Staff: Cindy P.
Date: 3/24/22

PAI

Service Recipient: Susan K.
Service Span: 7/22 - 7/23

Outcomes:

Outcome #1: In a day Suzy will use picture cards to choose a peer to paint with
Summarize Steps: Walks in gait trainer
In a day will choose between 2 to 3 pics of people she wants to visit.

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

Communication Style:
Verbally, facial expressions, body language.

Learning Style:

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

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

Important to:
Family, socializing, swimming, activities

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

Likes:
Walking, swimming, trying new things.

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

Lead Review Completed: _____

Staff: Cindy B
Date: 3.24.22

PAI

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

Outcomes:

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

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

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

Learning Style:
Hand over hand, verbal prompts.

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

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

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

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

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

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

Lead Review Completed: _____

Staff: Cindy B.
Date: 3.24.22

PAI

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

Outcomes:

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

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

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

Learning Style:

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

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

Important to:
Calm routine, routine, informed on whats going on around him, feel warmth.

Important for:
Drink adequate fluids, communication

Likes:
Calm environment, soft sounds, light music, Discovery - Paul Bunyan

Dislikes:
Loud, chaotic environments, face wiped, cartoons

Lead Review Completed: _____

Staff: Cindy Perry
Date: 3.24.22

PAI

Service Recipient: Terry S.
Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: Id an emotion daily using I-pad.
Summarize Steps: Will be asked to id emotion from 4 choices on I-pad. Staff will read & point to emotion.

Outcome #2: Choose someone to sit by during an activity.
Summarize Steps: Staff will inform Terry that she can choose someone to sit next to during the day.

Communication Style: eye gazing, vocalizing, facial expression

Learning Style:

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

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

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

Important for: Rare given know her well, Good balance of participating in an activities

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

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

Lead Review Completed: _____

Staff: Cindy Bry
Date: March 25, 22

PAI

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

Outcomes:

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

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

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

Learning Style:

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

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

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

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

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

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

Lead Review Completed: _____

Staff: Cindy B
Date: 3.25.22

PAI

Service Recipient: Alan F.
Service Span: 6/21 - 6/22

Outcomes:

Outcome #1: Visit another Room
Summarize Steps: When alarm will be offered 2 to 3 staff to take him to visit another room. Alan will choose staff.

Outcome #2: Choose a genre of music to listen to.
Summarize Steps: Staff will provide Alan 3 options of music to choose from. Will communicate w/ facial expression

Communication Style: facial expression, vocalization, eye gazing

Learning Style:

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

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

Important to: Routine, van/bus rides, music, music therapy, sensory, pet therapy

Important for: medication, repositioning, nutrition

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

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

Lead Review Completed: _____

Staff: Cindy Bray
Date: 3.25.22

PAI

Service Recipient: Katie S.
Service Span: 10/21 - 10/22

Outcomes:

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

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

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

Learning Style:
Routine & repetition, hand over hand

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

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

Important to:
Being comfortable, looking nice, music, beads, lil, Chocolate

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

Likes:
Music + dancing, shopping, time in recliner, Chocolate, Sweets

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

Lead Review Completed: _____

Staff: Cindy B

Date: 3.25.22

PAI

Service Recipient: Christina W

Service Span: 3/21 - 3/22

Outcomes:

Outcome #1: Choose a sensory activity daily.

Summarize Steps:

Outcome #2: Choose a staff to assist w/ sensory activity.

Summarize Steps: Present choice board w/ staff that is available - Christina will choose staff.

Communication Style: Vocalization, body motion, picture book

Learning Style:

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

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

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

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

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

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

Lead Review Completed: _____