



# In-Service Training Log – Oakdale

Date:

5.31.2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Emily Elsenpeter			Misc. Updates (Licensing, performance evaluation, policy: Computer and internet use)
.5	Amanda Diaz			SG Comp Quiz
.25	Emily Elsenpeter			NK and JW Semi Annual Updates

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	Pd		Dyer, Paris
	AEM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LA		Hartman, Lisa
	TL		Lorsung, Tristen
			Perry, Kathy
	JP		Pratt, Jalysa

Make up Date	Initial	EE ID	Last Name
	DST		St. Martin, Deb
	MS		Sweeney, Maurita
6-7-22	KP		Kathy Perry

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

Make up Date	Initial	EE ID	Other Attendees



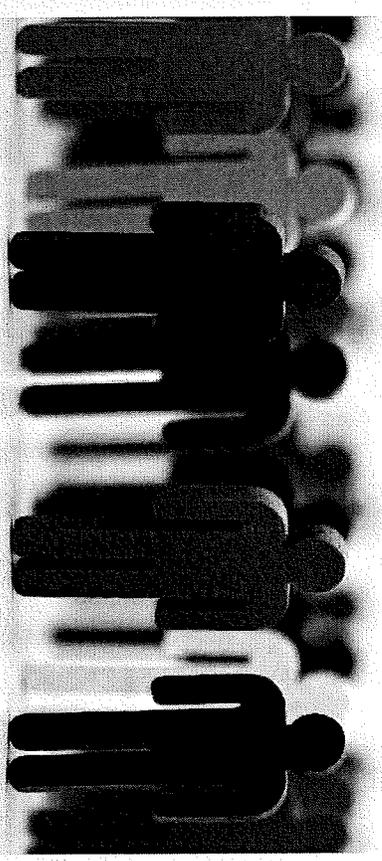




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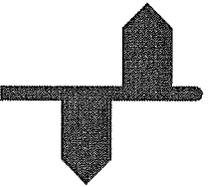
# PAI-Oakdale Team Meeting

5.31.2022





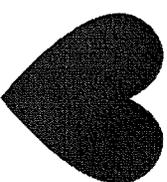
# Welcome



Sign In



Introductions

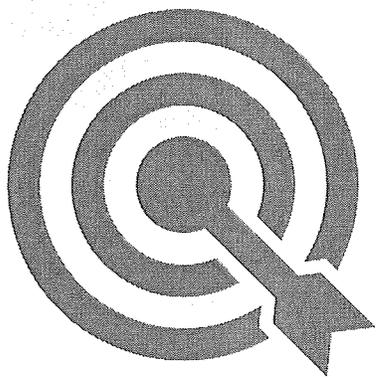


A moment of gratitude



# Agenda

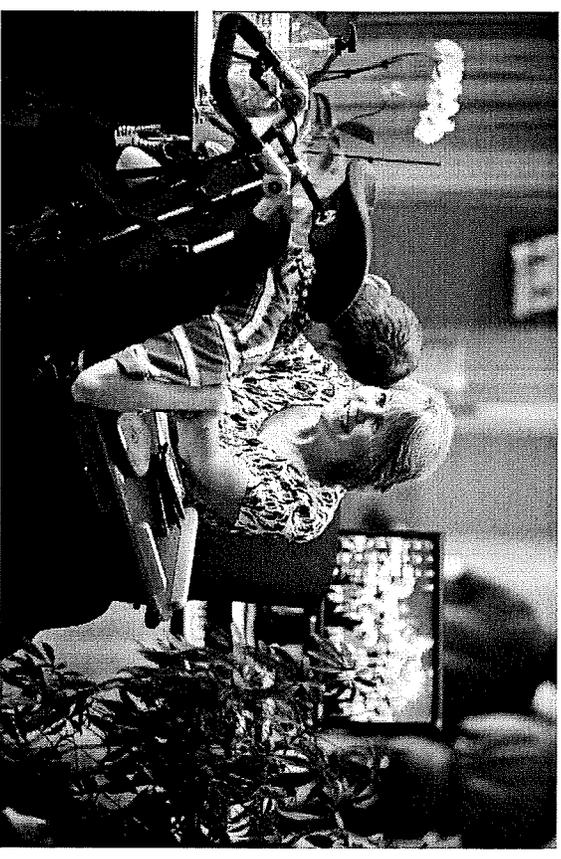
- Welcome
- Site-Specific Updates
- Policy and Procedure Review
- Competency Reviews
- Semi-Annual Reviews
- Wrap Up



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## Site-Specific Updates

- Licensing is coming July 11th-15th. Our building should be at its best. If there is anything around the building that needs cleaning, DSP's can use their extra time, otherwise bring it to Emily's attention so that it can get taken care of.
- June is the control month for DSP's performance evaluation, July is the control month for LDSP's evaluations.





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# **Policy and Procedure Review**

## **Computer, Internet, and Email Use Policy**

LMS quiz due June 14th.

Please also remember that we cannot be taking  
picture of our participants on personal phones

**PAI employees are expected to use technology responsibly and productively as necessary for their jobs. PAI email must be checked at least one time per scheduled shift to ensure employees are current with the most relevant information. Hourly employees can only access email during working hours from a PAI device. PAI email is not allowed to be accessed without supervisor approval on an approved personal device. Internet**

# Competency Reviews

<p><b>Outcome #1</b> Daily, Sue will identify what emotion she is feeling in 75% of all opportunities over the next year.</p> <p>Given four emotion choices on the iPad, time to choose which emotion she is feeling</p>
<p><b>Outcome #2:</b> Weekly, Sue will choose a group activity to participate in another programming room in 80% of all opportunities over the next year.</p> <p>Staff will offer Sue three group activities that she can participate in, in another programming room. Staff will explain each option to Sue and then follow back asking one by one allowing Sue time to process and respond with her choice.</p>
<p><b>Communication Style:</b> Eye gazing, verbal, reaching out, facial expression</p>
<p><b>Learning Style:</b> Verbal and physical prompts, routine and repetition</p>

Sue Gilbertson  
May 2022-May 2023



# Competency Reviews

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Ibuprofen and Naproxen. Staff are trained on Sue's allergies and only administer medications per doctors' orders
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Diagnosed with seizure disorder. Sue has Generalized tonic Clonic seizures, drop seizures, and absence seizures, VNS. All seizure activity is reported to her residence
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Has a history of swallowing difficulties and choking. Staff visually check Sue's food prior to offering it to her and visually observe and support sue while she is eating.
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Physicians ordered diet. Sue's food is prepared at home and sent to PAL. Sue has chosen to not eat her food pureed. Sue eats in her wheelchair, uses a silicone cup and straw, scoop plate, and a coated spoon

Sue Gilbertson  
 May 2022-May 2023



# Competency Reviews

<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>List &amp; Describe Supports:</b> <b>DNR/DNI:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p><b>Nutritional Anemia:</b> Lack of certain vitamins, offered all portions of her meal and her food and beverage intake will be reported to her residence</p> <p><b>Thrombocytopenia:</b> Low blood platelet Should Sue experience prolonged bleeding or other serious life-threatening symptoms, 911 will be called.</p> <p><b>Encephalopathy:</b> Brain disease that alters brain function and can cause infection, tumor, and stroke. Any signs or symptoms will be reported to her residence.</p> <p><b>Acute Kidney failure:</b> Kidneys become unable to filter waste (Residence will be notified if bladder pain or blood in the urine is seen)</p> <p><b>Acute Cystitis with Hematuria:</b> Hemorrhagic cystitis, urine output will be reported to Sue's residence daily in her communication boo</p>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b> Meds are sent from residence. Sue currently takes cephalixin and midodrine orally.</p>

Sue Gilbertson  
 May 2022-May 2023



# Competency Reviews

<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Disposable briefs and needs full support. Sue is transferred using a mechanical lift and sling. Sue uses a split legged sling that is sent in with her.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Sue has Osteoporosis and is in danger of falling when having a seizure. When in wheelchair Sue will have her seat belt on and brakes engaged. Sue may attempt to slide out of her chair.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Sue needs full support while out in the community. Staff provide supervision and practice all pedestrian and traffic skills.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Nearsighted and wears glasses. Items will be placed within visual range so she can see them more clearly.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Sue may hit herself, tip her wheelchair, hit or pinch others, or grasp other's arms. This may be caused by overstimulation, her general mood, change in her routine, or illness. Sue prefers being told what is happening and having personal space.

Sue Gilbertson  
 May 2022-May 2023



# Competency Reviews

<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No unsupervised time
<b>Important to:</b> Have personal space, calm environment without loud noises and startling noises, being told what is happening, consistency, participating in preferred activities such as: coloring, playing with a baby doll, being by friends, listening to music and books on tape	
<b>Important for:</b> Independence throughout the day, well balanced diet, repositioned, communication from staff when she is upset or overstimulated	
<b>Likes:</b> Coloring, sensory videos, silly animal videos, visits from her sister and brother-in-law, oldies music, pet therapy, and music therapy	
<b>Dislikes:</b> People in her space, not being told what staff is doing while they assist her, surprises in her environment	

Sue Gilbertson  
May 2022-May 2023



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## Semi-Annual Reviews

Nicholas (Nick) Kessler

- Daily, Nicholas will participate in dancing or jumping around with staff in 70% of all opportunities over the next 6 months.
- Monthly, Nick will choose a community outing to go on in 80% or more of all trials over the next 6 months.



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## Semi-Annual Reviews

Jerome Welch

- Daily, Jerome will add a new item to his sensory bottle in 75% or more of all trials over the next 6 months.
- Monthly, Jerome will choose a community outing to go on in 80% or more of all trials over the next 6 months.



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## Wrap Up

Thoughts and feedback on new All-Staff

Agenda

Objectives

Suggestions for continued improvement

Is there information you would like to provided at next meeting?

Any final thoughts?





Staff: Mari  
 Date: 5-31-22



Service Recipient: Jue G  
 Service Span: May 22-23

**Outcomes:**

<b>Outcome #1:</b> <u>Daily see self identity with emotion sheet feeling</u>
Summarize Steps: <u>Given 4 emotion choices on iPad &amp; time to choose</u>
<b>Outcome #2:</b> <u>See will choose - a group activity in another programming</u>
Summarize Steps: <u>ask staff will offer 3 group activities in room &amp; allow time to process</u>
<b>Communication Style:</b> <u>eye gazing, verbal, reaching out, facial expressions</u>
<b>Learning Style:</b> <u>verbal &amp; physical prompts routine &amp; repetition</u>

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ibuprofen, Naproxen</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed w/ seizure disorder, generalized tonic clonic absence &amp; drop seizures</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has history of swallowing difficulty &amp; choking</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered diet, prepared at home and sent in sealed sports &amp; soup plates</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>potential anemia acute kidney failure thrombocytopenia encephalopathy acute cystitis w/ hematuria</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds sent from residence, takes cephalexin &amp; midodrine orally</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she wears hearing aids &amp; uses trunk system, rail is put up to prevent rolling</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has osteoporosis in in danger of falling dirty soiled</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Needs full support &amp; supervision</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nearsighted &amp; wears glasses items will be put in visual range</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit herself, pinch tip her wheel chair</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
<b>Important to:</b>	<u>personal space, calm environment, happy activities, books on bed</u>
<b>Important for:</b>	<u>Independence through out day, balanced diet, communication from staff</u>
<b>Likes:</b>	<u>coloring, sensory videos, animal videos, visits from brother &amp; sister in law</u>
<b>Dislikes:</b>	<u>people in her space, not being told what staff is doing, surprises in environment.</u>



Staff: Jan B  
 Date: 6/3/22



Service Recipient: Julie  
 Service Span: May 22 - May 23

Outcomes:

**Outcome #1:** Delig identify emotions & feelings @ 75% per.  
 Summarize Steps:  
4 choices on iPad

**Outcome #2:** weekly cheese group 80% next year.  
 Summarize Steps:  
3 groups explain options delig can say or think to answer

**Communication Style:**  
eye gazing, verbal reach/out facial expressions

**Learning Style:**  
verbal prompt routine repetition

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>DUPROFEN &amp; naproxen</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic clonic drop &amp; absence <sup>UNS</sup></u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>swallowing &amp; choking check food prior</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prepared home non-purced wheelchair <sup>acute please sit in wrap</sup></u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>nutritional <sup>acute</sup> anemia thrombocytopenia <sup>acute</sup> encephalopathy acute <sup>acute</sup> cystitis</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cephalexin midodrine</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs left string under her sent from home</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Strep throat fully w/ seizure slide out of chair <sup>seal ball</sup></u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>feel support</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>Nearsighted glasses items within used range</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>hit herself tip chair pinch hit others <sup>grabs things</sup> personal space</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>none</u>
<b>Important to:</b>	<u>space calm environment <sup>listening to music</sup> belly told what's happening <sup>colony</sup> friends</u>
<b>Important for:</b>	<u>Independence throughout the day <sup>comm w/ groups</sup> balanced diet <sup>used</sup> repetition</u>
<b>Likes:</b>	<u>colony sensory videos <sup>pet + massage therapy</sup> visits from sister &amp; brother in law</u>
<b>Dislikes:</b>	<u>people in her space not being told what's stuff is <sup>delig</sup> surprises in her environment</u>

Lead Review Completed: Janet DA



Staff: Amanda Diaz

Date: 9/31/2022



Service Recipient: Sue Gilbertson

Service Span: May 2022 - May 2023

**Outcomes:**

<p><b>Outcome #1</b> Daily, Sue will identify what emotion she is feeling in 75% of all opportunities over the next year.</p> <ul style="list-style-type: none"> <li>- Sue will be given four emotion choices on the iPad to choose from</li> <li>- Sue will be given some time to choose which emotion she is feel</li> <li>- Once Sue has chosen the emotion, she is feeling her goal is considered successful</li> </ul>
<p><b>Outcome #2:</b> Weekly, Sue will choose a group activity to participate in another programming room in 80% of all opportunities over the next year.</p> <ul style="list-style-type: none"> <li>- Sue will be given four picture choices to choose from</li> <li>- Sue will be given time to choose which room she would like to participate in in group with</li> <li>- Once Sue has chosen which room, she would like to participate in group with Sue's choice will be honored</li> </ul>
<p><b>Communication Style:</b> Eye gazing, verbal, reaching out, facial expression</p>
<p><b>Learning Style:</b> Verbal and physical prompts, routine and repetition</p>

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

<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports: Ibuprofen and Naproxen. Staff are trained on Sue's allergies and only administer medications per doctors' orders</p>
<p><b>Seizures:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Diagnosed with seizure disorder. Sue has Generalized tonic Clonic seizures, drop seizures, and absence seizures, VNS. All seizure activity is reported to her residence</p>
<p><b>Choking:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Has a history of swallowing difficulties and choking</p>
<p><b>Specialized Diet:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Physicians ordered diet. Sue's food is prepared at home and sent to PAI. Sue has chosen to not eat her food pureed. Sue eats in her wheelchair, uses a silicone cup and straw, scoop plate, and a coated spoon</p>
<p><b>Chronic Medical Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:  DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <ul style="list-style-type: none"> <li>- Nutritional Anemia: Lack of certain vitamins</li> <li>- Thrombocytopenia: Low blood platelet</li> <li>- Encephalopathy: Brain disease</li> <li>- Acute Kidney failure: kidneys become unable to filter waste (Residence will be notified if bladder pain or blood in the urine is seen)</li> <li>- Acute Cystitis with Hematuria: Hemorrhagic cystitis</li> <li>- Pressure Ulcers: Sue will be repositioned every two hours. Staff will observe for signs of tissue damage</li> <li>- Osteoporosis: Density and quality of bone is reduced</li> </ul>
<p><b>Medication at PAI:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Meds are sent from residence. Staff are trained on medication administration</p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Sue wears disposable briefs and needs full support in the cares room. Sue is transferred by two staff using a mechanical lift and sling. during cares the railing on the mat table is up when not in physical contact with Sue. Sue uses a split legged sling that is sent in with her. Sue may kick the Hoyer/ lift bar if she is not prompted by staff and made aware of the bar/</p>

Lead Review Completed: AM

Staff: Amanda Diaz



Service Recipient: Sue Gilbertson

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue has Osteoporosis and is in danger of falling when having a seizure. When in wheelchair Sue will have her seat belt on and brakes engaged. Sue may attempt to slide out of her chair.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sue needs full support while out in the community. Staff provide supervision and practice all pedestrian and traffic skills.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Nearsighted and wears glasses. Items will be placed within visual range so she can see them more clearly.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Sue may hit herself, tip her wheelchair, hit or pinch others, or grasp other's arms. This may be caused by overstimulation, her general mood, change in her routine, or illness. Sue prefers being told what is happening and having personal space.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
<b>Important to:</b> Have personal space, calm environment without loud noises and startling noises, being told what is happening, consistency, participating in preferred activities such as: coloring, playing with a baby doll, being by friends, listening to music and books on tape	
<b>Important for:</b> Independence throughout the day, well balanced diet, repositioned, communication from staff when she is upset or overstimulated	
<b>Likes:</b> Coloring, sensory videos, silly animal videos, visits from her sister and brother-in-law, oldies music, pet therapy, and music therapy	
<b>Dislikes:</b> People in her space, not being told what staff is doing while they assist her, surprises in her environment	

Lead Review Completed: \_\_\_\_\_

Staff: Paris D  
 Date: 5/31/22



Service Recipient: Sue Gilbertson  
 Service Span: 5/22 - 5/23

Outcomes:

**Outcome #1:** Identify what emotion she is feeling  
 Summarize Steps: given 4 emotions

**Outcome #2:** Choose group activity  
 Summarize Steps:

**Communication Style:**  
eye gazing, verbal, reaching, facial expression

**Learning Style:**  
verbal, physical prompts routine and repetition

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ibuprofen and Naproxen</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized Clonic seizures, drop and absent seizures</u>
<b>Choking:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>swallowing difficulties</u>
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prepared at home, eats in wheelchair, <u>scraped plate</u>, <u>silicone cup &amp; straw</u></u>
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Acute Cystitis with Hematuria</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>low blood platelet, brain disease, Acute Kidney failure</u> <u>meds sent from residence, take cephalaxin and midicine</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears disposable brief, need full assistance</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has osteoporosis and is in danger of falling during seizure</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires full support in community</u>
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>wears glasses, place items within visual range</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit herself, flip chair</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
<b>Important to:</b>	<u>personal space, quiet environment, music, book on table</u>
<b>Important for:</b>	<u>independence, well balanced diet</u>
<b>Likes:</b>	<u>coloring, sensory videos, pet and music therapy</u>
<b>Dislikes:</b>	<u>space evaded, not being told what staff are doing.</u>



Staff: Emily Eisenpeter  
 Date: 9.31.2022



Service Recipient: Sue Ellbertson  
 Service Span: May 2022 - May 2023

Outcomes:

<b>Outcome #1:</b> <u>Identify emotion shes feeling</u> Summarize Steps: <u>4 choices on iPad, time to choose</u>
<b>Outcome #2:</b> <u>Choose group activity in another room</u> Summarize Steps: <u>offer 3 group activities, explain each option, follow back by allow time to process</u>
<b>Communication Style:</b> <u>Eye gazing, verbal, reaching out facial expressions</u>
<b>Learning Style:</b> <u>verbal &amp; physical prompts, volume &amp; repetition</u>

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ibuprofen &amp; Naprox-en, only administer prescribed meds</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>generalized tonic clonic, drop, &amp; absence seizures VNS activity reported</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Visually check food prior to service</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chosen not to eat pureed wheelchair, silicone cup, straw</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nutritional Anemia: 90% of intake communicated DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</u> <u>Encephalopathy: signs communicated A acute kidney notify residence of <sup>oranny</sup> blood in urine</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds sent from residence, cephalexin &amp; midodrine</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, full support, sling, in ceiling track system</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seathurt &amp; breaks, may attempt to slide out</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support, supervision &amp; practice safety skills</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nearsighted, glasses, items w/ in visual range</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tell sue what is happening, space hit self, tip what, hit/pinch others, grasp others arms</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time</u>
<b>Important to:</b> <u>Space, calm envt, told whats happening, friends, music</u>	
<b>Important for:</b> <u>Independence, diet, repositioning, communication w/ staff</u>	
<b>Likes:</b> <u>coloring, sensory videos, animal visits, oldies music</u>	
<b>Dislikes:</b> <u>people in her space, not being told what is done</u>	



Staff: Alfredo Ferro-Montes



Service Recipient: Sue G.

Date: 5/31/22

Service Span: May 22-23

Outcomes:

**Outcome #1** Daily, Sue will identify an emotion & Sue's feeling.  
 Staff give 4 emotion choices on the iPad.

**Outcome #2:** Weekly, Sue will choose a group activity to participate in another program room.  
 Staff offer Sue 3 group activities that she can participate in another room.

**Communication Style:**  
 Eye gazing, verbal, reaching out, facial expression.

**Learning Style:**  
 Verbal and physical prompts, routine / ~~repetition~~ repetition.

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ibuprofen, Naproxen.
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Generalized Tonic Clonic, drop seizures, absence seizures.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: History of choking, swallowing difficulties.
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physicians order diet. Choose not to eat pureed foods.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Acute kidney failure, Acute Cystitis w/ Hematuria. <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</span> Nutritional Anemia, Thrombocytopenia, Encephalopathy.
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cephalaxin, Midodrine orally. Meds sent from residence.
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Must have rail up. Disposable brief, full support, uses track w/ slings.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Osteoporosis, seat belt on, brakes engaged.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs full support, staff provide supervision.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Near sighted, wears glasses.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May hit herself; tip her wheelchair, pinch others.
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.

**Important to:**  
 Personal space, calm environment, consistency, audiobooks.

**Important for:**  
 Independence, balanced diet, communication w/ staff.

**Likes:**  
 Animal videos, pet therapy, brother & sister

**Dislikes:**  
 People in her space, surprises in her environment, not being told what's happening.



Staff: Trey Goid  
 Date: 5/31/22



Service Recipient: Sue G.  
 Service Span: 5/22 - 5/23

Outcomes:

**Outcome #1:** Sue will identify what emotion she is feeling.  
 Summarize Steps:

**Outcome #2:** will choose an activity to participate in another program room.  
 Summarize Steps:

**Communication Style:** eye Gazing, verbal, Facial expressions

**Learning Style:** Verbal, physical prompts

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ibuprofen, Naproxen</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure Disorder, tonic Clonic, Drop, absence, VNS</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>history of Choking</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel Chair, Silicone cup and Straw, Scoop Plate, Coated Spoon</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nutritional Anemia, Thrombocytopenia, encephalopathy, Acute Kidney Failure, Cystitis with Hematuria</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes Cephalexin and midodrine</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, Full support, sling, In ceiling Track System</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Osteoporosis, Seatbelt on/ Brakes engaged</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>nearsighted and wears Glasses</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>moy hit, Pinch, Tilt wheelchair</u>
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised Time</u>
<b>Important to:</b> <u>independence, personal space, Calm environment</u>	
<b>Important for:</b> <u>Diet, Communication,</u>	
<b>Likes:</b> <u>Coloring, Sensory, Oldies music, Pet Therapy</u>	
<b>Dislikes:</b> <u>in space, Surprises in environment</u>	

Lead Review Completed:



Staff: Lisa Hartman  
 Date: 5/31/22



Service Recipient: Sue Gilbertson  
 Service Span: May 22-23

Outcomes:

Outcome #1	Identify what emotion feelings - daily 4 emotions on iPad, time to choose which she is feeling
Outcome #2:	Choose group act. to participate in in another program run. - weekly offer 3 act. explain option - choose
Communication Style:	eye gazing verbal reaching out facial exp
Learning Style:	Verbal & physical prompts, 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: <u>ibuprofen + Naproxen</u> <u>only meds prescribed by Dr.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder - VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>watch while eating assist</u> <u>by swallow diff + choking</u> <u>food</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed - chooses not to eat</u> <u>Coated spoon / scoop plate / Silicone cup + straw - eat in w/c</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>nutritional anemia -</u> <u>acute kidney failure</u> <u>encephalopathy</u> <u>report to residence + problems</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cephalexin + midodrine orally</u> <u>meds sent from residence</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief, full support in care room, sleing (wears) -</u> <u>in track system - laid up of physical contact</u> <u>let know bar in them</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>osteoporosis / seizure risk of falling</u> <u>Seat belt + brakes engaged - may slide out of w/c</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support - den on strale</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>near sighted + wears glasses - put close to her</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit self - pinch others, tips chair</u> <u>tell what is happening - personal space</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>

Important to: personal space, calm environment, consistency, listening  
to music, coloring

Important for: independence, balanced diet repositioned / comm. from staff

Likes: coloring, sensory videos, silly animal videos, older music

Dislikes: people in space, surprises in environment, not being told what is going on

Lead Review Completed:



Staff: Tristen Lossung



Service Recipient: S.G.

Date: 5.31.22

Service Span: May 22, 2023

Outcomes:

Outcome #1: Daily identify which emotion she is feeling -4 choices -time to choose
Outcome #2: Weekly, choose a program to participate in another programming room - explain activity - give time
Communication Style: Facial expression, verbal, reaching out
Learning Style: routine & repetition verbal & physical prompts

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>Ibuprofen, Naproxen</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>generalized tonic-clonic, drop, &amp; absence seizure VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cats in a wheelchair, scoop plate, coddled spoon, silicon cup Physicians ordered diet</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Acute kidney failure, nutritional anemia, thrombocytopenia</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>currently takes cephalixin and midodrine orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full support, lift system use, wears sling,</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>osteoporosis, seatbelt pelvic, may attempt to slide out of chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nearsighted wears glasses</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hit herself, pinch/grasp others may be caused to changes in mood/surroundings/routine</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No <del>was</del> unsupervised time</u>
Important to:	<u>quiet space, participating in activities, being told what is happening</u>
Important for:	<u>repositioned, independence, well balanced diet</u>
Likes:	<u>Coloring, music therapy, animal videos</u>
Dislikes:	<u>people in her space, not being told info., surprises in environment</u>

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Staff: Jalyssa Pratt



Service Recipient: Sue G

Date: 5/31/22

Service Span: May 22 - May 23

Outcomes:

Outcome #1 Identify her emotion shes feeling. * Present 4 options * Give time to process.
Outcome #2: Weekly she will choose a group activity to partake in, in another program room. • 3 options presented. • Give time to process
Communication Style: Eye gazing, verbal, facial expressions
Learning Style: <del>Repet</del> Repetition + Routine

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>Ibuprofen + Naproxen</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Generalized tonic clonic seizures, drop seizures, absence seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>swallowing difficult + choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prepared at home, regular foods, <del>pureed liquids</del>, thickened liquids</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nutritional Anemia</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Thrombocytopenia, Encephalopathy, Acute Kidney Failure, <del>Acute</del> Acute Cystitis w Hematuria</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds sent from home, takes cephalexin midodrine orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, full support, in ceil track system, rail engaged, use of sling.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Osteoporosis danger of falling when having seizure, seat belt engaged and chair locked</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Near sighted, wears glasses,</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit herself or others</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to: <u>Personal space, calm environment, being told whats happening, baby dolls, books on tape</u>	
Important for: <u>Independence, well balanced diet, repositioned</u>	
Likes: <u>coloring, sensory videos</u>	
Dislikes: <u>People in her space, not being told what's happening surprises.</u>	



Staff: Deb St Martin  
 Date: 5/31/22



Service Recipient: She Gilbertson  
 Service Span: May 2022-23

Outcomes:

Outcome #1	Identify emotion she is feeling - 75% - 4 choices on iPad - time to choose
Outcome #2:	Choose group activity in another program room - staff offer 3 choices - explain each option - time to choose
Communication Style:	eye gazing, verbal, reaching out, facial expression
Learning Style:	Verbal, physical prompts, 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: <u>Luprotein &amp; naproxen</u> <u>Dr's med ordered meds only</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder - generalized tonic/clonic,</u> <u>clap seizures - VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing + choking - Staff</u> <u>support while eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians ordered - prepared @ home + send -</u> <u>cuts in wheelchair - will not eat food pureed - silicon cup, straw,</u> <u>plate, fork, spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nutritional anemia -</u> <u>Thrombocytopenia, Encephalopathy, Acute kidney failure,</u> <u>Acute cystitis + Hematuria</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds sent from residence. Takes cephalexin and</u> <u>Midocline <del>daily</del> orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief + needs full support in care room. Sling</u> <u>+ in ceiling track system. Roll up - may kick hoys + bar let her know</u> <u>as these</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>osteoporosis - danger of falling w/ seizure - may attempt</u> <u>to slide out of wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full support - supervision - pedestrian + traffic skills</u> <u>staff practice</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>near sighted + wears glasses - items placed</u> <u>close range</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may hit herself, tip wheelchair - punches or grasp</u> <u>others - overstimulation, general mood, change in routine</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>personal space, calm environment where loud noise, being told what</u> <u>is happening, preferred activities, coloring, baby doll</u>
Important for:	<u>Independence, well balanced diet, communication from staff when</u> <u>upset or over stimulated</u>
Likes:	<u>Coloring, sensory videos, silly animal videos, visits from her sister + brother in law,</u> <u>oldies music, pet + music therapy</u>
Dislikes:	<u>people in her space, not being told by staff what is going on</u>



Staff: Maura Sweeney  
 Date: 5/31/22



Service Recipient: Sue G.  
 Service Span: May '22 - '23

Outcomes:

Outcome #1: <u>ID emotion she is feeling.</u> Summarize Steps: <u>EPAD</u> <u>↳ choices</u>
Outcome #2: <u>Weekly Choose activity to Participate in</u> Summarize Steps: <u>another program room.</u>
Communication Style: <u>verbal, reaching out, facial expression.</u>
Learning Style: <u>verbal, Physical prompts, routine, repetition.</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>IBU Napraven.</u> <u>Staff only administer per Dr order.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sz disorder. UNS</u> <u>GTC, Drop, Absence. Report to home.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>History of Swallowing difficulties.</u> <u>Choking - Chew food prior to offerings.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physician ordered. Will not eat pureed</u> <u>uses scoop plate, coated spoon. Silicon cup + straw.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Nutritional Anemia, Acute Cystitis with hematuria</u> <u>Thrombocytopenia, Encephalopathy, Acute kidney failure</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>notify home with any concerns.</u> <u>Meds are sent from home. Currently takes cephalexin</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable bowl. Full support midline</u> <u>In Cares, sling, in ceiling track system.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>osteoporosis. Danger of falling. may</u> <u>attempt to slide out of chair. Staff engage brakes</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support + Staff provide supervision</u> <u>and practice pedestrian safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>glasses - near sighted. Staff w/ly</u> <u>Place items close to her and assist with glasses.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hit self pinch others, tip chair,</u> <u>Communicate, Calm-environment.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None.</u>

Important to: personal space, calm environment, tell her what is happening.

Important for: Independence, balanced diet, communication from staff when she is upset

Likes: covering, sensory videos, animal videos, Pet + music therapy

Dislikes: people in her space, not being told what people are doing while assisting her. Loud noises in environment.

*[Signature]*



Staff: Kathy Perry  
 Date: 6-7-22



Service Recipient: Sue G.  
 Service Span: 5/22 - 5/23

Outcomes:

Outcome #1	Daily identify what emotion she is feeling Give 4 emotion choices on IPAD, time to choose which emotion she is feeling
Outcome #2:	Weekly choose a group act to participate in in another programming room Step after 3 group act, that she can participate in another room Explain each option then follow back asking 1:1 allowing time to process & make choice.
Communication Style:	Eye gazing, verbal, reaching out, facial expression
Learning Style:	Verbal + physical prompts 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: <u>Ibuprofen, Naproxen</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>generalized tonic clonic, drop seizures &amp; absence seizures VNS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Hx of swallowing difficulty &amp; choking. Check food before offering visually observe &amp; support while eating</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chooses not to eat pencil. Eats in w/c silicone cup &amp; straw, scoop plate, coated spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>nutritional anemia, thrombocytopenia, encephalopathy, acute kidney failure acute cystitis &amp; hematuria</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>takes cephalexin &amp; midodrine orally</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs &amp; full support, transferred &amp; mechanical lift &amp; sling - split leg sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HEEL <del>AND</del> Osteoporosis. In w/c need have seat belt on + brakes engaged. May attempt to slide out of w/c</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full Support</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>rearsighted - glasses Place items within visual range</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May hit herself, tip w/c, hit &amp; punch others or grasp others arms. Prefers being told what is happening &amp; having personal space.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>
Important to:	<u>Personal space, calm environment - no loud &amp; startling, playing &amp; being told what is happening, consistency, preferred act - coloring baby doll, friends, music, books on floor</u>
Important for:	<u>Independence, well balanced diet, repositioned, comm. from staff when overstimulated/upset</u>
Likes:	<u>coloring, sensory videos, silly animal videos, sister &amp; brother in car, oldies music, pet therapy, music therapy</u>
Dislikes:	<u>people in her space, not being told what staff is doing while assisting her, surprises in her environment</u>

