



In-Service Training Log – Oakdale

Date:

4-26-2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Maddy Kessler Program Supervisor			Comp quiz for Fartun A.
.50	Emily Elsenpeter Program Supervisor			Comp quiz for Tish R.
.50	Ashleigh Shirley Program Supervisor			CSSP's for LT, KY, CC, AM, DL, GB, SN, JC
.25	Lindsay Hiland Program Director			Staffing updates

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

Make up Date	Initial	EE ID	Last Name
			Liggen, Ricky
	TL		Lorsung, Tristen
	JP		Pratt, Jalysa
	DT		St. Martin, Deb
	MS		Sweeney, Maurita
	EP		Kathy Perry

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

Make up Date	Initial	EE ID	Other Attendees

Staff: Sue B
 Date: 4/29/22



Service Recipient: TISH
 Service Span: _____

Outcomes:

Outcome #1: She will indicate she needs to use the toilet when.
 Summarize Steps: Verbal reminder when necessary to sign when needed.

Outcome #2: Weekly help plan activity when necessary.
 Summarize Steps: presented w/ options so she can plan an activity for following week.

Communication Style: Verbally, facial expressions body language time to process

Learning Style: great memory positive reminders reassurance consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>MOSQUITO WTS & seasonal allergies w/ symptoms.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk for choking while eating/drinking</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size thickened drink veg w/ pulp/straw normal</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anxiety cerebral palsy neurogenic bladder</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>catheter needs to be empty briefly full asst.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheel chair drive indep. some asst.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>moving chair in un familiar places.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>she wears glasses asst. cleaning.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>verb/verbal/emo aggression</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to: socializing w/ staff friends family music art

Important for: family how to respond to staff having known staff.

Likes: music walks food sleeping labrable pantsy

Dislikes: Being bored chummy someone to close / face.

Lead Review Completed: GU

Staff: Mari BP

Date: 4-26-22



Service Recipient: Tish R

Service Span: 4/22 - 4/23

Outcomes:

Outcome #1	Daily Tish will indicate that she needs to use care room by stating rest room - staff will remind her to sign
Outcome #2:	Weekly Tish will help plan activity for following week - staff will present Tish w/ options
Communication Style:	Verbally, facial expressions & body language
Learning Style:	Has great memory works best w/ positive reminders & reassurance

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites & seasonal allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk for choking, eats bite sized & uses thicklid in liquids
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses regular cup w/ straw, thickit.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, CP, neurogenic bladder DNR/DNI <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has no regularly scheduled meds at pai
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has catheter, transfers using urca w/ 2 staff present
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses electric wheelchair, can drive independently but may need assistance, utilizes shoulder straps during transfers
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need support moving wheelchair staff model pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Wears glasses, may need assistance wiping them off
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Has history of false reporting, has anxiety, has seizure like episodes.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	socializing w/ staff, friends & family, music & art
Important for:	Having time to respond to patient staff giving prompts so she has time to process
Likes:	music & going for walks, food, sleeping, singing.
Dislikes:	being bored or having someone too close

Staff: Amanda Diaz



Service Recipient: TR

Date: 5/16/2022

Service Span: April 22 April 23

Outcomes:

Outcome #1	Daily, Tish will indicate that she needs to use the cares room - Give verbal reminders show sign - Tish will inform staff when she needs to use cares room
Outcome #2:	weekly, Tish will plan an activity for the following week - present some options - staff will ask questions - then choose
Communication Style:	Verbal, facial expression, body language give time to process
Learning Style:	Has a great memory, positive reminders, consistency

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: mosquito bites, seasonal allergies will let staff know
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: @ risk for choking, bite sized, honey thickened liquid
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized, cup w/ straw bowl plate thickened liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, CP, neurogenic bladder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No sched. meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cath and needs to have bag emptied, Brief w/ full assistance, Arjo
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: use use of electric wheelchair, can drive on her own but may need help in unknown places lap and chest straps
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may need help in unknown locations
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wear glasses, may need help cleaning and drying glasses
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal/emotional aggression, false reporting two staff assist, seizure like episodes,
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No Alone time
Important to:	visiting w/ staff, family, music, Art
Important for:	having staff respond and hear her, staff who know her
Likes:	music, walk, food, sleeping, singing, finger painting
Dislikes:	being bored, people close to her face

Staff: Paris D

Date: 4/26/22



Service Recipient: Tish B

Service Span: _____

Outcomes:

Outcome #1 Daily Tish will indicate she needs to restroom by signing
Staff will give reminder to sign
Tish will inform staff when she needs to use restroom

Outcome #2: Weekly Tish will help plan activity
Staff will present tish with options
Staff will ask for feedback

Communication Style:
Verbally, facial expressions, body language

Learning Style:
reminders and reassurance

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites and seasonal
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: thickened liquids At risk of choking, remind to slow down
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, regular cup with straw
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, cerebral palsy, neurogenic bladder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No scheduled meds at pai
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Catheter, briefs, 2 staff stand lift
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: electric chair, can drive independently, shoulder straps
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may need help using chair in unfamiliar environments
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Wears glass may need help cleaning
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal emotional aggression: 2 staff assist
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to: Important for:	Socializing with staff, friends family, music & art response time, Giving prompts before task, honored communication
Likes:	Music & walks
Dislikes:	Being bored and having people too close

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1000

1000

1000

Staff: Emily Eisenpeter
 Date: 4.26.2022



Service Recipient: Tish Rogowski
 Service Span: April 2022 - April 2023

Outcomes:

Outcome #1 indicates use the cares room by signing verbal reminder when arriving to sign. Show sign

Outcome #2: Help plan activity for following week
 Present options, ask questions/feedback

Communication Style:
Verbally, facial expressions, body language, time to process

Learning Style:
Positive reminders & reassurance, consistency

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Mesquite bites, allergies, communicate when noticing concerns</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, thick cut,</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, thickened liquids, built up plate/bowl</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Anxiety, CP, neurogenic bladder</u> <i>concerns communicated here</i>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled, staff would administer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Outrigger, staff empty, brief, full assist. 2 staff posey</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lap belt, foot pedal, shoulder straps - transportation on electric wheelchair can drive indep. unless unfamiliar place</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model appropriate behavior, support w/ wheelchair</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses - help cleaning, drying off when wet (rain)</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>False reporting - 2 staff when possible</u> <u>Anxiety, seizure like episodes - communicate w/ residence</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to: <u>Socializing w/ staff, friends, of family, music & art</u>	
Important for: <u>Time to respond, time to process, staff honor communication</u>	
Likes: <u>Music, walks, karaoke, Arts, hugs, out to eat, bowling, dances</u>	
Dislikes: <u>Bored, close to face</u>	

Staff: Alfredo Fierro - Montes



Service Recipient: Tisha Rogowski

Date: 4-26-22

Service Span: April 22 - April 23

Outcomes:

Outcome #1 Daily, Tisha will indicate when she needs to use the restroom.

Staff will give verbal reminder to sign when she needs restroom.

Outcome #2: Weekly, Tisha will plan an activity for the following week

Staff will present options to plan activity.

Communication Style:

Verbal, facial expressions, body language

Learning Style:

Great memory, positive reminders, consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Mosquito bites, seasonal allergies.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>At risk for choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet, nectar thickened liquids.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Anxiety, Cerebral Palsy, neurogenic bladder</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No regular meds at PAI. Staff administer any needed meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Catcher, brief w/ full assistance, Arjo</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses electric wheelchair, may need help. Lap belts.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need support w/ moving wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses. May need them cleaned</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anxiety.</u> <u>False reporting. 2 staff assist when possible.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time.</u>
Important to:	<u>Socializing, Friends, Family, Music</u>
Important for:	<u>Time to respond, prompts before a task</u>
Likes:	<u>Bowling, Dancing, PAINT pour, hugs</u>
Dislikes:	<u>being bored</u>

Staff: Trey Gould
 Date: 04/26/22



Service Recipient: Tish R.
 Service Span: 4/22 - 4/23

Outcomes:

Outcome #1	Tish will indicate that she needs to use the Cares room while signing restroom - Daily
Outcome #2:	Tish will help plan activity for the following week - weekly
Communication Style:	Verbally, Facial expressions, Body language, Time to Process
Learning Style:	Time to Process, verbal, Visual

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito Bites, Seasonal Allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A No Seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: at risk. Bite sized food and thick- it in drinks
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, thickened liquids, regular cup/straw,
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, CP, Neurogenic bladder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No scheduled medications
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Catheter, needs bag emptied, Brief full assistance
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: electric wheel chair, lap belt, feet pedals down, shoulder strap
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may need support in unfamiliar environments
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wears glasses may need cleaned
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: History of false reporting, Seizure like episodes
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	Socializing, music, Art
Important for:	Having time to respond,
Likes:	music, walks, food, sleeping, singing, hugs, Bowling
Dislikes:	bored, someone too close to face

Staff: Lisa Hartman
 Date: 4/22/22



Service Recipient: Tish Rogowski
 Service Span: 4-22/4-23

Outcomes:

Outcome #1: Daily, Tish will indicate that she needs to use the cares room by signing "restroom" in 80% of opportunities over the next year.

Summarize Steps:

1. Tish will inform staff that she needs to use the bathroom by signing restroom. Staff will model the sign if needed.
2. If Tish uses the sign for restroom, the outcome will be marked as a "Y".

Outcome #2: Weekly, Tish will help plan an activity for the following week in 80% of opportunities over the next year.

Summarize Steps:

1. Staff will present Tish with some options so she can plan an activity for the following week. Staff will ask her questions and ask for feedback from Tish regarding the activities.
2. If Tish assists in planning an activity for the following week the outcome will be marked as a "Y".

Communication Style: Verbally, facial expressions, and body language. Time to process and express herself.

Learning Style: Tish has a great memory. She works well with positive reminders and reassurance. Consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites and seasonal allergies. Tish is usually aware and can verbalize with staff when she is feeling symptoms. Tish is accepting of supports and needs assistance with taking medications.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A no seizures.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish is at risk for choking while eating and drinking. Her food is bite sized and she uses Thick-it in her liquids.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, thickened liquids Tish uses a regular cup with a straw, typical utensils, and a divided plate with edges.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Anxiety, cerebral palsy, neurogenic bladder. Any concerns will be communicated to her residence.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish does not have any regularly scheduled medication at PAI. If she were to need any medication staff would administer it.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish has a catheter and needs to have the bag emptied. She wears a brief. She is assisted with a transfer using an Arjo and one staff or a pivot transfer with two staff while using a posey belt. She needs full assistance in getting cleaned up and dressed.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish uses an electric wheelchair. She can drive her wheelchair independently but may need assistance in unfamiliar places. While in her wheelchair, her lap belt is secured, and her foot pedals are down. She utilizes shoulder straps during transportation.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish may need support in moving her wheelchair in unfamiliar environments. Staff will model pedestrian safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Wears glasses. May need assistance in cleaning her glasses or drying them off if they get wet from the rain.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal/emotional aggression: Hx of false reporting. Two staff will assist Tish when possible. Emotional health symptoms: Anxiety. Tish may experience anxiety most often when being informed of appointments, community integration, or work schedule. Other: Seizure like episodes: Tish has seizure like episodes typically if she does not feel comfortable, usually with a transfer. Any concerns will be communicated to her residence.
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A No unsupervised time.

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: Tish Rogowski

Service Span: 4-22/4-23

Important to: Socializing with staff, friends and family. Music and art.

Important for: Having time to respond and have staff that are patient with her. Giving prompts shortly before a task so she can process but not too much time, so she becomes anxious. Having staff that know and honor her communication.

Likes: Music and going for walks. Food, sleeping and singing or “rocking out” to karaoke. Finger painting, paint pours, and painting in general. Giving hugs. Going out to eat, bowling, and dances.

Dislikes: Being bored or having someone too close, especially by her face.

Lead Review Completed: _____

Staff: Justen Loebung



Service Recipient: T.R.

Date: 4/26/22

Service Span: April 22-23

Outcomes:

Outcome #1 indicate needs to use restroom by signing - verbal reminder - give time
Outcome #2: plan activity for following weeks - present option - Ask feedback - give time
Communication Style: Verbal, facial expressions, time to process and express
Learning Style: positive reminders, reassurance, consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: mosquito bites, and seasonal
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized, thick liquids
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cup w/straw, regular utensils, built up plate
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, C.P., neurogenic bladder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None taken here
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Catheter, bag emptied, Brief, Arjo/pivot transfers 2 staff
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: electric wheelchair, lap belt, foot pedals down, shoulder straps, can move ind, may need assistance
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wear glasses,
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal/emotional aggression, emotional health symptoms, seizure like episodes
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None here
Important to: music, art, socializing	
Important for: time to respond, prompts, familiar staff	
Likes: music, walks, singing	
Dislikes: Bored, people too close to her	

Lead Review Completed: UK

Staff: Jalya Pratt

Date: 4/26/22



Service Recipient: Tish R.

Service Span: 4/22 - 4/23

Outcomes:

Outcome #1 Daily will sign to use the cares room - verbal reminder
Outcome #2: Weekly will plan an activity - Present options
Communication Style: Verbally, facial expression, body lang. Time to process
Learning Style: Great memory, positive reminders, reassurance. Consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites, seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Risk of choking while eating or drinking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size, thickened liquids neg cup w/ straws
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety, CP, neurogenic bladder DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No sched meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Catheter and needs bag emptied, brief, full assist. Transfer using Arjo
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Electric wheel chair, propel herself may need assistance in unfamiliar places.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need assistance in unfamiliar places
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: wears glass. may need help to clean
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: verbal / emotional, Anxiety, seizure like episodes
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None

Important to: Having music + art. socialize w/ family and friends

Important for: Time to respond, staff that are patient with her, staff that knows her well.

Likes: Music, walks, food, sleeping, singing painting, Karaoke

Dislikes: Being bored, having someone too close, in her face.

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part is a list of the names of the members of the committee who have been elected to the office of chairman.

MEMBERS

1.

2.

3.

4.

5. The names of the members of the committee who have been elected to the office of secretary are as follows:

6. The names of the members of the committee who have been elected to the office of treasurer are as follows:

7. The names of the members of the committee who have been elected to the office of auditor are as follows:

8.

9. The names of the members of the committee who have been elected to the office of clerk are as follows:

10. The names of the members of the committee who have been elected to the office of reporter are as follows:

11. The names of the members of the committee who have been elected to the office of reader are as follows:

12. The names of the members of the committee who have been elected to the office of secretary are as follows:

13.

14.

15. The names of the members of the committee who have been elected to the office of treasurer are as follows:

16. The names of the members of the committee who have been elected to the office of auditor are as follows:

17. The names of the members of the committee who have been elected to the office of clerk are as follows:

18. The names of the members of the committee who have been elected to the office of reporter are as follows:

Staff: Dub & Martin
 Date: 4/26/2022



Service Recipient: Tish Rogowski
 Service Span: Apr 2022 - 2023

Outcomes:

Outcome #1: <u>Daily indicate need for care room using "restroom" sign</u> - Verbal reminder - Tish inform staff using sign
Outcome #2: <u>Weekly plan activity for following week</u> - Staff present options - Staff ask Tish for feedback regarding the activities
Communication Style: <u>Verbal, facial expression + body language</u> <u>needs processing time +</u>
Learning Style: <u>great memory, positive reminders +</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Seasonal allergies, Mosquitoes</u> <u>Tish usually aware + can communicate</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Choke risk - bite sized + thick it</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size + thickened liquids</u> <u>typical cup w/ straw, plate w/ edges, ^{or bowl} leg utensils</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anxiety, cerebral palsy, neurogenic bladder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>- concerns to residence</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none currently - if she were staff will administer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Caregiver - bag emptied, Orient, help cleaning up,</u> <u>Ango on 2-staff w/ Posey belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>electric wheelchair, drives independently, may need ^{shower chair} assistance in unfamiliar places - lap belt, foot pedals down - ^{shoes} ^{transfer chair}</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need support in unfamiliar environments</u> <u>staff model pedestrian skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses - may need assistance cleaning</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal + emotion aggression - history of false reporting - 2 staff aware when possible - Anxiety - seizure like episodes when uncomfortable w/ transfer</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Time to listen music, art, staff friends + family socializing</u>
Important for:	<u>Time to respond, staff that honor + give necessary time - prompts before hand so process -</u>
Likes:	<u>Music, going for walks, Karaoke, food, sleeping, singing, painting</u>
Dislikes:	<u>Being kissed on someone's cheek, especially by face</u>

Staff: Maurita Sweeney
 Date: 4/24/22



Service Recipient: T.R.
 Service Span: April '22 - '23

Outcomes:

Outcome #1	Daily indicate that she needs to use the Caregiver room by signing. Give time staff remind to sign
Outcome #2:	Weekly Plan activity for following week. Staff ask questions and ask for feedback to help plan activity.
Communication Style:	Verbal, facial, body language. Give time to process and allow her to express herself
Learning Style:	Great memory, verbal praise, consistency.

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites Seasonal allergies - medication
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size food. Thick it in fluids.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size diet (Regular cup, straw) Thickened Liquids (utensils, bowl, built up)
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Anxiety Cerebral Palsy Communicate concerns to residence. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not take here. staff would administer medication.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Catheter bag, Arjo 2 person to toilet if she needs to use toilet.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Electric wheelchair. Can drive independently - has seat belt + shoulder straps
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need support in moving wheelchair staff model safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: glasses - may need assistance, cleaning or drying off.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal, emotional aggression, ^{seizures} episodes 2 staff assist when possible. History false reports
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	socializing, music, Art
Important for:	Time to respond. Staff that give her time to process.
Likes:	music, going for walks, Karaoke, Paint/Hugs
Dislikes:	Bored, someone too close or too close to face.

Staff: Kathy Perry



Service Recipient: Tish Rogowski

Date: 4-26-22

Service Span: 4/22 - 4/23

Outcomes:

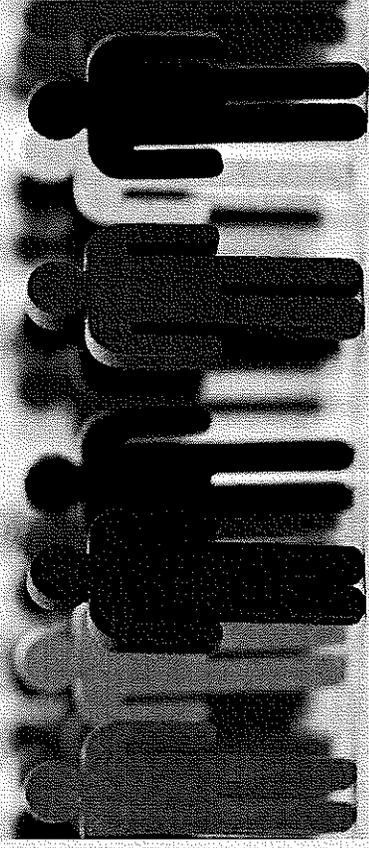
Outcome #1: <u>Daily will indicate that she needs to use areas worn by</u> Summarize Steps: <u>Signing, "restroom"</u> <u>Staff verbally remind when arriving to sign when needing to use restroom</u> <u>& show her the sign.</u>
Outcome #2: <u>Will plan an activity for following week</u> Summarize Steps: <u>Staff present 2 some options so she can plan for following</u> <u>week. Staff ask questions & give feedback ask for feedback</u>
Communication Style: <u>Verbal, facial expressions, body language</u> <u>Time to process & express herself</u>
Learning Style: <u>Has a great memory. Consistency. works well & positive</u> <u>reminders</u>

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

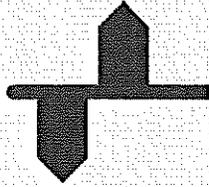
Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Mosquito bites & seasonal. Usually aware</u> <u>& can verbalize when feeling symptoms</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, Nectar liquids</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, thickened liquids</u> <u>Pop cup & straw, built up plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, anxiety, neurogenic bladder</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>0 @ PAI</u> <u>Needs assistance</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs assist to empty catheter bag, Brief</u> <u>(pullup) Liners @ ARJO, pant hanger, or 2 steps & belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Elec. w/c - can drive independently - may need</u> <u>assist in unfamiliar places. lap belt, foot pedals & shoulder</u> <u>straps for transport</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need assist w/c. Supervise</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Glasses - assist w/ cleaning</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Verbal/emotional aggression. Hx of false</u> <u>reporting may experience anxiety & apnea, outings, work</u> <u>schedule. Seizure like episodes - typically if not feeling</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Comfortable & transfer.</u> <u>None</u>
Important to:	<u>socializing w/ staff, friends, family music, art</u>
Important for:	<u>Time to respond, staff that are patient, prompts shortly before</u> <u>a task so she has time to process so she doesn't get anxious. Staff that</u> <u>brush her comm.</u>
Likes:	<u>Music, going for walks, food, sleeping, singing, finger painting</u> <u>Painting, Giving hugs, out to eat, bowling, dances</u>
Dislikes:	<u>Being bored, having someone too close especially by face</u>



**PAI-
Linden/Oakdale
Team Meeting**



Welcome



Sign In



Introductions

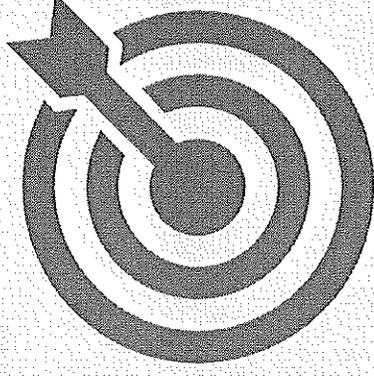


A moment of gratitude

Agenda

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

Wrap Up



Site-Specific Updates

Oakdale New Hires:

Vanessa will start 5/9/22 in Voyager

Return to Oakdale: 5/2/22

Linden to Oakdale Transfers:

Nina

Charlotte

Dirk



Site-Specific Updates

Review of Manager Staffing Patterns: 5/2/22:

Program Director, Lindsay:

Monday, Wednesday - Oakdale
Tuesday, Thursday – Linden
Friday - Rotate

Office Assistant Nancy:

Tuesday, Fridays - Oakdale
Monday, Wednesday, Thursday- Linden

Oakdale Program Supervisor, Cortney:

Maternity Leave May 9

Schedules subject to change per coverage needs.



Staffing Expectations

PAI-Linden and PAI-Oakdale will continue to hire-up staff with the goal of opening more program rooms.

It's important to remember that current staffing ratios are enriched (we have more staff than needed) with the goal of supporting participants on the weight list.

As we continue to hire and invite participants back to program – ratios may start to feel leaner but will really be returning to normal staffing patterns. Please be prepared to adjust your expectations and efficiency as these shifts occur.



Policy and Procedure Review

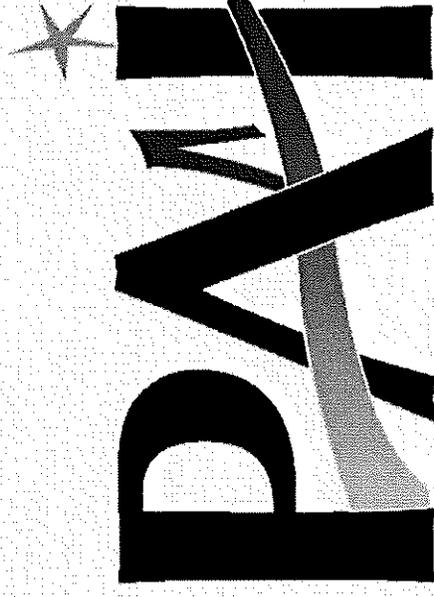
Emergency calls:

DSP's and Leads do not need a Program Supervisor present to make 911 calls.

If a participants protocol outlines to call 911 and criteria is met, call 911.

If a participant is observed to have an unexpected serious health decline or emergency, call 911.

Provide the EMT a copy of the participants face sheet and current physician orders. Notify the Program Supervisor or Program Director as soon as possible.



Agency-Wide Updates

Licensing:

Notice of Reinspection (NOR)



Competency Reviews

Outcome #1: 3 times a week, Fartun will choose which program room she would like to visit in 80% or more trials over a 12-month period

Summarize Steps:

Present 2 room choices verbally and ask Fartun which room she would like to visit.

Outcome #2: Once a month, Fartun will choose which outing she would like to attend in 80% of all trials over a 12-month period

Summarize Steps:

Describe 2 different location options verbally and ask Fartun which one she would prefer to go on.

Communication Style: Verbally

Learning Style:

Verbal instructions, visual cues, and repetition

Fartun Ahmed
Feb 2022-Feb 2023





Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk of choking if she eats too fast. Provide support by visually monitoring her to ensure that she is eating her food safely
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Regular calorie diet cut into bite size pieces. May need support in eating some foods if they are too messy or she is having difficulty using her utensils independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Down Syndrome and a ventricular septal defect DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Fartun can use the toilet with reminders to go to the restroom. Staff assist Fartun in freshening up as needed.



Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Fartun walks independently but may become anxious accessing stairs without railings, or maneuvering on uneven terrain or icy sidewalks
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Fartun does not recognize dangers while out in the community. Staff model appropriate pedestrian safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Nearsighted and needs corrective lenses
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: Religion, mealtime, socializing with peers and staff, her family and friends, helping others and her books.	
Important for: Eating at a steady pace, socializing and building relationships, and maintaining her ability to be independent	
Likes: Enjoys being part of the group and spending time and socializing with peers, friends, and staff	
Dislikes: Not having opportunities to socialize, participating in activities that she does not enjoy, and not allowing her to be independent in her choices and preferences	

Competency Review

Outcome #1: Daily, Tish will indicate that she needs to use the cares room by signing “restroom” in 80% of opportunities over the next year.

Summarize Steps: Staff give verbal reminder when arriving to sign when needing to use the restroom and show her the sign. Tish will inform staff that she needs to use the restroom by signing

Outcome #2: Weekly, Tish will help plan an activity for the following week in 80% of opportunities over the next year.

Summarize Steps: Staff will present Tish with some options so she can plan an activity for the following week. Staff will ask her questions and ask for feedback from Tish regarding the activities.

Communication Style: Verbally, facial expressions, and body language. Time to process and express herself.

Learning Style: Tish has a great memory. She works well with positive reminders and reassurance. Consistency.

Tish Rogowski

April 2022-April 2023



Competency Review

Tish Rogowski

April 2022-April 2023



Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Mosquito bites and seasonal allergies. Tish is usually aware and can verbalize with staff when she is feeling symptoms. Tish is accepting of supports and needs assistance with taking medications.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A no seizures.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Tish is at risk for choking while eating and drinking. Her food is bite sized and she uses Thick-it in her liquids.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, thickened liquids Tish uses a regular cup with a straw, typical utensils, and a built-up plate with edges or a bowl.

Competency Review

Chronic Medical	List & Describe Supports: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Conditions:	Anxiety, cerebral palsy, neurogenic bladder.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Any concerns will be communicated to her residence.	
Medication	Describe Supports:	
at PAI:	No regular scheduled medication at PAI. If she were to need any medication staff would administer it.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Personal Cares:	Catheter and needs to have the bag emptied. Brief, full assistance with getting cleaned up. Transferred using an Arjo and one staff or a pivot transfer or with two staff while using a posey belt.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Mobility/Fall Risk:	Tish uses an electric wheelchair, can drive her wheelchair independently but may need assistance in unfamiliar places. While in her wheelchair, her lap belt is secured, and her foot pedals are down. She utilizes shoulder straps during transportation.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Tish Rogowski

April 2022-April 2023



Competency Review

Tish Rogowski
 April 2022-April 2023



<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Tish may need support in moving her wheelchair in unfamiliar environments. Staff model pedestrian safety skills.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Wears glasses. May need assistance in cleaning or drying them off if they get wet from the rain.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Verbal/emotional aggression: History of false reporting. Two staff will assist Tish when possible. Emotional health symptoms: Anxiety, may experience anxiety most often when being informed of appointments, community integration, or work schedule. Seizure like episodes: Tish has seizure like episodes typically if she does not feel comfortable, usually with a transfer. Any concerns will be communicated to her residence.</p>

Competency Review

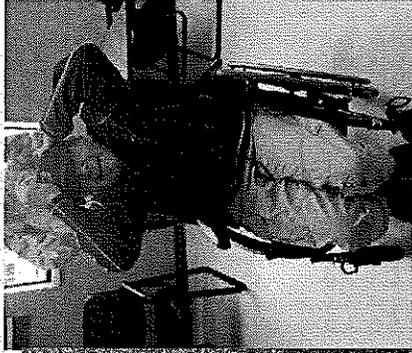
Tish Rogowski
April 2022-April 2023



Unsupervised Time: ■ No □ Yes	Describe Supports: No unsupervised time.
Important to:	Socializing with staff, friends and family. Music and art.
Important for:	Having time to respond and have staff that are patient with her. Giving prompts shortly before a task so she can process but not too much time, so she becomes anxious. Having staff that know and honor her communication.
Likes:	Music and going for walks. Food, sleeping and singing or “rocking out” to karaoke. Finger painting, paint pours, and painting in general. Giving hugs. Going out to eat, bowling, and dances.
Dislikes:	Being bored or having someone too close, especially by her face.

CSSP Reviews

- Larry T
- Krista Y
- Carrie C
- Angelina M
- Donald L
- Gary B
- Sandy N
- Jessica C



Participant Photos Here





Gratitude

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?



What will the provider do?

Northeast Residence and PAI will implement the formal supports to build and maintain all skills necessary for Sandy to achieve her goals to spend time with her family, attend camp, expand her cooking skills, use her coping skills, and maintain her healthy lifestyle. They will ensure Sandy's health and safety needs are met.

What will the provider do?

PROVIDER(s) will continue to respectfully work with Jessica to support/encourage, build, and maintain all skills to meet her goals and ensure all her health and safety needs are met. Providers will work with Jessica on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Provider(s) will work with Jessica to continue to remain healthy and safe as well as participating in more social outings with her peers.

PCA PROVIDER: PCA Provider will continue to work with Jessica to support/encourage and help her with day to day activities in her home and community to help her maximize her independence. Provider will work with Jessica on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. PCA will work with Jessica to encourage her to work on continuing to remain healthy and safe as well as participating in more social outings with her peers.

SUPPORTED/RESIDENTIAL PROVIDER: Residential Provider will continue to work with Jessica to build and maintain all skills to meet her goals and to ensure all her health and safety needs are met. Provider will work with Jessica to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Caregivers will work with Jessica to help her work on continuing to remain healthy and safe as well as participating in more social outings with her peers.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider will continue to work with Jessica to build and maintain employment and vocational skills to meet her goals, and to ensure her health and safety needs are met during their scheduled time. Provider will work with Jessica to encourage/support on her global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of her goals/dreams. Caregivers will work with Jessica to her to work on continuing to remain healthy and safe as well as participating in more social outings with her peers.

