



In-Service Training Log – Oakdale

Date:

5.24.2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Tristen Lorsung, LDSP			TJ Comp Quiz
.5	Maurita Sweeney, LDSP			ND Comp Quiz
.25	Emily Elsenpeter, Program Supervisor			Site Updates

Make up Date	Initial	EE ID	Last Name
	MP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	Pd		Dyer, Paris
	HM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LI		Hartman, Lisa
5/27/22	TL		Lorsung, Tristen
	KP		Perry, Kathy
	JP		Pratt, Jalysa

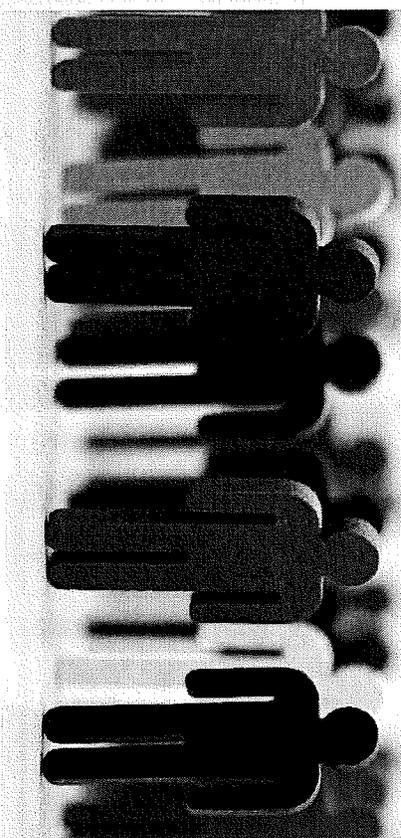
Make up Date	Initial	EE ID	Last Name
	DM		St. Martin, Deb
	MS		Sweeney, Maurita
	CS		Bley, Conrad

Make up Date	Initial	EE ID	Managers/Admin
	HL		Hiland, Lindsay
	EM		Elsenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees

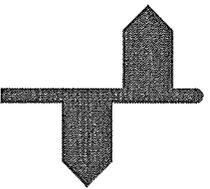
PAI-Oakdale Team Meeting

5.24.2022





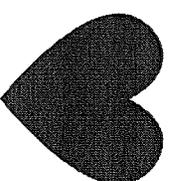
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

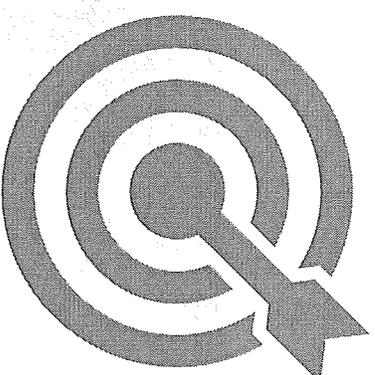
Welcome

Site-Specific Updates

Competency Reviews

CSSP Reviews

Wrap Up



Site-Specific Updates

- Participant Updates
 - Pierre Murray, Demitted
 - Dave Wassman, Hospice
- Bussing
 - If your room is done with their morning meeting, bussing can start before 9:00
 - Before going to Linden, we had to be under 6 hours for billing purposes, but that is no longer in effect.
 - In the afternoon we will still need to start bussing at 2:30.



Competency Reviews

<p>Outcome #1: Daily, TêVon will inform staff when he needs to use the restroom in 70% of all opportunities over the next 6months.</p> <p>Summarize Steps: Prompted every hour by staff privately, reminding him to let staff know when he has to use the restroom.</p>
<p>Outcome #2: Monthly, TêVon will choose an outing to go on in 80% of all opportunities over the next 6months.</p> <p>Summarize Steps: Staff present four options using picture cards, give him time to decide, and honor his choice by putting him down on the schedule for the outing he chooses.</p>
<p>Communication: Verbal, body language, and facial expressions.</p>
<p>Learning Style: Routine and repetition, best supported with physical and short verbal cues.</p>

TêVon Joseph



Competency Reviews

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: No known allergies.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a bite sized diet, may eat fast and become distracted while eating, and has a pronounced underbite.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accepting of supports and verbal cues to slow down, bite size diet, able to eat independently with staff supervision, uses a blue plate, and a regular blue cup.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Attention Deficit Hyperactivity Disorder (ADHD): may have difficulty paying attention, and control impulsive behavior. Cerebral Palsy: ability to move and maintain balance and posture is impaired due to limited muscle control, TêVon is supported in fine and gross motor tasks and in activities involving coordination.
	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

TêVon Joseph



Competency Reviews

Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He does not have any current medications here; however, should he require medication it would be with a drink of water or in soft food.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May be aware of when he needs to utilize the restroom and may request assistance. He utilizes disposable briefs, needs one staff for full assistance with cares and transferring from his chair to mat table.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to bear weight, independently complete transfers in and out of his wheelchair to surfaces of similar height, can propel himself short distances, chair is equipped with a safety belt, flip up footrest plate, and anti-tip bars.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance when out in the community, supported in safely engaging with community activities and people of his choice, intervene in a dangerous situation.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision Impairment: He is accepting of supports and wears glasses. Tactile Defensive: He is tactile defensive to his hands.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A

TèVon Joseph



Competency Reviews

Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No time alone.
Important to: Music and musical activities be part of his life, access to technology, socializing, and visiting friends	
Important for: Socialize, access technology building skill use with the I-pad, being independent, and being supported in his own choices.	
Likes: Singing, music therapy, visiting with friends, spending time with family, and spending time with familiar staff.	
Dislikes: Sticky things on his hand, loud noises that startle him, having to wait for music related activities and or going on an outing he is looking forward to, and being rushed.	

TéVon Joseph



Competency Reviews

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Allergic to Cephalosporins, may be allergic to dust, pollen, and animal dander which present with watery eyes, runny nose, and sneezing. Notify residence if she prescribed Cephalosporin, ensure Nina does not interact with pet therapy dogs, concerns will be communicated to Nina's residence.</p>
<p>Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina has a partially controlled seizure disorder. Staff are trained to Nina's protocol and will administer her PRN medication per her seizure protocol. All seizure activity will be reported to her residence.</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: History of choking, difficulty swallowing, may pocket food and swallow too much at once, monitored during her meals and helped as needed. Reminders to swallow, check her mouth, and perform abdominal thrusts if exhibiting signs of choking</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Pureed foods and pudding thick liquids, avoid consuming sugar free items, needs staff assistance eating and drinking. She uses a soft tipped or Mother Care spoon. If she eats less than 50% of her food, she is given nutrition via G-tube by trained staff.</p>

Nina D'Amato



Competency Reviews

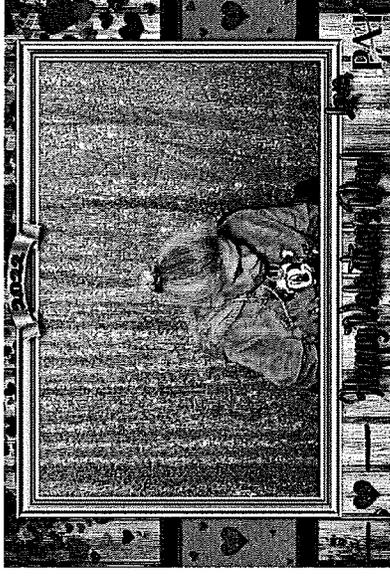
Outcome #1 Daily, Nina will choose to walk with staff for 2 minutes. Staff will ensure Nina has her gait belt on then verbally prompt Nina that it is time to go for a walk.

Outcome #2: Monthly, Nina will choose an outing to go on. Staff will present Nina with 4 options using picture cards then review them one by one asking Nina to communicate her preferences.

Communication Style: Nonverbally using vocalizations, body language, gestures, and facial expressions. Nina understands shortened verbal statements in English, and responds to gestures, facial expressions, and physical cues.

Learning Style: Nina learns through routine and repetition. She is best supported with verbal, physical, and hand over hand supports. Nina's leaning style appears to be auditory, visual, and kinesthetic.

Nina D'Amato



Competency Reviews

<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: RETT's Syndrome, scoliosis, Asthma, Osteoporosis, Left Lower Lobe Bleb (air filled pocket), Hyperlipidemia, insomnia, Heel Cord Contracture, Dropped feet, Constipation, Hemorrhoids. Staff will assist Nina in ambulating, take extra care when working with Nina, call 911 for respiratory distress, offer a recliner when tired, report any concerns of constipation, blood in stool, or loud vocalizations indicating pain. Nina is sun sensitive. Staff will apply sunscreen when going outside for more than 10 minutes. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina requires full assistance with any medication prescribed to her. She is unable to request medication or inform someone if there are issues with her medication. Staff are trained in medication administration.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina wears a gait belt and holds onto the bar on the wall while staff assist her with cares. She utilizes the support of disposable briefs. Nina sits on the toilet if she needs her clothing changed. Nina is unable to complete her personal cares or manage her personal hygiene independently.</p>

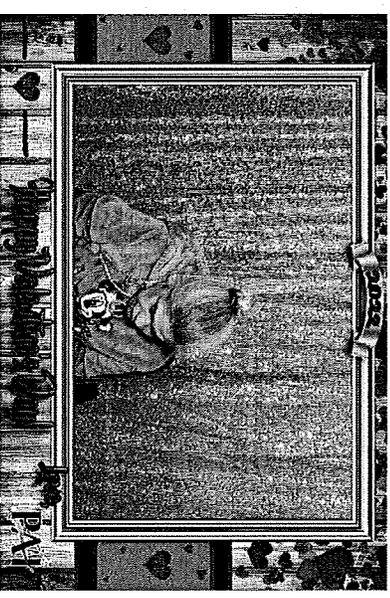
Nina D'Amato



Competency Reviews

Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assist Nina to walk short distances or propel her wheelchair longer distances. Nina fell in 2018 injuring her head from a metal hairclip. Staff will remove metal hairclips if she has them on.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will propel Nina's wheelchair while out in the community and model pedestrian safety skills. Staff will intervene in a potentially dangerous situation.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Nina is aware of her tactile defensiveness and can wear gloves for a short period of time. Staff will encourage Nina to wear her gloves outside in low temperatures.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Nina is not able to tell someone if she is feeling the symptoms of depression but may communicate her feelings through her actions and interactions. Staff will monitor Nina for any signs or symptoms of depression and notify Nina's residence of any concerns.

Nina D'Amato



Competency Reviews

Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nina has no unsupervised time.
Important to: Opportunities to walk, listen to music, attend Music Therapy, do art with hand over hand assistance, have her hair styled and make choices throughout her day	
Important for: Receiving services from those who know her best, making choices, opportunities to walk to promote muscle and bone strength	
Likes: Having hair styled, relaxing in a recliner, working on art projects, walking around the building, music, and Music Therapy.	
Dislikes: Being startled when napping, not having choices throughout her day, and not having opportunities to walk.	

Nina D'Amato





CSSP Reviews

Andy Fariss

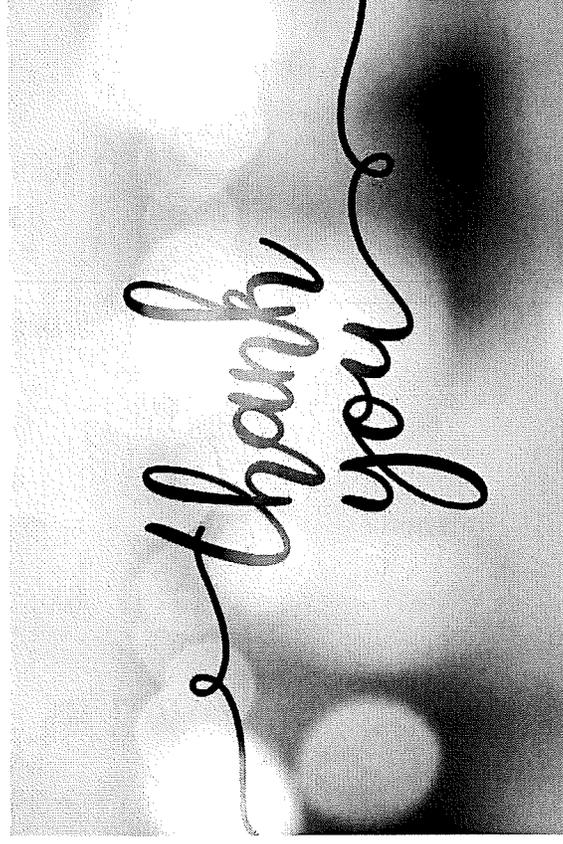


TéVon Joseph



Gratitude

Mari-Thank you for completing extra tasks when you have additional time at the end of the day.



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?





Competency Tracking Form Oakdale

Participant: Nina D'Amato **Annual Service Span:** May 2022-May 2023

Annual Meeting Date: 5.17.2022 **Date Assigned to Lead:** 5.17.2022 **Quiz Due:** 6.3.2022

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
5-24-22	MBP	Basurto Pofertl, Mari
5/27/22	SB	Berglund, Sara
5/24/22	AO	Diaz, Amanda
5/24/22	PD	Dyer, Paris
5.24.2022	EM	Elsenpeter, Emily
5/24/22	AFM	Fierro-Montes, Alfredo
5/24/22	TG	Gould, Trey
5-24-22	HL	Hartman, Lisa
5-27-22	TL	Lorsung, Tristen
5/24/22	JP	Pratt, Jalysa
5-24-22	DBT	St. Martin, Deb
5.24.22	MS	Sweeney, Maurita
5.24.22	CB	Bray Candy

Date Completed	Initials	Full Name
5-24	KP	Kathy Perry

Date Uploaded to LMS: 6/2/2022

Staff: Mari
 Date: 5-24-22



Service Recipient: Nina
 Service Span: May 22-23

Outcomes:

Outcome #1	Daily Nina will choose to walk w/ staff for 2 minutes - staff will ensure Nina has gait belt & verbally prompt her
Outcome #2:	Monthly, Nina will choose an outing - staff present 4 options using picture cards allow her to communicate preference
Communication Style:	nonverbally using vocalization, body language, gestures & facial expressions, understands short verbal cues
Learning Style:	routine & repetition, best supported w/ verbal, physical and hand den hand supports.

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: Nephthalopans & possible dust & pollen reactions. cannot interact w/ pet therapy
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled seizure disorder, has PRN
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of choking, difficulty swallowing - will remind her to swallow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed foods & pudding thick liquids, preference to avoid sugar free food, it's less than 50% gets nervous w/ ag-type
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Down Syndrome, scoliosis, asthma, osteoporosis, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes intermittent hematuria, constipation, hyperlipidemia Nina resides w/ concers
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance w/ meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wears gait belt & holds onto bar while standing, Nina sits on toilet if needed clothing changed
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assist Nina to walk short distances, propel wheelchair long distances, cannot wear metal handrail
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will propel wheelchair & model pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Is aware of factin detensiveness will wear glasses for short amounts of time
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Not able to tell if she has symptoms of depression May communicate through actions
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	opportunities to walk music therapy, and hair styled, making choices
Important for:	receiving services through these we know her best opportunities to walk to provide muscle strength
Likes:	having hair styled, relaxing in redwood, art projects
Dislikes:	being startled when hugging not having choice opportunities to walk.

Staff: Sma B
 Date: 5/21/22



Service Recipient: Ana
 Service Span: _____

Outcomes:

Outcome #1	Daily walk w/ Staff for 2 min gait belt prompt for walk
Outcome #2:	memory will choose an outfit present 4 options
Communication Style:	Vocalizations body lang. gestures facial expressions
Learning Style:	perseverance repetition auditory visual kinesthetic

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: cephalosporins does pollen animal dander
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: difficulty swallowing may pocket food swallow to much
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pored food poorly. Thick liquids avoid sugar free pens mother care span 50% g-tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: RETTS Syndrome SCOLIOSIS asthma osteoporosis 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: full cost.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt held onto meal bar briefs staff assist.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assist short distance & properly hold long.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defense w/ hands
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff monitor for signs of depression
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none

Important to:
Walking music chair styled

Important for:
familiar staff making choices going for walks

Likes:
relaxing in the recliner making choices going for walks
music chair styled

Dislikes:
cuddled no choices no opportunity to walk

Staff: Amanda Diaz



Service Recipient: Wina

Date: 5/24/2022

Service Span: May 22 - May 23

Outcomes:

Outcome #1	Daily, will choose to walk w/ staff for 2 min - make sure to use gait belt
Outcome #2:	Monthly, will choose outing to go on - give 4 option picture cards
Communication Style:	Non verbal, body language, facial expressions
Learning Style:	Routine 3 REP, verbal, physical, and HOT, learns the auditory, visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cephalosporins, may be allergic to dust, pollen, animal dander
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled seizure disorder
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking, may pocket food reminders to swallow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed food pudding thick liquids sugar free items (no!) Nutrition through G tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: RETT's syndrome, scoliosis, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Asthma, dropped feet, constipation, Hemorrhoids, sensitive to the sun,
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist w/ meds prescribed
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears a gait belt, holds bar during cares disposable briefs, sits on toilet if clothes to change
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assist to walk short distance propel wheelchair on longer trips
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Propel wheelchair (staff)
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactile defensive ness, can wear gloves for a short time (during winter)
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: unable to tell about depression staff will monitor
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no unsupervised time

Important to: Chances to walk, hair done, ~~to~~ able to make choices

Important for: staff who know her, chances to walk

Likes: ~~to~~ walks, recliner time, music therapy

Dislikes: not being able to walk, not having choices

Staff: Paris D.
 Date: 5/24/22



Service Recipient: Nina D
 Service Span: May '22 - '23

Outcomes:

Outcome #1 Nina will choose to work with Staff for 2 mins use gait belt

Outcome #2: Monthly nina will choose outing

Communication Style:
Non verbal, body language, facial expression
 Learning Style:
physical cues, verbal cues, hand over hand

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>Dust pollen, animal dander</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficultly swallowing, may pocket food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Purced food, pudding thick liquids</u> <small>a tube if less than 50%</small>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Scoliosis, Osteoporosis, constipation, Asthma</u> Sun Sensitivity
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires full assistance with meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears gait belt, holds onto bar while standing</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Assist in walking short distance or propel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Propel chair in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will wear gloves for tactile defensiveness</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May communicate feelings of depression</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Walking, music therapy, Art</u>
Important for:	<u>familiar staff, making choices, walking</u>
Likes:	<u>Hair styled, recliner, art projects</u>
Dislikes:	<u>not walking, startled</u>

Staff: Emily Eisenpeter
 Date: 5.24.2022



Service Recipient: Nina O'Hanrahan
 Service Span: May 2022 - May 2023

Outcomes:

Outcome #1 Choose to walk w/ staff for 2 minutes ensure gait belt on, prompt Nina

Outcome #2: Choose outing 4 picture cards, review 10y1. ASKING ND to communicate preferences

Communication Style:
 Vocalizations, body lang, gestures, facial expressions

Learning Style:
 Routine & repetition, verbal, physical & HOT supports, auditory

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: Cephalosporins, dust, pollen, animal dander - not interact w/ dogs ^{concerns to residence}
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled, protocols PRN, report +
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history, difficulty swallowing, pocket food, swallow too much
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: in-tube nutrition if less than 50% Pureed food, pudding thick, no sugar free, mother care/soft tip
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: RZITS syndrome, scoliosis, Asthma, osteoporosis, constipation DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes assist ambulating, concerns communicated, recliner when tired
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist,
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt, holds on bar while standing, brief, toilet if change
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assist w/ short distances, remove hair clips
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Propel chair for her, model safety, intervene in dangerous situation
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactile defensiveness - hands - encourage gloves
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Depression - monitor, notify residence
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to:	opportunities to walk, hair styled, choices, music
Important for:	staff know well, walking
Likes:	hair styled, recliner, walking, music
Dislikes:	startled when napping, no choices

Staff: Alfredo Fierro-Montes

Date: 5/24/22



Service Recipient: Nina Damato

Service Span: May 22-23

Outcomes:

Outcome #1 Daily, Nina will choose to walk w/staff for 2 minutes.

Staff ensure Nina has her gait belt.

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

Staff present 2 options.

Communication Style: Non verbally using vocalizations, body language, gestures.

Learning Style: Routine / Repetition, verbal, physical & hand over hand

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>Cephalosporins, Dust, pollen, animal dander</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially controlled, administer pvn per protocol.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of choking, difficulty swallowing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed foods + pudding thick liquids, if less than 50% gine</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Left lower lobe Bleb</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>g-tube</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance w/any needs</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable briefs.</u> <u>Wears gait belt, holds on to bar, sits on toilet for change</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist w/walking or propel wheelchair.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff propel wheelchair in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Aware of tactile defensive, can wear gloves.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Can't communicate her depression, may tell through actions.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>Walking, music, aft, hair styled, independence</u>
Important for:	<u>Familiar staff, walking.</u>
Likes:	<u>Walking, Music Therapy, music.</u>
Dislikes:	<u>Being startled, not walking, not having independence.</u>

Lead Review Completed: Maura Sweeney

Staff: Trey G
 Date: 5/24/22



Service Recipient: Nina D
 Service Span: may 22 - may 23

Outcomes:

Outcome #1 Choose to walk with staff for 2 mins

Outcome #2: Choose to Go on an Outing
- 4 options (Picture Cards)

Communication Style: Non verbal, vocalizations, Facial Expressions

Learning Style: routine and repetition, hand over hand supports,
Visual, Auditory

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>Cephalosporins, Dust, pollen, Animal dander</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Partially Controlled Seizure, reported to residence</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, Pocketing, reminders to Swallow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed Foods, Pudding Thick liquids, mother care spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Zetts Syndrome, Scoliosis, Asthma, Osteoporosis, Hyperlipidemia, Hemorrhoids, Constipation</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>Full assistance, unable to inform staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait belt, holds onto bar, Briefs, toilet if clothes change</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assistance in walking and Propelling wheelchair, remove hairclips</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff propel wheel chair, and model skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile Defensive, Gloves in low temps</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>not able to tell someone if shes depressed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
Important to:	<u>walk, music, music therapy, Art, hair styled</u>
Important for:	<u>choices, walk, and staff who know her</u>
Likes:	<u>hair styled, Art, recliner, music</u>
Dislikes:	<u>Being startled, no choices, no walking</u>

Staff: Lisa Hartman



Service Recipient: Nina A. Amato

Date: 5-24-22

Service Span: May 22 - May 23

Outcomes:

Outcome #1	choose to walk to steep 2 wts belt on verb. prompt to walk
Outcome #2:	choose to go on outings picture cards, examine, choose
Communication Style:	Non-verbal vocalizations, body lang., fac. expres, understands short English - gestures
Learning Style:	routine/repetition - hand over hand auditory visual Kinesthetic

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: Cephalosporins - dust pollen animal dander concerns to residence of pet therapy dogs
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: part. controlled adm. med per protocol - residence notified
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ht of chokers - pocket food, monitor + remind to swallow abd. thrusts if str of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed foods + pudding like liquids soft top mother g take @ 50% of food care spoon total assist
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Rett's Syndrome, scoliosis, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes constipation - many more help ambulate sensors when out in gen
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assist - trained staff
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt holds bar while standing briefs sits on toilet for clothing
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist to walk short distances / propel for longer distances remove metal floor clips
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: propel w/c in comm. (staff) - intervene + model
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile def. def. - gloves in winter
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depression - shows signs/actions/symptoms Notify home
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time

Important to: walk, music, music therapy, art, choices, hair done

Important for: choices, walking, staff who know her

Likes: hair styled, sitting in recliner, music, music therapy
walking

Dislikes: startled when napping & choices & walking opportunities

Staff: Tristen Lorsung



Service Recipient: Nina D'Amato

Date: 5/25/22

Service Span: May 2022 - May 2023

Outcomes:

Outcome #1: Daily, Nina will choose to walk with staff for 2 mins. Summarize Steps: $\$$ - gait belt - prompt for walk
Outcome #2: Monthly, Nina will choose an outing to go on. Summarize Steps: • present 4 options
Communication Style: vocalizations, body lang., gestures, facial expressions
Learning Style: routine and repetition, auditory, visual, kinesthetic

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 <input type="checkbox"/> N/A	List & Describe Supports: Cephalosporins, dust, pollen, and animal dander
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: partially controlled seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficulty swallowing, may pocket food and swallow too much at
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pureed foods & pudding thick liquids, avoid sugar free items, mother care spoon, legs + men 50% ate get g-tube nutrition
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: RETT'S syndrome, scoliosis, asthma, osteoporosis 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: requires full assistance
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt, holds onto metal bar, utilizes Brics, staff assist
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assist walking short distance, propelling long distances
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe: 1:1 in the community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive with hands
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: staff monitor for any signs of depression
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: None here
Important to: walking, music, hair styled	
Important for: familiar staff, making choices, going for walks	
Likes: relax in recliner, hair styled, music	

Staff: Tristen Lorsung



Service Recipient:

Date:

Service Span:

Dislikes: started, no choices, no opportunity to walk

Lead Review Completed: _____

Staff: Jalysa Pratt

Date: 5/24/22



Service Recipient: Nina D

Service Span: 5/22 - 5/23

Outcomes:

Outcome #1 Nina will choose to walk with staff 2 mins <ul style="list-style-type: none"> ◦ Gait belt ◦ Verbally prompt
Outcome #2: choose an outing to go <ul style="list-style-type: none"> ◦ 4 options w/picture cards
Communication Style: Non verbally vocalizing, body lang, facial expression
Learning Style: Routine + repetition, hand o/hand.

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: Cephalosporins, dust, pollen, animal dander.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Partially controlled seizure
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: difficulty swallowing, pocket food. staff will give reminders.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed foods, pudding thick liquid, avoid sugar free items, Mother care spoon, less than 50% use
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Rett Syndrome, scoliosis, Asthma, Osteoporosis, sensitive to sun 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: Full assist with any meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt, holds on bar while standing Disposable briefs, uses toilet for clothing change.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assist to walk short distance. Remove metal clips if she arrives with one.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assist out in the community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Aware of tactile defense, wear gloves,
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Non verbal to communication with depression.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None

Important to: Opportunites to walk, music, music therapy, art hair styled.

Important for: Services from people that know her, making choices. walking

Likes: Hair styled, recliner

Dislikes: Not having time to walk, ~~exerc~~

Staff: Deirdre Martin
 Date: 5/24/2022



Service Recipient: Nina D'Amato
 Service Span: 4/22 - 5/23

Outcomes:

Outcome #1	Choose to walk w/ staff for 2min - gait belt + verbally prompt
Outcome #2:	Monthly Choose outfit - present 4 pre card options - review 1 by 1 + ask for preference
Communication Style:	Nonverbal using vocalizations, body language, gestures, facial expressions. Short verbal English. Responds to gestures, facial expressions + physical
Learning Style:	Repetition, repetition, verbal, physical, hand-over-hand supports - ^{also} Auditory, visual, kinesthetic

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cephalosporins, dust, pollen, animal dander, bunny nose, eyes, sneezing - NO pet therapy dogs
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Partially controlled seizure disorder - PRN per protocol report to residence
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking - difficulty swallowing; Pocket for mouth meals
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Puréed foods + pudding thick liquid - avoid sugary items - Staff assistance eating + chunking
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Rett's Syndrome, Scoliosis, Asthma, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Osteoporosis, left lower leg bleed - Hyperlipidemia, insomnia - heel and can fracture, Staff assist ambulating, sun sensitive
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance with any meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support - gait belt + hold on to her - on toilet if needs clothing changed - briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assist to walk short distances - Staff propel wheelchair long distances - NO metal chair clips
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff propel wheelchair - full support in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: aware of tactile defensiveness - wear gloves for short periods of time -
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: not able to tell someone if feeling depressed - communicates through actions + interactions for symptoms
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	walking, listen to music, music therapy, cut with hand over hand, chair styled, ability to make choices
Important for:	Services from those who know her best, making choices, opportunities to walk
Likes:	How styled, relaxing in recliner, art projects, music, music therapy, walking around building
Dislikes:	being startled when happy, not having choices, not having opportunities to walk

Staff: Maurita Sweeney

Date: May 17, 2022



Service Recipient: Nina D'Amato

Service Span: May 2022 to 2023

Outcomes:

<p>Outcome #1 Daily, Nina will choose to walk with staff for 2 minutes. Staff will ensure Nina has her gait belt on then verbally prompt Nina that it is time to go for a walk.</p>
<p>Outcome #2: Monthly, Nina will choose an outing to go on. Staff will present Nina with 4 options using picture cards then review them one by one asking Nina to communicate her preferences.</p>
<p>Communication Style: Nina communicates nonverbally using vocalizations, body language, gestures, and facial expressions. Nina understands shortened verbal statements in English, and responds to gestures, facial expressions, and physical cues.</p>
<p>Learning Style: Nina learns through routine and repetition. She is best supported with verbal, physical, and hand over hand supports. Nina's leaning style appears to be auditory, visual, and kinesthetic.</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Allergic to Cephalosporins, may be allergic to dust, pollen, and animal dander. She presents with watery eyes, runny nose, and sneezing. Staff will notify residence if she is prescribed Cephalosporin. Staff will ensure Nina does not interact with pet therapy dogs. Concerns will be communicated to Nina's residence.</p>
<p>Seizures: <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina has a partially controlled seizure disorder. She has a physician ordered protocol with PRN medication. Staff are trained to Nina's protocol and will administer her PRN medication per her seizure protocol. All seizure activity will be reported to her residence.</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: History of choking. Nina has difficulty swallowing. Nina may pocket food and swallow too much at once. Nina is at Risk for choking if she ingests foods or liquids that are not prepared according to dietary orders. Nina will be monitored during her meals and helped as needed. Staff will give reminders to swallow, check her mouth, and perform abdominal thrusts if exhibiting signs of choking.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Dr. prescribed diet of pureed foods & pudding thick liquids. Family prefers Nina avoid consuming sugar free items. Nina needs staff assistance eating & drinking. She uses a soft tipped or Mother Care spoon. Should Nina eat less than 50% of her food she is given nutrition via G-tube by trained staff.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: RETT's Syndrome, scoliosis, Asthma, Osteoporosis, Left Lower Lobe Bleb (air filled pocket), Hyperlipidemia, insomnia, Heel Cord Contracture, Dropped feet, Constipation, Hemorrhoids. Staff will assist Nina in ambulating, take extra care when working with Nina, call 911 for respiratory distress, offer a recliner when tired, report any concerns of constipation, blood in stool, or loud vocalizations indicating pain. Nina is sun sensitive. Staff will apply sunscreen when going outside for more than 10 minutes.</p> <p style="text-align: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina requires full assistance with any medication prescribed to her. She is unable to request medication or inform someone if there are issues with her medication. Staff are trained in medication administration.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina wears a gait belt and holds onto the bar on the wall while staff assist her with cares. She utilizes the support of disposable briefs. Nina sits on the toilet if she needs her clothing changed. Nina is unable to complete her personal cares or manage her personal hygiene independently.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Nina is at risk of falling due to her wide gait, Heel Cord Contracture, Scoliosis, and Rhett's Syndrome. Staff will assist Nina to walk short distances or propel her wheelchair longer distances. Nina fell in 2018 injuring her head from a metal hairclip. Staff will remove metal hairclips if she has them on.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff will propel Nina's wheelchair while out in the community and model pedestrian safely skills. Staff will intervene in a potentially dangerous situation.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Nina is aware of her tactile defensiveness. Nina is able to wear gloves for a short period of time. Staff will encourage Nina to wear her gloves outside in low temperatures.</p>

Lead Review Completed: _____

Staff: Maurita Sweeney

Date: May 17, 2022



Service Recipient: Nina D'Amato

Service Span: May 2022 to 2023

Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Nina has been diagnosed with depression. Nina may be aware she is feeling depressed and communicate this through her actions and interactions. Nina is unable to tell someone if she is feeling depressed. Staff will monitor for any signs of depression and report to residence.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nina has no unsupervised time.
Important to: opportunities to walk, listen to music, attend Music Therapy, do art with hand over hand assistance, have her hair styled and make choices throughout her day	
Important for: receiving services from those who know her best, making choices, opportunities to walk to promote muscle and bone strength	
Likes: having hair styled, relaxing in a recliner, working on art projects, walking around the building, music, Music Therapy	
Dislikes: being startled when napping, not having choices throughout her day, not having opportunities to walk	

Lead Review Completed: _____

Staff: Cindy Foley
 Date: 5-24-22



Service Recipient: Nina D
 Service Span: 5-22 - 5-23

Outcomes:

Outcome #1:
 Walk w/ staff for 2 mins.
 Have gait belt on then verbally prompt it's time to walk.

Outcome #2:
 Choose outings.
 Staff will present 4 options using picture cards of routes then 1 by 1

Communication Style:
 Non Verbal, vocalizations, body language

Learning Style:
 Routine, repetition, verbal, physical & hand over hand. ^{Visual} Auditory

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: Cephalosporins, amoxicillin, penicillin, ^{not interaction w} therapy dogs.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Partially controlled - Report to her home staff.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of Choking, pocket food, reminders to swallow
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed food (putting thick liquids soft tip with care spoon. ^{if eat less than 50% - to be fed?}
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: RFTU syndrome Left lower limb ^{DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes} Asthma osteoporosis. Sun sen strike call 911 for respiratory distress
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance w/ medication
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt holds m to bar, brief, Full assistance w/ change ^{with}
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance to walk and propel wheelchair, no metal handclips
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will assist w/ wheelchair, Supervised at all times.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactile defensiveness - wear gloves when cold not id
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff will monitor for signs of depression - notify home staff -
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised times.
Important to:	Walk, listen to music, eat (hand over hand) hair styled
Important for:	Receiving services who know her best, making choices, walk
Likes:	Hair styled, Receiving in technician, walking on a cart
Dislikes:	Being startled when napping, not making choices

Staff: Kathy Perry
 Date: 5-24-22



Service Recipient: Neva
 Service Span: 5/22 - 5/23

Outcomes:

Outcome #1: <u>Choose to walk 2 steps for 2 min. Gait belt prompt its time to walk</u>
Outcome #2: <u>Choose outing 4 picture cards offered 1 at a time - show preference</u>
Communication Style: <u>non verbal Responds to all below Vocalizations body language, gestures, facial exp.</u>
Learning Style: <u>repetition visual, HOA rote auditory, manual, kinesthetic</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>Ensure no pet Cephalosporin, dust, animal dander</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>partially controlled PRN med - seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of choking - may pocket food, remind to swallow Monitor</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>puree feeding thick liquids - No sugar free items. assist to eat if eats & 50% G tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ketts, asthma, lobe lsb, hypernatremia, insomnia, upper necklines, sensitive to sun</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>full assist unable to request</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gait belt - holds bar, brief dependent full assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stays assist to walk short distances w/c for distance. Remove metal hair clips</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>propel w/c interview staff</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>aware of tactile dependence. can wear gloves short periods</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>monitor for signs/symptoms of depression watch actions for symptoms</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A None</u>
Important to:	<u>walk, music, music therapy, hair styled, choices HOH</u>
Important for:	<u>choices, walking</u>
Likes:	<u>hair styled, art projects, music, music therapy, walking</u>
Dislikes:	<u>being startled, no choices, no walking</u>

Staff: Mari
 Date: 5-24-22



Service Recipient: Te'Von J
 Service Span: May 22-23

Outcomes:

Outcome #1 Daily Te'Von will inform staff when he needs to use the restroom - Prompted every hour by staff privately reminding him to let staff know
Outcome #2: Monthly, Te'Von will choose outings to go on - Present picture cards and allow him to decide
Communication Style: verbal, body language, facial expressions
Learning Style: routine, repetition best supported w/ physical & short verbal cues

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

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: has bite sized diet, may eat fast & become distracted has underbite
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accepting of verbal cues to slow down bite sized diet eats independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, ICP, supported in fine & gross motor skills in activities including coordination 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 current medications, if were to have PRN would be administered w/ water at 50% force
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May be aware when needs to use restroom utilizes bidets
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He is able to bear weight, can independently transfer w/ staff support
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance while in community, will intervene in dangerous situations
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment wears glasses tactile sensitive on hands
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 NA	Describe Supports: No alone time
Important to:	music, access to technology, socializing, visiting friends
Important for:	being independent, making choices, building skills w/ ipad
Likes:	singing, visiting w/ friends, spending time w/ family & familiar staff
Dislikes:	sticky things on hands, loud noises, waiting, being rushed on outings

Lead Review Completed: Fanten

Staff: Sarah B
 Date: 5/27/20



Service Recipient: Sarah B - Té
 Service Span: _____

Outcomes:

Outcome #1: Daily Té will enforce staff he need to use restroom w/o prompt every 90 mins.

Outcome #2: monthly Té will choose an outtry 80% of options

Communication Style: Verbal body langr facial expressions

Learning Style: Repetitive repetition best supported w/ physical & sheets

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size diet may eat fast & distracted</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal cues to slow down bite size diet eat indep. ^{underp} bite plate ^{cup}</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD control ^{impulsive} behavior Cerebly palsy.</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>Brief need 1 staff full asst. his chair to ^{mat table}</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear weight ^{rest} ind. complete transfers ^{best antipip bars propulsion dis.}</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment wears glasses tactile Delusve</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>music music activities tech. socializing ^{visiting friends}</u>
Important for:	<u>socialize access to iPad being independent own choices</u>
Likes:	<u>singing music therapy visiting friends spending time/being</u>
Dislikes:	<u>sticky things on hands loud noise being rushed ^{having to wait.}</u>

Lead Review Completed: Frattin Kelly

Staff: Amanda Diaz

Date: 5/24/2022



Service Recipient: Te

Service Span: May 22 - May 23

Outcomes:

Outcome #1 <u>Daily</u> , Te will inform staff when he needs to use the Restroom. - Prompt every hour - Remind staff to let him know
Outcome #2: <u>Monthly</u> , Te will choose an outing to go on - present picture cards - Give time to decide
Communication Style: <u>Verbal, body, language, facial expression</u>
Learning Style: <u>Routine, REP</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Na</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Verbal cues to slow down, bite size pieces under bite</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size, verbal cues, Blue plate blue cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADD, ADHD, CP</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>Does not have meds @ PAI.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mat table, Disposable briefs, full assist</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to bear weight independent transfers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist out in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, acceptive of supports tactile defensive (hands)</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>music & musical activities, access to tech visiting</u>
Important for:	<u>socializing, access to tech, I-Pad</u>
Likes:	<u>singing, music therapy, friends, spending time w/family</u>
Dislikes:	<u>sticky things, loud noises, having to wait for music related activities</u>

Lead Review Completed: Triston Perry

Staff: Paris D
 Date: 5/24/22



Service Recipient: Te'von J
 Service Span: _____

Outcomes:

Outcome #1	Te'von will inform staff when he needs to use the restroom Prompt every hour by staff reminders to inform staff
Outcome #2:	Monthly Te'von will choose outing to go on Present 4 options using pic cards
Communication Style:	Verbally, eye contact, grabbing, touching
Learning Style:	routine and repetition

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

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: No known seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet, may eat fast, easily distracted while eating
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Encourage to slow down, bite sized, independently
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, CP DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No meds at PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Maybe aware when he needs to use restroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Able to bear weight independently
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance needed
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	music, technology, visiting friends
Important for:	independence, socializing
Likes:	Singing, music therapy, family time
Dislikes:	Sticky things on hands, waiting, being rushed, loud noises

Lead Review Completed: Twalter Perry

Staff: Emily Eisenpeter
 Date: 5.24.2022



Service Recipient: TeVon Joseph
 Service Span: May 2022 - May 2023

Outcomes:

Outcome #1	inform staff when needs to use restroom Prompted every hour privately
Outcome #2:	Choose an outing
Communication Style:	verbal, body lang. facial expressions
Learning Style:	Routine & repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	N/A	List & Describe Supports: No allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	N/A	Describe Supports: No seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: Bite sized, eat fast, distracted, underbite
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: Verbal cues to slow down
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		List & Describe Supports: ADHD-impulsive CP 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 current meds, ^{administer w/} water, or soft foods
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: May know when needs to use restroom, briefs, ^{can} transfer
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: Bears weight, transfer indep. at similar height, propel self ^{short distances}
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: assistance at all times
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		List & Describe Supports: Vision: glasses Tactile defensive on hands
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	N/A	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Describe Supports: No unsupervised time
Important to:	Music, technology, socializing, friends	
Important for:	Socializing, technology skill building w/ iPad, choices	
Likes:	Singing, music therapy, time w/ friends, familiar staff	
Dislikes:	Sticky things on hand, loud noises, waiting for ^{preferred} activities	

Lead Review Completed: Justin Berry

Staff: Alfredo Ferro-Morales



Service Recipient: Tévon Joseph

Date: 5/24/22

Service Span: May 22-23

Outcomes:

Outcome #1 Daily, Tévon will inform staff when he needs to use the bathroom.
 Prompted every hour by staff (privately)

Outcome #2: Monthly, Tévon will choose an outing to go on.
 Staff present 4 options

Communication Style:
 Verbal

Learning Style:
 Routine/Repetition

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: 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: Has underbite, may eat fast.	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized diet.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, Cerebral Palsy.	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 current meds, if required he takes w/ soft foods.	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May be aware when needed, disposable briefs.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bears weight	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance in community.	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, Tactile defense	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No Alone Time	
Important to:	Music, Musical activities, friends, socializing.	
Important for:	Technology, Independence, socializing.	
Likes:	Music Therapy, Friends, family, familiar staff.	
Dislikes:	Sticky things on hands, loud noises, being rushed.	

Lead Review Completed: Tévon Joseph

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Staff: Trey Goud
 Date: 5/24/22



Service Recipient: Tevon J.
 Service Span: May 2022 - May 2023

Outcomes:

Outcome #1 Inform Staff when he needs to use the Bathroom - Prompted every hour
Outcome #2: Choose an Outing to Go on - Picture Cards
Communication Style: Verbal, body language, Facial expressions
Learning Style: Routine, repetition, Short verbal cues

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>No Known Allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No Seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, may eat Past, Underbite</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accepting of supports, verbal cues to slow down, bite size, blue plate</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, CP,</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>No Current meds, Given with water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>utilizes briefs, needs one staff for full assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear weight, can propel himself short distances</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assistance, intervene in danger</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment Tactile Dependent</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No Alone time</u>
Important to:	<u>music, Technology, socializing</u>
Important for:	<u>socializing, Technology, Independent</u>
Likes:	<u>Music, singing, family,</u>
Dislikes:	<u>Tactile, sticky things, startled, rushed</u>

Lead Review Completed: Erin Kelly

Staff: Lisa Hartman



Service Recipient: TeVon Joseph

Date: 5-24-22

Service Span: May 22 - May 23

Outcomes:

Outcome #1	<u>Daily - inform staff he needs to use the restroom prompt every hour by staff - remind him to inform if needs restroom</u>
Outcome #2:	<u>monthly - choose outings present options using picture cards, time to decide, know choice</u>
Communication Style:	<u>verbal, body language, face expressions</u>
Learning Style:	<u>Routine + repetition, physical + short VC</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>X</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, chew eat fast - can be distracted, pronoun and underbite</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accepting of supports + VC - remind to slow down bite size, eat ind. + supervision - blue plate + req. blue cut</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD - CP - coord. activities</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>Ø at PAI PRN - drink of H2O or soft food</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs 1 staff + carer + transfers to mat table</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear weight - indep. transf. + same height as VC propel short distances - safety belt, flip up foot plate, anti tip base</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist in comm. intervene in dangerous sit.</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision imp - wears glasses - accepts help tact. defense - hands</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>(UP)</u>	Describe Supports: <u>NA No alone time</u>	
Important to:	<u>music + musical activities access tech. socializing visiting friends</u>	
Important for:	<u>socialize build skill + pad being ind. supporting his choice</u>	
Likes:	<u>singing, music therapy, visiting + friends, time + family + from staff</u>	
Dislikes:	<u>stinky things on fingers, being startled (loud noises) waiting for music</u>	

Lead Review Completed: Breton A. [Signature]

Staff: Tristen Lorsung

Date: 5/20/22



Service Recipient: TéVon Joseph

Service Span: May 2022-May 2023

Outcomes:

Outcome #1: Daily, TéVon will inform staff when he needs to use the restroom in 70% of all opportunities over the next 6 months.

Summarize Steps: prompted every hour by staff privately, reminding him to let staff know when he has to use the restroom.

Outcome #2: Monthly, TéVon will choose an outing to go on in 80% of all opportunities over the next 6 months.

Summarize Steps: staff present four options using picture cards, give him time to decide, and honor his choice by putting him down on the schedule for the outing he chooses.

Communication: Verbal, body language, and facial expressions.

Learning Style: Routine and repetition, best supported with physical and short verbal cues.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: No allergies.
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a bite sized diet, may eat fast and become distracted while eating, and has a pronounced underbite.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accepting of supports and verbal cues to slow down, bite size diet, able to eat independently with staff supervision, uses a blue plate, and a regular blue cup.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Attention Deficit Hyperactivity Disorder (ADHD) meaning he DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes may have difficulty paying attention, and control impulsive behavior, Cerebral Palsy: ability to move and maintain balance and posture is impaired due to limited muscle control.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He does not have any current medications here, however should he require medication it would be with a drink of water or in soft food.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May be aware of when he needs to utilize the restroom and may request assistance. He utilizes disposable briefs, needs one staff for full assistance with cares and transferring from his chair to mat table.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He is able to bear weight, independently complete transfers in and out of his wheelchair to surfaces of similar height and is able to propel himself short distances. His chair is equipped with a safety belt, flip up footrest plate, and anti-tip bars.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: He needs staff assistance when out in the community at all times.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision Impairment: He is accepting of supports and wears glasses. Tactile Defensive: He is tactile defensive to his hands.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No time alone.
Important to: Music and musical activities be part of his life, access to technology, socializing, and visiting friends	

Lead Review Completed: *Tristen Lorsung*

Staff: Tristen Lorsung

Date: 5/20/22



Service Recipient: TéVon Joseph

Service Span: May 2022-May 2023

Important for: Socialize, access technology building skill use with the I-pad, being independent, and being supported in his own choices.

Likes: Singing, music therapy, visiting with friends, spending time with family, and spending time with familiar staff.

Dislikes: Sticky things on his hand, loud noises that startle him, having to wait for music related activities and or going on an outing he is looking forward to, and being rushed.

Staff: Jalyssa Pratt

Date: 5/24/22



Service Recipient: Te'von J

Service Span: 5/22 - 5/23

Outcomes:

Outcome #1 Daily, He will inform staff when he needs to use the Cares. • Prompt every hour by staff
Outcome #2: Monthly, He will choose an outing to go on. • Present 4 options using picture cards
Communication Style: verbal, body lang, facial expressions
Learning Style: Routine + repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</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 size, may eat too fast, becomes distracted, under bite.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Accepts support, verbal cues to slow down, bite size, regular cup.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, CP</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>No current meds. if prn comes admin with water or soft foods.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Utilize the cares room, needs assist. Disposable briefs</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to bear weight, independent transfer self propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist out in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment Tactile Defense</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to: <u>music, technology, socializing, visiting friends.</u>	
Important for: <u>socializing, technology, being independent, support his choices.</u>	
Likes: <u>singing, music therapy, family, friends</u>	
Dislikes: <u>sticky on his hands.</u>	

Lead Review Completed: *Treton Kelly*

Staff: Deb & Martin
 Date: 5/24/2020



Service Recipient: Kevin Joseph
 Service Span: 5/22-5/23

Outcomes:

Outcome #1 uniform staff to use bathroom 70% - Lomas Promoted every now to use bathroom privately
Outcome #2: Monthly chore only - present 4 pic cards - allow processing time → humor choice
Communication Style: verbal, body language, facial expression
Learning Style: Rote + repetition - physical + short verbal cues

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

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: Bite sized diet - may eat fast + become distracted - underbite
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supports + verbal cues to slow down, bite size diet, eat independently w/ staff supervision
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD - cerebral palsy 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 current meds - PRN would be w/ water or soft food
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may be aware when needs to use restroom - briefs - full support needs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: able to bear weight - able to independently complete transfers of some height
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in community -
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, accepting of support, wears glasses - tactile defensive w/ clothes
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: n/a
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: n/a no alone time
Important to:	Music, musical activities, access to technology, socializing w/ friends
Important for:	socialize, making own choices, access to technology
Likes:	music therapy, singing, visiting w/ friends, family, time w/ familiar staff
Dislikes:	sticky things on hands, loud noises that startle him, having to wait for music activities in being rushed on an outg

Lead Review Completed: Friston

Staff: Maurita Sweeney
 Date: 5/24/22



Service Recipient: TEUON J.
 Service Span: May 22 - '23

Outcomes:

Outcome #1	Inform staff when needs to use rest room Prompt every hour privately. remind him to let staff know.
Outcome #2:	Choose outings. staff will present 4 options
Communication Style:	verbal. body language, facial expression
Learning Style:	short verbal cues. Routine + Repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>NO known</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>NO seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size. may eat fast and become distracted when eating. Under bite.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cues to slow down Blue plate. Regular Blue cup</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD CP</u> support in fine and gross motor tasks 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>None currently here. would have in soft food or water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears briefs 1 staff full assist from chair to table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bears weight. Can independently transfer to chairs similar height. Chair has safety belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff assist to safely interact in community ^{with} and intervene in danger ^{bars}</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment. wears sunglasses to go home. tactile defensive on hands.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>—</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>NO alone time</u>
Important to:	<u>music, music activities, socializing, visiting friends</u>
Important for:	<u>technology - iPad - independence - support in making choices</u>
Likes:	<u>music, visiting friends, family, familiar staff</u>
Dislikes:	<u>tactile defensive - sticky hands - being startled</u>

Lead Review Completed: [Signature]

Staff: Andy Ryan
 Date: 5.24.22



Service Recipient: Teron J.
 Service Span: 5-22-5.23

Outcomes:

Outcome #1 Inform staff when needs to use restroom.
 Prompted when how by staff (privately) remind staff to use restroom.

Outcome #2: Teron will choose cutting.
 Staff will present options using picture cards, give him time to decide.

Communication Style:
 Verbal, body language

Learning Style:
 Routine, repetition, short verbal cues.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal cues to slow down, bite size diet, hand/bite
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal cues to slow down. "blue plate & blue cup"
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 Cerebral Palsy support for gross motor skills & activities of coordination.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No med at PAI. If required
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assistance w/ care 1 staff, briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can bear weight - staff can transfer out of chair - plans of similar height -
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance in community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Help putting glasses on and off. Tactile defensive in hands
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA No alone time
Important to:	music, technology, being independent, socializing
Important for:	socializing, access to technology
Likes:	Singing, time w/ friends, family, certain staff.
Dislikes:	Sticky things on hands, loud noise that starts him waiting for music, being rushed

Lead Review Completed: Geetana Reddy

Staff: Kathy Perry
 Date: 5/24/22



Service Recipient: Levon
 Service Span: 5/22-5/23

Outcomes:

Outcome #1 <u>Inform staff when needs to use the BR</u> <u>Prompt ghr privately remind to</u>
Outcome #2: <u>Choose outing</u> <u>use picture</u>
Communication Style: <u>verbal body language facial expressions</u>
Learning Style: <u>routine, repetition physical + short verbal cues</u>

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> <u>NKA</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 may eat fast + get distracted</u> <u>underbite</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>acc</u> <u>bite sized. Cuts ender. staff supervision</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, CP</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>muscle + balance impaired</u> <u>impulsive behav control, difficulty paying</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>OPI</u> <u>Needs assist - 7 water on soft food</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs - 1 staff to transfer</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to bear wt - staff minimal assist</u> <u>to transfer - can propel short distance Belt, wrist tip bars</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff assist</u> <u>intervene if needed</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision - wears glasses - assist to take off + on</u> <u>Tactile defensive on hands</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u> <u>no alone time</u>
Important to:	<u>music, music act., socializing/visiting, tech.</u>
Important for:	<u>Socializing, access to tech, indep</u>
Likes:	<u>Singing music therapy family, spending time w/ family staff</u>
Dislikes:	<u>Sticky things on hand, loud noises that startle, being rushed</u> <u>having to wait for music or outing he wants to go on</u>

