Support: ☒ No ☐ Yes	Describe Supports: Supervision @ all times, observe surroundings, if needed 911
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing Loss-Document w/ in 3-4 feet, loud & clearly, eye contact, touch hand
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hit self in face, pull hair; redirect, encourage communicate; Aggression-Hit/grab, promote safety, safe location
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Routine, nails painted, lunch/snacks on time

Important for:
use communication skills, meds as scheduled, propel wheelchair

Likes:
Nails painted, hair done, eating, music, games, sensory, bowling

Dislikes:
Waiting, changes in routine, unfamiliar staff, peers in her space/bumping into her

Lead Review Completed: Maureen Sweeney

Staff: Trey Gould
Date: 03/29/22

PAI

Service Recipient: Christina W
Service Span: 03/22 - 03/23

Outcomes:

Outcome #1: Christina will identify how she is feeling using emotions on ipad Summarize Steps: 3-4 options ipad, Time for Choice	
Outcome #2: Choose monthly outing to go on Summarize Steps: 3-4 options picture cards	
Communication Style: Vocalizations, body language, facial expressions, eye contact, crying,	
Learning Style: routine and repitition, modeling, verbal and physical prompts	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: offer a tissue, wipe nose/help wipe, report to home
Seizures: ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet, visually monitored, verbal cues to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sits in wheel chair, small teaspoon, diveded plate, 4oz cup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Gerd, Quadripilegic CP, Spasticity, Hypertension DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: medication in soft food followed by sip of water, physicians ordered
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, 1 staff using mechanical lift and a 2 point cross sling, told what is done
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheel chair, supported, propel short distances under 10 feet, staff assist with longer distances
Community Support: ☒ No ☐ Yes	Describe Supports: Supervision and physical support, practice safety skills, if needed call 911
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss, orient in front 3-4 feet speak loudly, touch hand and make eye contact
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious (hitting face), validate feelings, redirect, physical aggression (watch, promote safety)
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO unsupervised time

Important to: routine, nails painted, lunch time
Important for: Communication skills, taking meds, propel wheel chair as independently as able
Likes: Nails painted, hair done, eating, snacks, painting, music, playing games, music therapy
Dislikes: walking, change in routines, working with new staff, loud peers in personal space,

Lead Review Completed: Maureen Sweeney

Staff: Alfredo Fierro-Montes
Date: 3/29/22

PAI

Service Recipient: Christina Wagner
Service Span: Mar 22-23

Outcomes:

Outcome #1: Daily, Christina will identify how she's feeling on the ipad
Summarize Steps:
Staff present and review 3-4 options.

Outcome #2: Monthly, Christina will choose an outing to go on in.
Summarize Steps:
Staff present options using 3-4 picture cards.

Communication Style:
Vocalizations, Body language, facial expressions.

Learning Style:
Routine and Repitition, modeling, verbal and physical.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal Allergies, home gives medications.
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet to prevent choking. 1 in by 1 in pieces.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sits in wheelchair, 4 oz cup, teaspoon, divided plate.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GERD, Quadriplegic Cerebral Palsy, Hypertension. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds taken in soft foods.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, supported w/ menstrual cares, 2 point sling.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has wheelchair, assisted w/ table, short distance travel.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff provide supervision/physical support.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Hearing loss, 3-4 ft. when speaking loudly. Eye contact.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self-injurous behavior, redirect to different activities.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to:
Routine, nails painted, lunch/snacks, lunch on time

Important for:
Use her comm. skills when upset, taking meds, independently using wheelchair

Likes:
Painted nails, hair done, eating, snacks, painting, music, sensory, Music Therapy.

Dislikes:
Waiting, Changing to a loud room, new/unfamiliar staff, loud peers.

Lead Review Completed: Maureen Sweeney

Staff: Shelly Nierad
Date: 03/29/2022

PAI

Service Recipient: Christina W. Wagner
Service Span: 03/22 | 03/23

Outcomes:

Outcome #1: Ident how she's feeling on I pad. 80%.
Summarize Steps: Staff present 3-4 options give time to make choice

Outcome #2: Choose outing to go on 80%.
Summarize Steps: Staff present 3-4 pic cards/descriptions give time to make choice

Communication Style:
Vocalization, Body lang. facial exp. crying, reaching

Learning Style:
Routine Repetition, verbal/physical prompst, modeling.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasona allergies - tissues avai Report-concerns to hom
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Chopped diet 1x1 size, verbal cues eat slowly visually monitored
Specialized Diet: ☒ No ☐ Yes	Describe Supports: 4oz cup, Sm tsp. divided plate
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Hypertention Report to Residence Gerd, symptoms, Quadraplic CP - Spasticity Concern — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Soft food, Sip of water - follow physician order
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, Hoyer lift, 2 pt crossling, tell her whats being done
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: wheelchair, tray, safety belts, propel short distances staff will assist long distances
Community Support: ☒ No ☐ Yes	Describe Supports: Provide supervison + support in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: speak loudly hearing loss - staff will make eye contact and touch hand
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: loud vocalizations may hit others promote safety SIB - hitting face, pulling hair - Redirect & validate feelings
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO alone time

Important to:
Routine, nails painted, lunch/snacks, on-time

Important for:
Comm. skills, taking meds as prescribed, propelling w/c ind. as able

Likes:
nails painted, hair done, eating (Chinese), snacks, paintings, Bowling, Shopping, music, color games, w/c sensory act.

Dislikes:
having to wait, loud vocalizations, change to routine, work with new unfamilar staff, people bumping into her

Lead Review Completed: Maurita Sweeney

Staff: Mari BP

Date: 3-29-22

PAI

Service Recipient: Christina N

Service Span: 3-22/3-23

Outcomes:

Outcome #1: Daily Christina will identify emotion on iPad.

Summarize Steps:
- In 80% of all trials or more
- will be presented iPad w/ various emotions to choose from.

Outcome #2: Monthly Christina will choose an activity to go on.

Summarize Steps:
- staff will provide picture cards & describe each place

Communication Style: Vocalizations, body language, eye contact & cries

Learning Style: routine, repetition, verbal & physical prompts, & modeling

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies, offer tissue or help wipe her nose
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: has chopped meal, given verbal cues to eat slowly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: sitting in wheelchair, uses divided plate & small teaspoon
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GERD, quadraplegic cerebral palsy, specificity, cancerous hypertension — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds in soft food followed by water
Personal Cares: ☒ No ☐ Yes	Describe Supports: Christina wears briefs & supported in menstrual cares, uses 2 paid cares sling, likes brief changed regardless of output.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Christina has wheelchair, uses tray & pelvic straps, can propel short distances
Community Support: ☒ No ☐ Yes	Describe Supports: staff provide supervision & physical support while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Has hearing loss, staff will directly approach her in a loud voice
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Has self injurious behavior - pulling hair & picking lips, loud vocalizations redirect & encourage communication
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Routine, nails painted, lunch time, snacks, on time

Important for: use communication skills, taking meds, propelling wheelchair independently.

Likes: Nails painted, hair done, eating chinese food, snacks, music & games, sensory activities, painting

Dislikes: Having to wait, in a loud room, changes to routine, working w/ new unfamiliar staff, ppl bumping into her

Lead Review Completed: Maurita Sweeney

Staff: Deb St Maurice
Date: 3/29/2022

PAI

Service Recipient: Christina Wapner
Service Span: March 2022 - 2023

Outcomes:

Outcome #1: Daily identify how feeling on good 80%	
Summarize Steps: Present 3-4 options give time to make choice	
Outcome #2: Monthly Choose outing 80%	
Summarize Steps: present 3 to 4 options w/ pic cards + discuss outing give time to make choice	
Communication Style: Vocalizations, eye contact, crying, body language reaching for hand	
Learning Style: Routine, repetition, verbal, modeling, physical prompts	

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal allergies, other tissue/help wipe nose home gives meds for allergies
Seizures: ☐ No ☐ Yes	Describe Supports: n/a
Choking: ☑ No ☐ Yes	Describe Supports: Chopped diet 1"x1" bite size - usually monitored cue to eat slowly
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Wheelchair, 4oz cup, teaspoon, divided plate
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: GERD, Quadriplegic Cerebral palsy DNR/DNI: ☑ No ☐ Yes vision, hearing, swallow, spasticity (meds daily to reduce tightness) hypertension (headache, dizziness)
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Meds in soft food + sip of water - meds per physicians order
Personal Cares: ☑ No ☐ Yes	Describe Supports: briefs + support w/ menses Verbally let know what day	change
1 staff transfer w/ mech lift, 2pt cross slide - change 3 times/day
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: wheelchair - tray + pelvic belt - can self propel under 10ft - staff assist all other times
Community Support: ☑ No ☐ Yes	Describe Supports: full support in community - Pod skills + closing surroundings call 911 if needed
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Hearing loss - 3-4ft in front of her speak loudly + clearly - light touch hand + make eye contact prior to speaking
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: SIB - hitting self in face, pulling hair - redirect verbally + redirect engage to activity - hot/grab items around her - praise when calmed - massage hair
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None
Important to: Routine, nails painted, lunch + snacks, lunch on time,	
Important for: use communication skills when upset in conversations, taking meds as prescribed, propelling wheelchair as she is able	
Likes: nails painted, chair dance, eating (esp Chinese food) snacks, pounding, listening to music, games, coloring, sensory, music therapy, body shopping	
Dislikes: to wait, changes in a room w/ loud vocalizations, changes to routine, new to unfamiliar staff, loud pers in her space, people bumping into her wheelchair	

Lead Review Completed: Martha Sweeney

Staff: Vanessa Kean
Date: 3/29/2022

PAI

Service Recipient: Christina Wagner
Service Span: 3/22-3/23

Outcomes:

Outcome #1: daily she will identify how she is feeling using emotion icon iPad	
Summarize Steps: Staff present & review 3-4 options on iPad time to make her choice	
Outcome #2: Monthly she will choose an outing to go on 50% of all outings	
Summarize Steps: Staff will give 3-4 options using pic. cards. describe outing, time to make choice	
Communication Style: eye contact, facial expression reaching	
Learning Style: Routine Repition, Verbal, modeling	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal allergies / upper tissue & nose
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: Visually monitor during feedings.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Chopped diet 1"by1" bites / Verbal cues to eat slowly / 4oz cup, divided plat, teaspoon.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: GERD / Quadroplegic Cerebral Palsy Spacisity / Hypertension DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds w/soft food followed by water.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wheres briefs supported through menstrual / 2 Point cross leg sling (lift) / 1 staff
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheel chair supported in applying safty belt, can propell chair short distances
Community Support: ☒ No ☐ Yes	Describe Supports: Provide supervision / Physical support in community /
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: hearing loss staff will orient self in front of her & speak loudly / clearly lightly touch hand
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injuries / pulling hair / hitting face, validate her feelings. loud vocalizations may hit someone close redirect / praise.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Routine, nails painted / lunch time, snacks, no waiting on time

Important for: Use communication skills, taking meds, propelling chair as independantly as far as is able

Likes: nails painted / hair done, cheese food, snacks, music, painting, color, playing games bowling, shopping.

Dislikes: having to wait, changing in routine, loud vocalizations, ~~working w/ new staff~~ PPI bumping into wheel chair.

Lead Review Completed: Miranda Sweeney

Staff: Paris D

Date: 3/29/22

PAI

Service Recipient: Shelly Scott

Service Span:

Outcomes:

Outcome #1: Shelly will use genre of music to listen to 3x per day.

Summarize Steps: offer 2 choices by playing sample songs. Give time to process.

Outcome #2: Shelly will choose to visit another room.

Summarize Steps: Describe other program rooms and staff

Communication Style:

~~Verbal~~ vocalizations, facial expressions, body language

Learning Style:

Kinesthetic, tactile, Auditory, 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: Cats, farm animals and bug bites
Seizures: ☒ No ☐ Yes	Describe Supports: Absent or Gtc Seizures
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet (At risk of choking if food is in mouth while having seizure)
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet first bite takes a while
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes mycrocephaly, Severe Rheumatoid Arthiritis Upper and lower ~~and~~ extremity spasticity
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, Top and bottom lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, top bottom lift
Community Support: ☒ No ☐ Yes	Describe Supports: Support propelling wheelchair while in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: blind, place things close and explain
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:

family, fidgets, activities

Important for:

Seizure protocol, dietary needs, familiar staff

Likes:

music, hand massages, 1:1 on time

Dislikes:

feeling tired from seizures, Not getting 1on1 time

Lead Review Completed: AS

Staff: Lisa Hartman

Date: 3-29-22

PAI

Service Recipient: Shelley S.

Service Span: March 22 - March 23

Outcomes:

Outcome #1: Choose genre music to listen x 3	
Summarize Steps: Offer 2 choices - play sample son, time to process, play chosen music	
Outcome #2: Choose to visit another program room 1 x wk (minimum).	
Summarize Steps: describe prog. rooms + staff, time to process + choose, bring to chosen room	
Communication Style: vocalizations, facial expressions + body language	
Learning Style: Kinesthetic, tactile, auditory, 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: cats, farm animals, zoo animals, bug bites Ø pet therapy
Seizures: ☑ No ☐ Yes	Describe Supports: GTC / Absent follow protocol PRN @ PAI
Choking: ☑ No ☐ Yes	Describe Supports: Pureed - during seizure risk of choking if food in mouth
Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed 1st bite takes awhile to swallow - allow time to swallow 1st bite
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: microcephaly - severe CA, Asthma, rods in back report to home DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: PRN seizure med - takes meds @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: full cares top bottom lift brief Ø twist back
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: top / bottom lift, staff propel w/c
Community Support: ☑ No ☐ Yes	Describe Supports: staff propel w/c + model safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: bilateral cataracts (legally blind) place staff in front of her + describe
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: Ø unsupervised time
Important to:	family, fidgets, being engaged in activities
Important for:	Seizure protocol, dietary needs familiar staff + advocates
Likes:	fidgets, music, hand massages, 1:1 w staff
Dislikes:	falling tired from seizure, o. 1:1 time c favorite staff - not having fidgets available

Lead Review Completed: AS

Staff: Maunta Sweeney

Date: 3/29/22

PAI

Service Recipient: Shelley S.

Service Span: March'22-'23

Outcomes:

Outcome #1: Will choose genre of music to listen to.

Summarize Steps: Offer 2 genres by playing sample songs, give time to practice.

Outcome #2: Shelley will choose a program room to visit.

Summarize Steps: Describe other program rooms to visit allow time to process and choose.

Communication Style: Vocalization, facial expressions, body language to communicate.

Learning Style: tactile, auditory, kinethetic, 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: Cats, Farm/zoo animals/bug bites
Seizures: ☑ No ☐ Yes	Describe Supports: GTC/Absent, SZ protocol with med.
Choking: ☑ No ☐ Yes	Describe Supports: pureed diet, Risk of choking
Specialized Diet: ☐ No ☐ Yes	Describe Supports: pureed. takes a while to swallow, allow time to swallow first bite.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Microcephaly, Arthritis, Asthma, Scoliosis, Has rods in back. DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: PRN SZ medication Recieves medications per Dr. order
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full cares, top bottom lift, No twisting while transfering. wears Briefs
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Top bottom lift wheelchair propelled by staff
Community Support: ☑ No ☐ Yes	Describe Supports: Staff propel wheelchair, monitor safety skills in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Bilateral Cataracts. place items close to her and verbally explain what is close to her.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO unsuperised time.

Important to: Family, fidgets, being engaged

Important for: SZ protocol, dietary needs, familiar

Likes: hand massages, 1:1 time staff, music,

Dislikes: being fired from seizures, haveing no fidgets available.

Lead Review Completed: AS

Staff: Tristen Lorsung

Date: 3/29/22

Service Recipient: [redacted] S.S.

Service Span: March 2022 - 23

Outcomes:

Outcome #1: Choose a genre of music to listen to Summarize Steps: - offer 2 choices - Honor choice - sample them - give time to choose	
Outcome #2: Choose another program room to visit Summarize Steps: - describe choices - Honor choice	
Communication Style: Vocalization, facial expression, body lang.	
Learning Style: Kinesthetic, tactile, auditory, repitition,	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: cats, farm animals, zoo animals, dog bites, no pet therapy
Seizures: Epilepsy ☒ No ☐ Yes	Describe Supports: Absent, GTC protocol
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: First bite takes a while to eat, allow her time to swallow.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: microcephaly, asthma, scoliosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: meds & PRN here
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, top/bottom lift, full cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff assist in propelling her in her wheelchair. Top/Bottom lift
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 supervision
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Bilateral cataracts - considered legally blind
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None allowed
Important to: Family, fidgets, engaged in activities	
Important for: dietary needs, seizure protocol, familiar staff	
Likes: fidgets, lon1 time, music	
Dislikes: No fidgets, no lon1 time, feeling tired from seizures.	

Lead Review Completed: AB

Staff: Amanda Ra
Date: 03/29/2022

PAI

Service Recipient: SC
Service Span: March 22 - March 23

Outcomes:

Outcome #1: Shelly will choose a song 3 times a week.
Summarize Steps: Offer 2 choices music genre by playing sample song.

Outcome #2: Shelly will choose to visit another program room once weekly
Summarize Steps: – Describe other rooms and staff
– give time to choose

Communication Style: vocalizionts, facial expressions, body language

Learning Style: tactile, rep,

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: cats, farm animals, zoo animals, bug bites
Seizures: ☑ No ☐ Yes	Describe Supports: Absent GTC seizures, staff will follow Shelly's seizure protocol
Choking: ☑ No ☐ Yes	Describe Supports: pureed diet, at risk of choking if has food in her mouth
Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed diet first bite may take a while
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Microcephaly, Rheumatoid arthritis, Asthma, ~~Scolis~~ scoliosis DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Receives meds @ PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable briefs full cares
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Staff propel wheelchair, top bottom lift
Community Support: ☑ No ☐ Yes	Describe Supports: staff support in community to propel wheelchair & model appropriate safety skills
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Bilateral cataracts
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No unsupervised time

Important to: family, fidgets, being engaged

Important for: seizur protocol, dietary needs, familiar staff

Likes: fidgets, music 1:1 ~~wif~~ with favorite staff

Dislikes: feeling tired from seizures, not getting 1:1 w/ favorite staff

Lead Review Completed: AS

Staff: 4/1/22
Date: Sarah

PAI

Service Recipient: Shelley
Service Span:

Outcomes:

Outcome #1: choose genre music to listen to 3 times a week 85%
Summarize Steps: offer 2 choice of music sample give time to process play choosen song.

Outcome #2: visit another program room once weekly.
Summarize Steps: describe staff & room allow time to process bring to choosen room.

Communication Style: verbal cues facial expressions & body language to comm

Learning Style: kinesthetic, tactile, auditory, 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: cats, farm animals, bees & bug bites avoid places no pet therapy.
Seizures: ☑ No ☐ Yes	Describe Supports: Absent or tic seizures follow protocol prn med.
Choking: ☑ No ☐ Yes	Describe Supports: pureed diet risk of choking while food in mouth & have seizure.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed diet first bite take awhile to swallow. allow time.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: severe rheumatoid arthritis microcephaly upper lower spasticity reflexes asthma scoliosis extension tone thoracic rod in back DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: RA prn seizure med.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief full cares top bottom lift don't twist back while transfer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff propel wheelchair top bottom lift spasticity reflexive mov.
Community Support: ☑ No ☐ Yes	Describe Supports: support in comm. propel chair model app. safety slides
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: Bilateral cataracts consider Blind place things to touch verbally explain
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: none

Important to: family fidgets bey engaged in acts N HS

Important for: Seizure protocol dietary needs familiar staff

Likes: fidgets, music hand massages 1:1 staff time

Dislikes: family tired from seizures no 1:1 time no fidgets

Lead Review Completed:

Staff: Jalysa Pratt

Date: 3/29/22

PAI

Service Recipient: Shelly Scott

Service Span: Mar 22

Outcomes:

Outcome #1: She will choose a music genre 3x a week. Summarize Steps: offer 2 choices of music genres, give time	
Outcome #2: Shelly will choose a room to visit once a week. Summarize Steps: Describe program rooms + staff, allow time	
Communication Style: vocalization, facial expression, body lang.	
Learning Style: Kinesthetic, tactile, auditory,	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: cats, zoo animals, bug bites, avoid going to these places.
Seizures: ☒ No ☐ Yes	Describe Supports: Absent GTC seizures, PRN
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, risk of choking.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Puneed diet, first bite takes awhile to swallow.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Microcephaly, Severe Rheumatiod Arthritis, Asthma, scoliosis, upper+lower spasticity. DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Rcv meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, Full cares, top / bottom lift, do not twist her back
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff full assist in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Bilateral cataracts, considered legally blind
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to: Family, Fidget, engaging in activites.	
Important for: Seizure protocol, dietary needs, familiar staff	
Likes: Fidget, music, hand massage 1:1 time.	
Dislikes: Feeling tired from seizure, not getting 1:1 time, not having fidget	

Lead Review Completed: AS

Staff: Emily Eisenpeter
Date: 3.29.2022

PAI

Service Recipient: Shelly Scott
Service Span: March 2022 – March 2023

Outcomes:

Outcome #1: Choose genre of music 3x week
Summarize Steps: 2 options - play samples, time to choose, play

Outcome #2: Choose room to visit 1x weekly
Summarize Steps: Describe other rooms/staff, time to choose, bring to room

Communication Style: Vocalizations, facial expressions, body language

Learning Style: Kinesthic, tactile, auditory, repitition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: cats, farm animals, zoo animals bug bites. Avoid places exposed No pet therapy
Seizures: ☒ No ☐ Yes	Describe Supports: Absent, GTC: protocol, PRN
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet, risk of choking food in mouth → seizure
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed, first bite takes time
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Microcephaly, Asthema, Scoliosis, Titanium rods in back concerns communicated DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Recieves meds, seizure PRN
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, full cares, top bottom lift, don't twist back
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, top bottom lift
Community Support: ☒ No ☐ Yes	Describe Supports: Propel wheelchair, model safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: cataracts, some vision, verbally explain, place items close
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: Family, fidgets, engaged in activities

Important for: Seizure protocol, familiar staff

Likes: Music, 1:1 time, fidgets, hand massages

Dislikes: Tired, No 1:1 time, no fidgets

Lead Review Completed: [signature]

Staff: Troy Gould

Date: 03/29/22

PAI

Service Recipient: Shelly Scott

Service Span: 03/22 - 03/23

Outcomes:

Outcome #1: Will choose a genre of music to listen to 3 times	
Summarize Steps: Offer 2 choices of genre music	
Outcome #2: Choose another program room to visit (once weekly)	
Summarize Steps: Describe other program room and staff	
Communication Style: vocalizations, facial expressions, body language	
Learning Style: Kinesthetic, tactile, auditory, repitition	

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Cats, farm animals, bugbites, Avoid going to allergy places
Seizures: ☒ No ☐ Yes	Describe Supports: Absent or Gtc seizures prn seizure med
Choking: ☒ No ☐ Yes	Describe Supports: pureed diet, At risk of choking, IP has a seizure
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, her first bite may take a while (allow time)
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: microcephaly, Asthma, Scoliosis, spasticity, titanium rods in back DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Prn seizure med
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, top bottom lift; do not twist back
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, top bottom lift transfers due to spasticity
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Bilateral cataracts, Staff will place things close to her
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NC unsupervised time
Important to: family, fidgets, activities	
Important for: Seizure protocol, diet, familiar staff	
Likes: fidgets, music, hand massages, 1on1 time	
Dislikes: feeling tired, seizures, NC fidgets, not getting 1on1 time with fav staff	

Lead Review Completed: AS

Staff: Alfredo Fierro Montes
Date: 3/29/22

PAI

Service Recipient: Shelly Scott
Service Span: Mar22-23

Outcomes:

Outcome #1: Shelly will choose a genre of music to listen to 3x a week.
Summarize Steps:
Offer 2 choices, play samples.

Outcome #2: Shelly will choose to visit another program room once weekly.
Summarize Steps:
Describe other program rooms / staff

Communication Style:
Vocalizations, facial expressions, body language

Learning Style:
Tactile, auditory, repitition, body language.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Cats, farm animals, zoo animals, bug bites.
Seizures: ☒ No ☐ Yes	Describe Supports: Absent / GTC
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet
Specialized Diet: ☒ No ☐ Yes	Describe Supports: First bite takes time, Allow time to swallow food.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes Microcephaly, Scoliosis, Arthritis, Asthma
Medication at PAI: ☒ No ☐ Yes	Describe Supports: PRN seizure med at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Briefs, top/bottom lift, not to twist back.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, top/bottom lift.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair / support in community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Legally blind, Bilateral Cataracts
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.

Important to:
Family, fidgets, engaged in activities.

Important for:
Seizure protocol, dietary needs, familiar staff.

Likes:
Fidgets, music, hand massages

Dislikes:
Being tired from seizures, no 1:1 time w/ familiar staff.

Lead Review Completed: AS

Staff: Shelly Nierad
Date: 03/29/2022

PAI

Service Recipient: Shelly Scott
Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Choose genre music 3x wk 85%.
Summarize Steps:
offer 2 genres. Sample Songs
give time to pick.

Outcome #2: Choose to visit another program room.
Summarize Steps:
Staff describe other rooms, allow time to process & choose
Staff promptly bring to room.

Communication Style:
vocalization, Body lang. facial Expressions

Learning Style:
Kinetetic, Auditory, repetition, tactile

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Cats, farm, Animals, bug bites. - No pet therapy
Seizures: ☒ No ☐ Yes	Describe Supports: absent GT sizures - follow protocol
Choking: ☒ No ☐ Yes	Describe Supports: Pureed diet.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet. 1st bite takes a while - allow time swallow
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes Reflexit tone, titanium Rods in back. Micro sephaly, Rhumatoid Arthritis.
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Follow MAR.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, full care, top/bottom lift. (due to spasticity)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel w/c - top/bottom lift. (" " ")
Community Support: ☒ No ☐ Yes	Describe Supports: Staff Support fully - practice safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Bilatural Caterncts - legally blind, Show & verbally explain to her
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
family, Fidgets, Activities

Important for:
Sizure protocal, dietary needs. Advocate for her.

Likes:
fidgets, music, massager 1:1 time

Dislikes:
Sizures, No fidgets, No 1:1 time w/ staff.

Lead Review Completed: AS

Staff: Mari BP

Date: 3-29-22

Service Recipient: Shelly Scott

Service Span: 3-22/3-25

Outcomes:

Outcome #1: Shelly will choose a genre of music to listen to 3x a week.

Summarize Steps:
- staff will provide options & short clips of each genre
- will provide time to choose.

Outcome #2: Shelly will choose a room to visit min. once weekly.

Summarize Steps:
- will provide options & allow time to process & choose

Communication Style: Vocalizations, facial expressions & body language

Learning Style: Kinesthetic, tactile, auditory & 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: Cats, farm & zoo animals & bug bites
Seizures: ☒ No ☐ Yes	Describe Supports: Absent seizures, has PRN seizure med & seizure protocol
Choking: ☒ No ☐ Yes	Describe Supports: Has pureed diet, at risk of choking if food in mouth during seizure
Specialized Diet: ☒ No ☐ Yes	Describe Supports: first bite takes a while to swallow, eats routine
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes Microcephaly, severe arthritis Asthma, scoliosis, reflex extension tone, titanium rod in back
Medication at PAI: ☒ No ☐ Yes	Describe Supports: receives meds & has PRN seizure med.
Personal Cares: ☒ No ☐ Yes	Describe Supports: top bottom lift due to spasticity, uses binds
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair, top bottom transfer
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel wheelchair & model appropriate safety skills
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Has bilateral cataracts, staff will place items close to her
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time

Important to: family, fidgets, being engaged in activity

Important for: seizure protocol, familiar staff & advocate

Likes: hand massages, fidgets, 1:1 time w/ favorite staff

Dislikes: being tired, no 1:1 time, no sensory fidgets available.

Lead Review Completed: AS

Staff: Deb St Martin
Date: 3-29-22

PAI

Service Recipient: Shelley Scott
Service Span: Mar 2022-2023

Outcomes:

Outcome #1: Choose genre of music 3x week 85%
Summarize Steps: offer 2 choices by playing sample samp, give time to process + choose

Outcome #2: Choose visit another program room 1x per week 85%
Summarize Steps: Describe other program rooms, allow time to process + choose

Communication Style: vocalizations, facial expressions, body lang

Learning Style: kenesletic, auditory, repetition, tactile

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: cats, farm animals, bug bites - not no pet therapy
Seizures: ☑ No ☐ Yes	Describe Supports: Absent GTC seizures, follow protocol PRN
Choking: ☑ No ☐ Yes	Describe Supports: Pureed diet - @ risk during seizure
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet 1st bite sits in mouth for awhile then will eat routinely allow time for first bite
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Microcephaly, severe rheumatoid arthritis, DNR/DNI: ☐ No ☑ Yes asthma, scoliosis, upper + lower extremity spasticity
Medication at PAI: ☐ No ☐ Yes	Describe Supports: PRN as well as others
Personal Cares: ☑ No ☐ Yes	Describe Supports: Brief - full cares - top + bottom lift - due to spasicity take care w/ back!
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Staff propel wheelchair - top + bottom lift due to spasicity + fall risk
Community Support: ☑ No ☐ Yes	Describe Supports: full support - propel wheelchair + movements model safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Bilateral cataracts (legally blind) Place thing close + verbally explain what is offered
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: n/a
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: none

Important to: family, fidgets, engaged in activities

Important for: Seizure protocol, familiar staff + activities

Likes: fidgets, music, 1:1 time w/ fav staff

Dislikes: tired from seizure, no time w/ fav staff, no fidgets available

Lead Review Completed: AS

Staff: Vanessa Keany
Date: 3/29/22

PAI

Service Recipient: Shelly Scott
Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Choose a genre of music 3 times a week
Summarize Steps: offer 2 choices all time to choose
Pay what she chooses

Outcome #2: Choose another program room
Summarize Steps: describe others rooms

Communication Style: Kinesthetic, tactile, Auditory, repetitive

Learning Style: Facial expressions, vocalizations,

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Cats, farm/zoo animals / bug bites No Pet therapy
Seizures: ☐ No ☐ Yes	Describe Supports: absent or GTC Seizures Follow Protocal
Choking: ☐ No ☐ Yes	Describe Supports: Pureed diet / at risk choking if she has seizure while eating
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Pureed diet first bite takes awhile to swallow allow time.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: microcephaly, Severe Rheumatoid Arthritis Asthma scoliosis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: recieves meds at PAI. PRN seizure meds.
Personal Cares: ☐ No ☐ Yes	Describe Supports: disposable brief, Full cares, top bottom lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: Staff support, model appropriate safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: Considered blind, place things close to her verbally explain
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports:

Important to: Family, activities, fidgets

Important for: Seizure Protocal, familiar

Likes: Fidgets, music 1:1 time

Dislikes: Feeling tired not 1:1 time not having fidgets.

Lead Review Completed: [illegible]

Staff: Kathy Perry

Date: 4-4-22

PAI

Service Recipient: Shelley Scott

Service Span: 3/22 - 3/23

Outcomes:

Outcome #1: Will choose a genre of music to listen to 3x wk 85%.

Summarize Steps: of trials. Staff offer 2 music genres choices, naming the genre + playing a sample of each allowing time to process + choose. When she makes a choice, staff will play immediately

Outcome #2: Choose to visit another program room a minimum of once a week.

Summarize Steps: Describe other rooms + staff available to visit - allow time to process + choose. When makes choice promptly bring to chosen room.

Communication Style: vocalizations, facial expressions + body language

Learning Style: kinesthetic, tactile, auditory, 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: Cats, farm animals, zoo animals, bug bites. Avoid going to places that she will be exposed to these. NO Pet Therapy per guardian
Seizures: ☒ No ☐ Yes	Describe Supports: absent, + GTC. Follow seizure protocol. Has PRN for seizures
Choking: ☒ No ☐ Yes	Describe Supports: Puree diet. At risk of choking if has seizure while eating
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Puree - first bite takes a while to swallow. Allow time to swallow
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: microcephaly, rheumatoid arthritis, asthma, scoliosis, spasticity, reflexive extension tone, rolls in bed. DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Receives meds + PRN assist
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief, full cares, top/bottom lift. Do not twist back while transferring
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel chair. Top/bottom lift transfers due to spasticity + reflexive movements
Community Support: ☒ No ☐ Yes	Describe Supports: assist. Staff move w/c
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: bilateral cataracts - considered blind. Staff place things close to her + verbally explain offering.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: family, friends, fidgets, activities

Important for: Routine, dietary needs, familiar staff, seizure protocol

Likes: fidgets, music, hand massages, 1:1 time w staff

Dislikes: feeling tired from seizures, no 1:1 from favorite staff, no fidgets

Lead Review Completed: GH