STAFF ORIENTATION TRAINING PLAN - GENERAL

Staff name: Sommer Mafi **Date of hire:**

Date of background study submission: **Date of background study clearance:**

Date of first supervised contact: **Date of first unsupervised contact:**

Orientation training: Within 60 calendar days of hire, the license holder must provide and ensure completion of orientation sufficient to create staff competency for direct support staff that combines supervised on-the-job training with review and instruction in the following areas. *Maltreatment reporting requirements must be completed within 72 hours of first providing direct contact services with persons served by the company.

Orientation to program requirement topics	Date of completion	Date and type of competency	Length of training	Name of trainer and company, if applicable
Job description and how to complete specific job functions	12/15/21	Signed	.25	HR enter
Current **245D policies and procedures** including location and access and staff responsibilities related to implementation	12/16/21	Read	.5	Maddy Kessler-PS enter
Data privacy: MN Government Data Practices Act and HIPAA and staff responsibilities related to complying with data privacy practices	12/15/21	Quiz	1.0	LMS
Service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights	12/15/21	Quiz	1.5	LMS
Vulnerable adult maltreatment reporting: **See attached Training Index for VAA maltreatment training topics.*	12/14/21	Quiz	1.25	LMS
Maltreatment of minors reporting: **See attached Training Index for MOMA maltreatment training topics.*	12/14/21	Quiz	1.0	LMS
Principles of **person-centered service planning and delivery** and how they apply to direct support provided by staff (also part of PSR Core Training)	12/15/21	Quiz	Part of 8hr core	LMS
Sexual violence: strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities	12/15/21	Quiz	.5	LMS
First aid (can be certification or basic training)	1/21/22	Class	with CPR	Health Counseling enter
Emergency use of manual restraint (EUMR), **prohibited procedures**, and **Positive Support Rule 8 hour core training.** **See attached Training Index for all topics included for this training.*	12/15/21	Quiz	8	LMS
Positive Support Rule: **4 hour function-specific training** (if applicable). **See attached Training Index for function-specific training topics.*	N/A	N/A	N/A	N/A
Positive Support Rule: **2 hour function-specific training** (if applicable). **See attached Training Index for function-specific training topics.*	N/A	N/A	N/A	N/A
Universal Precautions/Bloodborne Pathogens	12/15/21	Quiz	.75	LMS
Fraud Prevention	12/15/21	Quiz	.75	LMS
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company (this may include CPR): Topic: CPR, Med admin	CPR-1/21/22 Med-1/19/22	Class	CPR-5.5 Med-7	Health Counseling enter PAI Nurse enter

Staff signature: Sommer Mafi Date: 1/21/22

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

TRAINING INDEX

Vulnerable Adult Maltreatment Reporting Training

- Vulnerable Adult Act statute and definitions: 626.557 and 626.5572
- 245A.65: Company requirements and PAPP (if applicable)
- Company VAA maltreatment reporting policy
- Staff responsibilities related to protecting persons from maltreatment and reporting maltreatment

Maltreatment of Minors Maltreatment Reporting Training

- MOMA statute: 626.556
- 245A.66: Company requirements and PAPP (if applicable)
- Company MOMA maltreatment reporting policy
- Staff responsibilities related to protecting persons from maltreatment and reporting maltreatment

Positive Support Rule Core Training, 245D Emergency Use of Manual Restraint, and Prohibited Procedure Training Topics (8 hours)

Audience: Staff responsible to develop, implement, monitor, supervise, or evaluate positive support strategies, PSTPs, or EUMRs

- De-escalation techniques/methods and their value.
- Alternatives to manual restraint procedures including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others.
- Simulated experiences of administering and receiving manual restraint procedures allowed by the company on an emergency basis.
- The safe and correct use of emergency manual restraint according to MN Statutes, section 245D.061.
- What constitutes the use of restraint, including chemical restraint, time out, and seclusion.
- How to properly identify thresholds for implementing and ceasing restrictive procedures.
- How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
- The physiological and psychological impact on the person and the staff when restrictive procedures are used.
- The communicative intent of behaviors.
- Relationship building and how to avoid power struggles.
- Principles of person-centered service planning and delivery and how they apply to direct support provided by staff.
- Staff responsibilities related to prohibited procedures under MN Statutes, section 245D.06, subdivision 5; why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe.
- Staff responsibilities related to restricted and permitted actions and procedures under MN Statutes, section 245D.06, subdivisions 6 and 7.
- Principles of positive support strategies (such as positive behavior support) and actual positive support strategies.
- The relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the person's behavior.
- Situations in which staff must contact 911 in response to an imminent risk of harm to the person or others.
- The procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan (PSTP).
- The procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person.
- Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the company.
- Cultural competence.
- Personal staff accountability and staff self-care after emergencies.

Positive Support Rule Function-Specific Training (4 hours)

Audience: Staff who develop positive support strategies and license holders, executives, managers, and owners in non-clinical roles

- Functional behavior assessment.
- How to apply person-centered planning.
- How to design and use data systems to measure effectiveness of care.
- Supervision, including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team.

Positive Support Rule Function-Specific Training (2 hours)

Audience: License holders, executives, managers, and owners in non-clinical roles

- How to include staff in organizational decisions.
- Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the organization.
- Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services.

STAFF ORIENTATION TRAINING PLAN - PERSON SPECIFIC

Staff name: Sommer Mef: **Date of hire:**
Date of background study submission: **Date of background study clearance:**
Ongoing annual training period:
Date of first supervised contact: **Date of first unsupervised contact:**

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Initials of person(s) served: MB, TT, JH, JH, DC, HH, NR, AS, AS, KY

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
CPR, if required by the *CSSP* or *CSSP Addendum*				
CSSP, CSSP Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	12/16/21			
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12/16/21			
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person				

The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative				
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness				
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:				

Staff signature

Date

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

OBSERVED SKILL ASSESSMENT

Name of staff member Sommer Mafi

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

Route	Date	Nurse Signature
Oral	2·16·22	Jhansen RN
Skin/topical	2·16·22	JHansen RN - verbalized
Ear drops	2·16·22	
Eye drops	2·16·22	
Buccal	2·16·22	
Sublingual	2·16·22	
~~Transdermal~~		
~~Rectal~~		
~~Vaginal~~		
Inhaler		
Nasal Spray	2·16·22	
Gastrostomy	2·16·22	
~~Subcutaneous Injection~~		
Other		
Other		
Other		

File in staff member's personnel file.

Employee Training for Gastrostomy Feedings

EMPLOYEE NAME Sommer Maffi

DATE 2/16/22 LENGTH OF TRAINING .5 hr

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Purpose and effects of procedure
☑	☐	☐	2. Equipment necessary for procedure
☑	☐	☐	3. Specific protocol
☑	☐	☐	4. Consequences if the procedure is not performed correctly
☑	☐	☐	5. Symptoms and signs requiring physician notification
☑	☐	☐	6. Information about contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☐	☐	☐	9. Other _____
☑	☐	☐	THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Sommer Maffi
Employee Signature

[signature] RN
Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Sommer Mafi DATE 2/2/21

LENGTH OF TRAINING 9 am - 10 am

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☒	☐	☐	2. Epi-pen – purpose and use
☒	☐	☐	3. DNR/DNI – POLST
☒	☐	☐	4. Diabetes – general overview, diet, meds
☐	☐	☐	5. Other_____
☒	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Sommer Mafi

Staff Signature

Anderson RN

Nurse Signature

JOB DESCRIPTION

Title: Direct Support Professional	**Employment Status:** Full time
Department: All Sites	**FLSA Status:** Non-Exempt

SUMMARY / OBJECTIVE:

Provide direct, person-centered support and services to individuals with developmental and intellectual disabilities. Work effectively as a team member to ensure that the individual's preferences and full potential are met. Ensure a positive, clean, and safe environment.

ESSENTIAL FUNCTIONS AND PRIMARY RESPONSIBILITIES – Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Provide person-centered support, coaching, and supervision to individuals with varying levels of abilities.
2. Read, sign, and follow all individualized program plans for each person served.
3. Ensure the least restrictive interventions necessary to support achievement of personal goals.
4. Deliver, or assist in delivering, programming and class instruction to a small group of individuals. Develop lesson plans or compile material to teach during these classes as assigned.
5. Provide support to individuals working on-site or as a job coach as applicable. Assist with keeping work sites stocked, recording production levels, and accommodating individuals with varying work skills.
6. Follow the site's schedule, which may include the daily assignment of responsibilities including but not limited to: medication administration, lunchroom duties, personal cares, busing, community outings, job coaching, class instruction, production floor management, and cleaning tasks.
7. Promptly document related service information as assigned (outcome data, production levels, progress notes, etc.).
8. Transport individuals served to and from their community job as needed using a PAI vehicle or own vehicle (mileage reimbursed).
9. Work effectively as a team member.

SECONDARY RESPONSIBILITIES

1. Actively participate in staff meetings and contribute ideas.
2. Complete assigned trainings.
3. Be receptive to taking on new tasks as assigned, including opportunities to support individuals in the community or as a job coach off-site.
4. Demonstrate competency in appropriate safety and emergency policies.
5. Follow data privacy laws and HIPPA requirements.
6. Adhere to recommended transfer/lifting procedures and body mechanics.
7. Utilize adaptive equipment in an effective and safe manner.

8. Follow PAI's medication administration policy.

JOB SPECIFICATIONS

Education, Experience, and Credentials

Required

1. High school degree or G.E.D. and be 18 years of age or older.
2. Pass DHS background study and maintain clearance to provide direct services without continuous supervision.
3. Reliable transportation for work driving purposes, valid driver's license, proof of valid car insurance, satisfy insurance criteria for driving history and permit driving record checks as needed.

Skills and Experience

Required

1. Demonstrate effective oral and written communication skills.
2. Ability to maintain professional and positive relationships with a wide variety of people.
3. Flexibility and ability to adjust to changing work demands.
4. Strong time management skills.

Desired

1. Experience supporting individuals with intellectual disabilities, preferably in a 245D licensed service.
2. Education or training in the human services field.
3. Experience using technology including, but not limited to, computers, iPads, tablets, tv's, and smartboards.

PHYSICAL REQUIREMENTS NECESSARY TO PERFORM THIS JOB

R = Rarely (0-15%) O = Occasionally (16-45%) F = Frequently (46-100%)

The DSP must be able to:

1. Perform heavy lifting (between 50-80 lbs.)	O
2. Perform light lifting (less than 50 lbs., usually around 5 lbs.), squatting, kneeling, reach overhead, operate office equipment.	F
3. Push/pull persons who weigh between 100-150 lbs. in wheelchairs.	F
4. Assist clients with mobility and other actions	O
5. Perform other physical requirements such as sitting, standing, walking, grasping/grabbing, using a keyboard and/or mouse, bending/twisting,	F
6. Hear and speak in order to use telephone and/or communicate with people inside and outside of organization.	F

TOOLS AND EQUIPMENT USED

- Ability to operate office equipment, track systems and other adaptive equipment.

WORK ENVIRONMENT

Ability to work in a noisy environment with distractions, including loud noises, odors, and multiple interruptions. Most of the job is indoors but may need to travel to other locations or participate in outdoor activities.

AAP / EEO STATEMENT

PAI is fully committed to equal employment opportunities (EEO). All employment decisions will be made without regard to race, color, age, religion, sex, pregnancy, marital status, familial status, disability, national origin, sexual orientation, veteran status, status with regard to public assistance or activity in a local human rights commission. In addition, we comply with all applicable state and local laws governing nondiscrimination in employment in every location in which we maintain facilities.

Decisions concerning employment are based strictly on an individual's qualifications and ability to perform the job under consideration, the comparative qualifications and abilities of the other applicants or employees, and the individual's past performance within the organization. Employment decisions include, but are not limited to: recruitment, hiring, promotions, salary or other compensation, benefits, transfers, corrective actions, layoffs, termination and training.

If you believe that an employment decision has been made that does not conform to management's commitment to equal opportunity, the matter should be brought promptly to the attention of Human Resources. Your complaint will be thoroughly investigated. There will be no retaliation against any employee who files a complaint in good faith, even if the result of the investigation produces insufficient evidence to support the complaint. Please see the PAI Workplace Harassment Policy for additional information.

I acknowledge that I have read, understand, and agree with the contents of this position description. I agree to use my best efforts to fulfill all expectations of the position. I also acknowledge that I am an at-will employee.

This job description does not necessarily list all the functions or accountabilities of the job. Employees may be asked by management to perform additional duties and tasks. Management reserves the right to revise and update job descriptions at any time.

Employee Signature — Date: 12/13/21

Supervisor Signature — Date: 12/13/21

Sommer Mofi's schedule will consist of the following:

	Monday	Tuesday	Wednesday	Thursday	Friday
Weekly Schedule	8:45-3:00	8:00-3:00	8:30-3:00	8:00-3:00	8:45-3:00

Employee Signature: Sommer Mofi Date: 12/3/21

Employee Emergency Information

NAME: Sommer Mati DATE OF BIRTH: 04/10/2002

ADDRESS: 167 Cimmaron

CITY: Lake Elmo STATE: MN ZIP: 55042

PHONE: 612-500-1604 CELL PHONE: —

E-MAIL ADDRESS: Sommermatii@gmail.com

IN THE EVENT OF AN EMERGENCY, NOTIFY:

1ST CONTACT

NAME: Brey Mati DAYTIME PHONE: —

ADDRESS: 167 Cimmaron CELL PHONE: 651-245-2374

CITY: Lake Elmo STATE: MN ZIP: 55042

RELATIONSHIP: Mother

2ND CONTACT

NAME: Robert Mati DAYTIME PHONE: —

ADDRESS: 167 Cimmaron CELL PHONE: 651-795-9988

CITY: Lake Elmo STATE: MN ZIP: 55042

RELATIONSHIP: —

Hospital: Woodwards

Allergies: —

Health concerns that you would want to share with emergency response personnel.

—

DATE FORM COMPLETED: 12/13/21

Staff: Sommer
Date: 12/16/21

Service Recipient: Alex
Service Span: Sublegs

Outcomes:

Outcome #1: Daily will greet peers w/ Mac Switch.
Summarize Steps:
Staff will place Mac Switch on lap. Asks to greet peers. give positive verbal praise

Outcome #2: Weekly Alex will choose video to watch.
Summarize Steps:
Staff will show 2 videos and tell alex he is choosing then play video

Communication Style:
facial expression, verbal

Learning Style:
Kinesthetic

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Amoxicillan, Ceftriaxone Sodium
Seizures: ☒ No ☐ Yes	Describe Supports: Drop seizures, Tonic clonic Seizures
Choking: ☒ No ☐ Yes	Describe Supports: may eat too quickly
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized diet
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☐ Yes hypotonia, Atypical RETT Syndrome
Medication at PAI: ☒ No ☐ Yes	Describe Supports: follows all dr orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: full support, aware when he needs to use restroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can bear weight w/ assitance
Community Support: ☒ No ☐ Yes	Describe Supports: likes community time, is ok w/ assitance w/ moving wheel chair
Sensory Support: ☐ No ☒ Yes	List & Describe Supports: feels touch more than others
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to: involved in group, likes all music, socialization trains, videos	
Important for: Eat w/ low assitance for independence, bear weight in arms	
Likes: Trains, music, being part of group	
Dislikes: not being rested, physical touch	

Lead Review Completed: _____

Staff: Sommur
Date: 12/16/21

Service Recipient: Henry
Service Span: Hendrickson

Outcomes:

Outcome #1: Weekly indicate which group to join in.
Summarize Steps:
Staff will explain and offer 2 group options. Henry makes choice w/ grabbing/pointing/vocal

Outcome #2: Indicate which activity is next using schedule.
Summarize Steps:
Staff will show schedule and ask whats next, encourage to point, if correct praise, if wrong correct him

Communication Style:
facial expressions, hand/body gestures

Learning Style:
auditory, visual, kinesthetic

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: lactose allergy
Seizures: ☒ No ☐ Yes	Describe Supports: has seizure disorder partially controlled w/ meds
Choking: ☒ No ☐ Yes	Describe Supports: only if NPO isnt followed
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO Diet, not able to eat or drink orally
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes — Asthma, Scoliosis, Cerebral Palsy, Seizure disorder
Medication at PAI: ☒ No ☐ Yes	Describe Supports: follows dr orders
Personal Cares: ☐ No ☐ Yes	Describe Supports: full assist, needs help repositioning,
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: cannot bear weight
Community Support: ☐ No ☐ Yes	Describe Supports: enjoys community time
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: listen to music, color, build relationships

Important for: proper care, NPO diet.

Likes: coloring, family, group activities

Dislikes: not socializing

Lead Review Completed: _____

Staff: Sommer

Date: 12/16/21

Service Recipient: Jordan Holm

Service Span: _____

Outcomes:

Outcome #1: Weekly he will choose a game to play.
Summarize Steps: Staff will explain and show games. Jordan will choose by pointing. Staff will set up game

Outcome #2: Greet peers w/ MAC switch daily.
Summarize Steps: Staff will ask Jordan to greet his peers & positive feedback and assist in conv. w/ peer.

Communication Style:
Facial expression, vocalization, gestures, eye pointing

Learning Style:
Auditory, Visual, Kinesthetic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Does not have history of seizures
Choking: ☒ No ☐ Yes	Describe Supports: Can eat orally, eats through g tube
Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed - receives liquid through g tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Iron deficiency, Cornelia de Lange syndrom, GERD. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: follows dr orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: full support w/ cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has track symptom, not able to support himself
Community Support: ☒ No ☐ Yes	Describe Supports: likes community times likes to choose where he goes
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: may 'shut down' in noisy areas
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A may chew on hand
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: family, religion, being involved

Important for: dietary / seizure protocol, being w/ people who know him

Likes: family time, looking out window.

Dislikes: overstimulated areas, no family time

Lead Review Completed: _____

Staff: Sammy
Date: 12/16/21

PAI

Service Recipient: Kristen Young
Service Span: _____

Outcomes:

Outcome #1: 3x weekly, hand over hand to clean tray after lunch.
Summarize Steps: Krista will wipe tray w/ left hand. Staff will bring a towel.

Outcome #2: Will pet therapy dogs.
Summarize Steps: Dogs will be next/ old tray for Krista, Staff will offer hand over hand support

Communication Style: "yes" or "NO" phrases, simple signs

Learning Style: Visual, hand over hand, 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: Phenobarbital and Barbitur
Seizures: ☒ No ☐ Yes	Describe Supports: has epilepsy.
Choking: ☒ No ☐ Yes	Describe Supports: may eat/drink too fast causing choking
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NVW fat, bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Cerebral palsy, scoliosis, spinal fusion, harrington rods
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff follows dr's orders
Personal Cares: ☐ No ☐ Yes	Describe Supports: full support
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can propel in wheelchair for a short time, not able to bear weight independently
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys comm. time / interacting w/ people
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: vision issues. will say 'yeah" or shake head NO
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may cry loudly, history of self injurious behavior
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: Papa, magazines, looking nice, chapstick

Important for: people who know her well, dietary orders

Likes: magazines, papas krisps, lip gloss

Dislikes: —

Lead Review Completed: _____

Staff: Sommer
Date: 12/16/21

Service Recipient: Tracy Thomas
Service Span: _____

Outcomes:

Outcome #1: ~~Participate in adult activities w/ prots/staff for 2 min daily~~ Summarize Steps: He will be asked to join activity, He will shake head yes, move towards activity
Outcome #2: 1x weekly will help w/ laundry / Dishes Summarize Steps: He will be asked to help w activity, He will shake head yes and move towards cart to help
Communication Style: PIC symbols, Modified ASL, limited writing, vocalization facial expression, body lang
Learning Style: Verbal, hand over hand

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Penicillin, Seasonal Allergies, Pollen
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: able to eat orally, Spastic throat - food may come up
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed, thin liquids, unable to chew/spit
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral palsy, constipation, Dementia DNR/DNI: ☐ No ☒ Yes may inform staff when uncomfortable
Medication at PAI: ☒ No ☐ Yes	Describe Supports: follows dr orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: Can use toilet w/ reminders. wears pull up briefs. needs full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: able to wheel himself for short distance wears gait belt to assist w/ transfers
Community Support: ☒ No ☐ Yes	Describe Supports: likes community ~~time~~ time, Sometimes argues others.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: may not be able to refuses to wear glasses. see clearly
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: pretend to choke himself, hit hands on toilet, shake hands at clients
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to: dolls, quiet env, helping staff, hugs	
Important for: walking safely, meds, having staff who know him	
Likes: hugs/back rubs, calm environment	
Dislikes: new staff, loud,	

Lead Review Completed: _____

Staff: Summer Mati
Date: 12/16/21

Service Recipient: Andrew Sarvian
Service Span: _____

Outcomes:

Outcome #1: 1X weekly he will choose sensory activity.	
Summarize Steps:	Given choice of sensory activity. Andy will choose by reaching out and accepting his choice
Outcome #2: Greet peers w/ MAC switch.	
Summarize Steps:	Staff will present andy w/ MAC switch and ask andy to greet peers.
Communication Style:	facial expression, vocalization
Learning Style:	Auditory, Visual, Kinesthetic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A.
Seizures: ☐ No ☐ Yes	Describe Supports: N/A.
Choking: ☒ No ☐ Yes	Describe Supports: Bite sized pieces. may need to be told to slow down
Specialized Diet: ☒ No ☐ Yes	Describe Supports: food must be cut into bite sized pieces
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy, GERD. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports: N/A.
Personal Cares: ☐ No ☐ Yes	Describe Supports: needs reminders, Wears pull up briefs, needs full assistance when using BR
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can walk for dis. to min after needs wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys comm time, able to walk for distance 10 min or under
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A
Important to:	Read to, using Tech, fidgets, looking in mirror
Important for:	Provided support by staff, given nutritional meals
Likes:	Being read to, Sesame Street, reflection in mirror
Dislikes:	not participating in activities

Lead Review Completed: _____

Staff: Sommer Mati

Date: 12/16/21

Service Recipient: Nikki Reitan

Service Span: _____

Outcomes:

Outcome #1: Choose object or scenery to take photo of.

Summarize Steps: Staff will ask if she'd like to take a photo Nikki will show positive response and will help w/ photo

Outcome #2: 2x Weekly She will identify the day of the week.

Summarize Steps: Staff presents Nikki w/ choice of 2 days to choose from. Asked to point, will be corrected if incorrect

Communication Style: understands verbal, comm paired w/ gestures

Learning Style: ~~Rote~~ Practice/ 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: Sulfa, not able to inform others of allergy
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: needs hard food cut into nickle sized pieces
Specialized Diet: ☒ No ☐ Yes	Describe Supports: may choose to only eat snacks/chips, and not main course at risk to loose weight
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Osteoporosis, Scoliosis, Oral Apraxia, Hirsutism DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Cooperative w/ taking meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: enjoys uninterrupted time in BR, may need extra time, able to be alone
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: aware of when want walking assitance, walks independently
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys community time, can nav around people
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: mom/dad, her cat, snacks, bus ride,

Important for: eating meals, comm device, her team

Likes: weekends w/ parents, visits @pal from parents, her cat

Dislikes: —

Lead Review Completed: _____

Staff: Sommur Mati
Date: 12/16/21

Service Recipient: Jason Hansen
Service Span: _____

Outcomes:

Outcome #1: 2x Weekly Jason will participate/join a group activity.
Summarize Steps: 1) staff will inform Jason on his choices & watch for expressions Jason will declare by pointing or showing positive effect.
3) Jason will choose/join his group

Outcome #2: Daily Jason will choose a sensory item/activity.
Summarize Steps: 1) staff will approach Jason and tell him its sensory time.
2) Give Jason 2 or more items to choose from

Communication Style: hand gestures, signs, body lang, and pointing

Learning Style: Modeling, hand over hand, verbal cues, touch prompts/pointing

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Aware of allergy, does not seek out meds that aren't his -> staff
Seizures: ☒ No ☐ Yes	Describe Supports: generalized Tonic-Clonic, aware he has seizures, accepts help
Choking: ☒ No ☐ Yes	Describe Supports: eats independently, may eat too fast and not chew causing choking risk
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sensitivity to Corn Syrup
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Autism/Hyperthermia - will not sweat when not at risk to overheat — DNR/DNI: ■ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: follows dr orders - doesn't take meds pai
Personal Cares: ☐ No ☐ Yes	Describe Supports: likes open br. ~~does~~ freely goes on his own
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: accompanied by staff on outings
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: history of pushing upper body against others when upset
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: near sighted, wear glasses, sometimes needs to be reminded to wear
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: family, having space, mealtime, being able to observe activity

Important for: Seizure protocol, staff knowing him well, taking breaks when overwhelmed

Likes: lunch time, observing activities

Dislikes: _

Lead Review Completed: _____

Staff: Sommer Mathi
Date: 12/16/21

PAI

Service Recipient: Dorthy Carter
Service Span: _____

Outcomes:

Outcome #1: 3x a week. Dorthy will greet a peer using MAC Switch
Summarize Steps: 1) offered comm switch w/ a recorded greeting 2) give time to prompt/assist to peer 3) is encouraged to press comm switch to greet

Outcome #2: Daily Dorthy chooses a scented lotion she would like applied.
Summarize Steps: Staff presents 2 types of lotions to Dorthy. Then ask which kind she would like, chooses by looking or pushing a lotion.

Communication Style: Vocalization, going towards things, facial expressions. Understands short phrases and physical cues

Learning Style: Auditory, Visual, Kinesthetic

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: Aware she has seizures, accepting of assistance. Staff follows CSSP Addendum
Choking: ☒ No ☐ Yes	Describe Supports: Regular ground to bite sized, no raw veggies unless shredded
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Able to eat orally, pockets food in mouth may cause choking
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Spastic quadriplegia cerebral palsy, mild scoliosis, Chronic Lymphocytic Leukemia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff requests meds from dorthys residence. follows prescribers orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs to receive full support to complete personal cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: able to walk but is unsteady, at risk to bump into items and drop fixtures
Community Support: ☒ No ☐ Yes	Describe Supports: enjoys being in community, not able to comp. potential dangers related to community, traffic, or pedestrian
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: At risk to not see visuals, often chooses to remove her shoes
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: Socks / shoes off, clothing protector, towel to fidget with, move around freely

Important for: Has needs met by caregivers

Likes: navigate freely, to have sensory item to fidget with

Dislikes: not having fidget / not being able to move around freely

Lead Review Completed: _____

(P)

Getting to know you as you join the PAI Team

Please complete. Fill out as much as you want. This will help us get to know you and support you better.

Hello, I am: Sommer Mati Call me: Sommer

Use this pronoun to refer to me: She / Her

Established (Birthday): 04/10/2002

I'm skilled at, my talents are:

My best sweet or salty snack is: Popcorn

My favorite candy and/or fruit is: Twizzlers

My favorite sports teams are: Vikings / Gophers

My favorite weekday lunch would be: Chipotle

I like to drink (non-alcoholic): Chai Tea

My "at bat" song would be (song that pumps you up): All I do is Win - DJ Khalid

This store/brand has a great deal of my money: Target

People who inspire me: My mom / Harry Styles

People say I look like:

My favorite animal/pet: Basset Hound

My favorite movie or TV show and why:
Veronica Mars - female detective

On the weekends and free time I am often doing:
W/ friends / family

Something I've never done but would like to do is:
Race a car.

What do you expect to like best about your job at PAI:
Making relationships with the circles.

What is important thing for your team to know about you:
I ask a lot of questions.

What can your supervisor do to help you be successful in your new job?
Tell me when I do something wrong.

Heartsaver®
First Aid CPR AED

American Heart Association.

Sommer Mafi

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

Optional modules completed:

Heartsaver Total, Child CPR AED, Infant CPR

Issue Date

1/21/2022

Renew By

01/2024

Training Center Name

Health Counseling Services

Instructor Name

Karen Lilla

Training Center ID

MN20159

Instructor ID

06110020697

Training Center City, State

Bloomington, MN

eCard Code

226012015227

Training Center Phone Number

612-345-8522

QR Code

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

This Certificate of Completion verifies that

Sommer Mafi

has attended six hours of training in Medication Administration

on 1/18/22 *(Date test was taken)*

and has received a score of 92 *% on the written examination.*

☒ *Passed Written Examination* ☐ *Did not pass Written Examination*

A score of 85% or greater is required to pass this examination.

Health Counseling Services recommends that staff members who do not pass the course:

- ☐ Retake the complete HCS Medication Administration course.
- ☐ Attend the HCS Review and Retest/Blended Learning Medication Administration course.

This course is designed for unlicensed staff who are responsible for medication administration or assistance in community settings. These facility settings include group homes, foster care homes, assisted living sites, board and lodging residences, halfway houses, day training, sheltered workshops, and residential treatment centers. Course content includes training on:

- Medications common in community settings.
- Classifications and indications.
- Side effects and allergic reactions.
- Medication administration procedures.
- Medication transcription procedures.
- Documentation and reporting errors.
- Abbreviations and terminology.
- Using a drug reference resource.
- Medication storage and security.
- Legal responsibility and accountability.
- Setting up medications for time away from facility.

This certificate indicates the above-stated person has received six hours of medication administration training. Separate documentation is required for observed skill assessment. This course is not intended to compete with or replace the state-approved forty-eight hour medication training course necessary to become a Trained Medication Aide.

HCS recommends that you discuss specific policies and procedures with your facility supervisor and any additional requirements your facility may have for medication administration.

HCS encourages students to keep a duplicate copy of this certificate for their personal records.

hcs

Elizabeth Mabe, RN

PRINCIPLES OF MEDICATION ADMINISTRATION

As a trained medication passer, I understand and adhere to the following:

1. I always pass medications under the delegation and supervision of a licensed nurse.
2. Before preparing and administering medication I must have the:
   - Knowledge about the medication(s) to be administered. Being medication knowledgeable means knowing intended purpose, common side effects, life threatening effects, knowledge of what to do should a life threatening effect occur and proper route of administration.
   - Knowledge about the individual's general health and condition that is receiving the medication.
   - Skills necessary to administer medication(s).
   - Knowledge that "no drug is harmless."
   - Knowledge of my own limitations and the line of responsibility related to medication administration.
   - Knowledge and ability to practice ethical behavior relating to medication administration: to pass medications to one client at a time and to pass those medications that I set up. I realize that I must set a good example to my co-workers and that others will learn from my demonstration of administration techniques.
   - Skills to properly document the medication administration process.
   - Knowledge and ability to practice cleanliness skills including proper hand washing and infection control techniques.
   - Knowledge and ability to practice organizational skills including giving medications accurately and safely.
   - Knowledge to pass any medication only with a physician order.
   - Knowledge that some medication administration procedures are very individualized for a person.
   - Understanding that constant practice and continuing education about medications is important.
   - Knowledge that a medication passer may not give PRN medications without involving the assessment of a nurse.

Signature _____ Date 2/16/22