



# In-Service Training Log – Linden

Date:

5/17/2022

**NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN**

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Ashleigh S			DC comp quiz
.25	Maddy K			BB semi annual review
.25	Maddy K			CSSP review- FA, JD, MB, TM

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy
			Anderson-Jones, Celeste
	KB		Bauch, Kia
	NB		Bradshaw, Morgan
	A		Cox, Alice
	MB		Gagner, Megan
	AH		Hampton, Tony
	MH		Hetchler, Maria
	GN		Johnson, Natalie
	KL		Kalu, Festus
	NA		Larson, Nancy
	DL		Lepley, Deanne

Make up Date	Initial	EE ID	Last Name
	SM		Mafi, Sommer
	KM		McKnight, Kyla
	SN		Neirad, Shelly
	CR		Rice, Colette
	ES		Sandstrom, Erin
	LS		Stacken, Laura
	OT		Trimble, Jenny
	JS		Jill Sales.

Make Up Date	Initial	EE ID	Admin Staff
	LS		Hiland, Lindsay
	MR		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
			Shirley, Ashleigh

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# Competency Tracking Form Linden Site

Participant: Dorothy C Annual Service Span: \_\_\_\_\_

Annual Meeting Date: \_\_\_\_\_ Date Assigned to Lead: \_\_\_\_\_ Quiz Due: \_\_\_\_\_

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
	BA	Ailport, Betsy
		<del>Anderson-Jones, Celeste</del>
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AC	Cox, Alice
	MG	Gagner, Megan
	AH	Hampton, Tony
	MH	Hetchler, Maria
		Hiland, Lindsay
	MB	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne

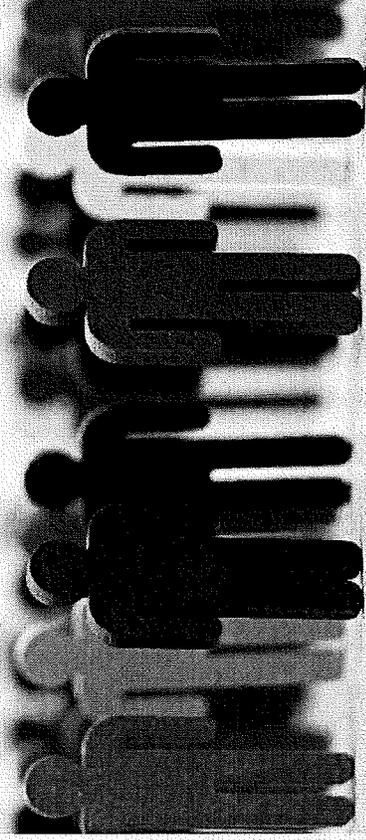
Date Completed	Initials	Full Name
	SM	Mafi, Sommer
	KM	McKnight, Kyla
	SN	Neirad, Shelly
	CR	Rice, Colette
	ER	Sandstrom, Erin
	AS	Shirley, Ashleigh
	LS	Stacken, Laura
	JT	Trimble, Jennifer
	JS	Jill Sales

Date Uploaded to LMS: \_\_\_\_\_

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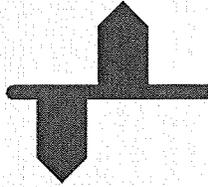
**PAI-  
Linden/Oakdale  
Team Meeting**

**5/17/2022**



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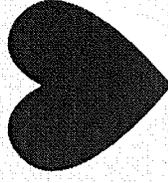
**Welcome**



Sign In



Introductions



A moment of gratitude

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# Agenda

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

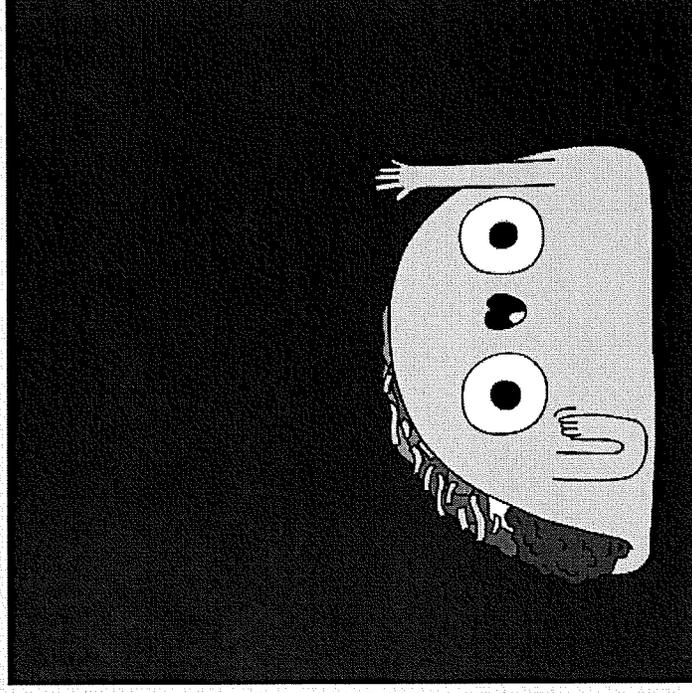
Wrap Up



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**Welcome Jill!**

**Wild 2**



## Competency Reviews

**Outcome #1:** Twice a week, Dorothy will independently propel her wheelchair for 5 minutes on walks in 80% of trials over a 6-month reporting period.

**Summarize Steps:** Verbally offer Dorothy a walk and prompt her to move towards the door while holding open, walk around building or outside with her for 5 minutes or longer, allowing her to propel herself.

**Outcome #2:** Once a week, Dorothy will engage in petting the therapy dogs with 1 physical prompt or less in 70% of trials over a 6-month reporting period.

**Summarize Steps:** Assist her to get close to therapy dogs, verbally encourage her to reach out and pet the dogs, assist with minimal hand over hand, stopping assistance when she engages independently

**Communication Style:** Vocalizations, body language/movements, facial expressions

Dorothy understands short verbal phrases and physical prompts

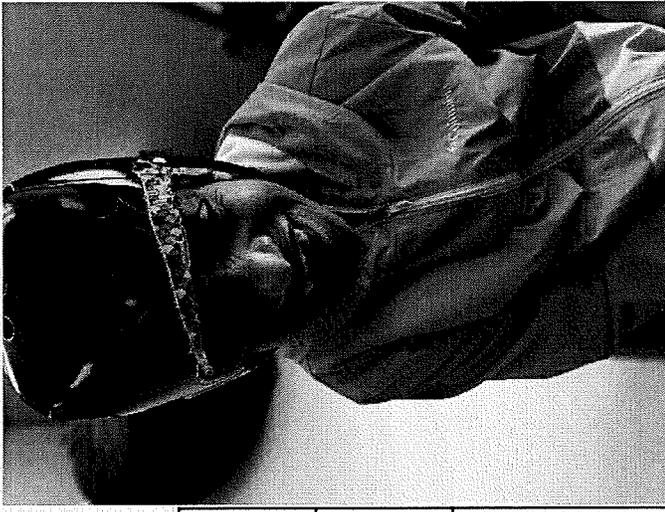
**Learning Style:** Auditory, visual, kinesthetic



# Competency Reviews



<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Drop seizures Partially controlled- Staff are trained to follow seizure protocol including rescue med
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> May pocket foods, ground to bite size pieces, staff perform abdominal thrusts if there are signs of choking.
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Ground foods to bite sized pieces, raw vegetables are to be shredded. Uses sippy cup and divided plate, full assist with meals
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Spastic Quad CP , Equinus (Deformity of feet), Scoliosis, Hypothyroidism, Constipation, Chronic Lymphocytic Leukemia (CCL) – report any concerns regarding medical conditions to her support team



## Competency Reviews

<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Has 1 medication scheduled and a PRN rescue med, staff report concerns to residence
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Stands at mat table to be changed, uses posey belt, wears disposable briefs
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Uses a wheelchair, can bear weight during transfers using posey belt, can propel herself independently for short distances, needs guidance to go specific direction, wears helmet when not secured in her wheelchair, remain in physical contact of wheelchair when near curbs, steep drops, or steps.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> 1:1 in community, staff model appropriate pedestrian safety skills, keep in physical contact with wheelchair when potential dangers are present



## Competency Reviews

<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Tactile defensive towards shoes and socks, vision loss- offer visual choices at close distance
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> N/A
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> No unsupervised time.

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## Competency Reviews

**Important to:** freely moving around, having fidget available, being able to take her socks and shoes off, having her helmet off when it's safe

**Important for:** Familiar caregivers, dietary and seizure protocols, wearing her helmet when needed

**Likes:** Bowling, having her helmet off, head massages, moving around freely

**Dislikes:** being stuck in one place, not having fidgets available, extended HOH



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## Semi-Annual Reviews

Bob Bronner

**New outcome:** Once a week, Bob will engage in an activity with his peers and staff for 2 minutes or more 70% of all trials over a 12-month period.



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## **CSSP Reviews**

Fartun Ahmed

James Drew

Monica Bredemus

Tomas Morales



# Gratitude

*Colette*



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## Wrap Up

Thoughts and feedback on new All-Staff

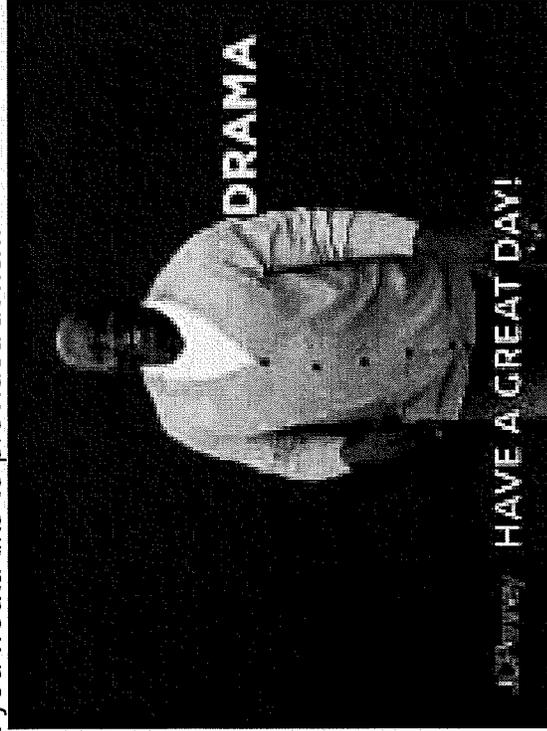
Agenda

Objectives

Suggestions for continued improvement

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

Any final thoughts?



Staff: Dony  
 Date: 5.24



Service Recipient: Dorothy Carter  
 Service Span: May 2022-2023

Outcomes:

Outcome #1 <u>2x weekly Dorothy will independently Propel her Chair for 5min</u> <u>staff offer walks allow her to Propel herself</u>
Outcome #2: <u>Pet therapy dogs</u>
Communication Style: <u>Vocal body Facial Expression</u>
Learning Style: <u>Visual 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 checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <del>Describe</del> <u>Do not Seizures</u> <u>Partially Controlled</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May Pouches food ground to bite size Pieces</u> <u>Staff perform abdominal thrusts if Choker</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ground food to bite size</u> <u>Raw vegetables shredded use silly cup divider plate full assist</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Spastic and CP Equinus Scoliosis</u> <u>Hypothyroidism Constipation Chronic Lymphocytic Leukemia</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>1 medication scheduled PRN Rescue med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stands at med table</u> <u>Dorsey belt disposable brief</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair can bear weight</u> <u>Propel herself when helped</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>I'll Community staff makes safety</u> <u>Keep in contact with wheelchair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile defense towards shoes sox</u> <u>VISION LOSS - offer visual choices</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>
Important to:	<u>Fresh move fidget available take socks &amp; shoes off having helmet off</u>
Important for:	<u>familiar caregiver dietary seizure protocol wear helmet</u>
Likes:	<u>bowling helmet off head massage moving around freely</u>
Dislikes:	<u>being stuck in one place not having fidget</u> <u>extended wait</u>

Lead Review Completed: AS

Staff: Maria Hetchler

Date: 5-17-22



Service Recipient: Dorothy C

Service Span: 5/22 = 5/23 5

Outcomes:

Outcome #1 Dorothy independently propel wheel chair for 5 minutes in and out building
Outcome #2: once awake, Dorothy will engage petting therapy dog, hand over hand pet dog therapy
Communication Style: vocal, body language, facial expression
Learning Style: 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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Drop Seizure, follow protocol, PRN
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May pocket foods, bite pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ground food bite pieces size,
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: spastic quad cr, equinus, socialiosis, hypothyroidism, ACL 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: 1 med & scheduler, PRN Rescue med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stand at mat table to be changed, uses Posely belt
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair, wear helmet while transfer & cares
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community, keep in physical contact
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive towards shoes & socks, vision loss, over visual choices
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	free removing around, helmet off when safe, able to take shoes and socks off
Important for:	familiar staff, dietary seizure protocol, wearing helmet when need it
Likes:	bowling, having helmet off, head massage, freely moving around
Dislikes:	stuck in one place, not having fidgets

Lead Review Completed: AS

Staff: Sommer  
 Date: 5/17/22



Service Recipient: Dorothy C  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1 2x weekly she will ind propel herself for 5 min  
 - offer water  
 - go for walk indoor / outdoor

Outcome #2: dot therapy dogs  
 - verbally acknowledge  
 - min HOH

Communication Style: Vocalization, body movement

Learning Style: 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: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>drop seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pocket, abdominal thrust if choke</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sippy cup, divided plate, full assist</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SCOLIOSIS, Spastic quad op, CCL, SCOLIOSIS</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 med schedule, 1 prn</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stands @ mat table uses poscy belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair propel short distance, uses hump</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>iri, modu sweetie skins</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>tac. dot w/ shoes / socks</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>N/A</u>
Important to:	<u>free morning, fidget, socks</u>
Important for:	<u>numet, prn, stable</u>
Likes:	<u>bowling, head massages</u>
Dislikes:	<u>extended HOH, staying in one place</u>

Lead Review Completed: AS

Staff: Jenny Trimble  
 Date: 5/17/22



Service Recipient: Dorothy Carter  
 Service Span: 5/2022 / 5/2023

**Outcomes:**

<b>Outcome #1</b>	2x a week Dorothy will independently propel w/c for 5 min on walks verbally offer walk and prompt her for a walk around building or outside
<b>Outcome #2:</b>	1x a week, engage in petting therapy dog. Assist her to get close to therapy dogs
<b>Communication Style:</b>	Vocalizations, body, language/movements facial expressions
<b>Learning Style:</b>	Auditory, visual, kinesthetic

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: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Partially controlled drop seizures follow protocol
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may pocket food
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: browned foods to bite sizes sippy cup & divided plate
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: spastic quad cp deformity of feet, hypothyroidism DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has 1 med scheduled & prn
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table wears disposable posey belt & briefs
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears helmet uses w/c, can bear weight
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community remains safe in contact & follows safety pedestrian
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive. shoes & socks
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A no unsupervised time
<b>Important to:</b>	freely moving around, fidgets, helmet off shoes & socks off
<b>Important for:</b>	familiar care givers, dietary & seizure protocol wearing helmet
<b>Likes:</b>	bowling, helmet off, head massages moving around freely
<b>Dislikes:</b>	being stuck in place, not having fidgets available & extended non

Staff: RtSY  
 Date: 5/17/22



Service Recipient: Dorothy C  
 Service Span: 5/22 - 5/23

Outcomes:

Outcome #1	2x w/ky independently propel her wheelchair for 5 mins Verbally offer while holding open the door, walk around building or outside
Outcome #2:	1x wk engage in therapy dogs Assist to get close to dogs, verbally encourage her to reach out
Communication Style:	Vocalizations, body language/movements, facial expressions
Learning Style:	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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Drop seizures Follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May packet food, ground bite size
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ground bite size, raw veggies shredded sippy cup, divided plate
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Spastic Quad, Equinus Scoliosis, Hypothyroidism, Constipation, Chronic Lymphocytic leukemia 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: 1 med + rescue PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Stands at mat table, posey belt briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses wheelchair, bears weight can propel her wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 111 staff assistance
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Doesn't like shoes or socks, vision loss
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: None
Important to:	moving around, fidgets, no socks or shoes, helmet off
Important for:	familiar caregivers, food + seizure protocols, wearing helmet
Likes:	Bowling, helmet off, head massages, moving around
Dislikes:	stuck in 1 place, no fidgets, extended HOH

Staff: Morgan B.  
 Date: 5/16/2022



Service Recipient: Dorothy C.  
 Service Span: May '22 - '23

Outcomes:

Outcome #1 independently propel wheelchair offer Dorothy a walk w/ door open, walk outside or inside
Outcome #2: pet therapy dogs assist w/ get close to therapy dogs HOH 1x if needed
Communication Style: vocalizations, body language, facial expressions
Learning Style: 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: none
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: drop seizures, rescue med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may pocket, bite size
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sippy cup, divided plate, veggies shredded, bite size
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: equinus scoliosis, constipation, CCL 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: 1 med, PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mat table, posey belt, disposable brief
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair, guidance, posey belt
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: i.e. appropriate pedestrian safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive shoes/socks, vision loss
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: none
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	freely moving, helmet off, fidgets
Important for:	seizure protocol, dietary protocol
Likes:	helmet off, head massages, moving freely
Dislikes:	being stuck, no fidgets, HOH

Staff: Kia L. Bauch

Date: 5/17/22



Service Recipient: Dorothy Carter

Service Span: May 22 - May 23

Outcomes:

Outcome #1 Twice a week, independently propel wheelchair - verbal prompts
Outcome #2: Engage in pet therapy - assist her w/ verbal prompts
Communication Style: vocalizations, body language, facial expressions
Learning Style: 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: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled, drop seizures	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pocket foods, bite size	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized pieces, divided plate	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CP, equinus, Scoliosis, CCL	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: 1 med at PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table, gait belt	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair, bear weight, propels herself	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive w/ shoes + socks, visual loss	
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 unsupervised time	

Important to:  
freely moving around, no socks,

Important for:  
familiar caregivers, wearing her helmet

Likes:  
bowling, hand massages

Dislikes:  
being stuck in one place, extended HOH

Staff: Colette Rice  
 Date: 5.17.22



Service Recipient: Dorothy Carter  
 Service Span: May 22 → May 23

Outcomes:

Outcome #1	x2 weekly self propel wheelchair - verbal prompts
Outcome #2:	x1 week pet therapy dogs - assist her w/ verbal prompts
Communication Style:	Vocalization, Facial expressions
Learning Style:	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: n/a
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: drop seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pocket food, bite size pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces, sippy cup <sup>full</sup> assist
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: cp, equinus, scoliosis, ccl 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: PRN rescue med, Imed at pai
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair, bears weight
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive, vision loss
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: no unsupervised time
Important to:	Feeling freely moving around
Important for:	diet, seizure protocol
Likes:	Bowling, head, massage
Dislikes:	Stuck in 1 place

Staff: ERIN SANDSTROM  
 Date: 5.17.2022



Service Recipient: DOROTHY CARTER  
 Service Span: MAY 2022 - MAY 2023

Outcomes:

Outcome #1	2X WEEKLY, DOROTHY WILL INDEPENDENTLY PROPEL HER W/C ON WALKS, 80% OF TRIALS. VERBALLY OFFER WALK 5 MINS OR LONGER.
Outcome #2:	1X WEEK DOROTHY WILL ENGAGE IN PETTING THERAPY ROOMS W/ 1 PHYSICAL PROMPT. ASSIST HER TO GET CLOSE TO PET DOG.
Communication Style:	VOCALIZATIONS, BODY LANGUAGE, FACIAL EXPRESSIONS SHORT VERBAL PHRASES
Learning Style:	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: MA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PARTIALLY CONTROLLED. FOLLOW PROTOCOL. RESCUE MED
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: GROUND TO V POCKETS FOOD, BITE SIZE PIECES
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: GROUND FOODS, FULL ASSIST, SIPPY CUP
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SPASTIC QUAD CP, SCHOLIOSIS, HYPOTHYROIDISM, CLL CONSTIPATION
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1 MED SCHEDULED. RESCUE MED
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STANDS AT MAT TABLE, DISPOSABLE BRIEFS
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: W/C, ROSSBY BELT, PROPELS SHORT DISTANCES
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 COMMUNITY, STAFF MODEL APPROPRIATE SAFETY SKILLS
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: TACTILE DEFENSIVE TO SHOES/SOCKS - VISION LOSS - CLOSE DISTANCE
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: MA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME
Important to:	FREELY MOVING AROUND, FIDGETS, SHOES/SOCKS - OFF HAVING HELMET OFF WHEN SAFE
Important for:	FAMILIAR CAREGIVERS, DIETARY, SEIZURE PROTOCOLS HELMET WHEN NEEDED
Likes:	BOWLING, HAVING HELMET OFF, HEAD MASSAGES
Dislikes:	BEING STUCK IN 1 PLACE. NOT HAVING FIDGETS, EXERCISED THAT

Lead Review Completed: AS

Staff: Laura Stacken  
 Date: May 19th, 2022



Service Recipient: Dorothy Carter  
 Service Span: May 22 - May 23

Outcomes:

Outcome #1	Twice a week, Dorothy will independently propel her wheelchair for 5 min.
Outcome #2:	once a week, Dorothy will engage in petting the therapy dogs with 1 physical or less.
Communication Style:	Vocalizations, Body lang/movements, facial expression
Learning Style:	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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Orp seizures Partially controlled
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may pocket food, ground to bite size
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ground foods to bite sized pieces
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Spastic quad cp, equinus, scoliosis, Hypothyroidism, constipation, ccl, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has med scheduled & PRN rescue med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table to be changed, uses posey belt, wears briefs.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses a wheelchair, can bear weight during transfers. can propel herself independently
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community. staff support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive towards shoes & socks, vision loss.
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: No
Important to:	freely moving around, having fidget available being able to take her socks and shoes off, having helmet off when its safe.
Important for:	familiar caregivers, dietary & seizure protocols, wearing her helmet when needed.
Likes:	Bowling, having her helmet off, head massages, moving around.
Dislikes:	being stuck, no fidgets, Ho #

Staff: Lesha  
 Date: 5/22/22



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

Outcomes:

Outcome #1	<u>Learn a rule Dusty will independently request her wheel chair from my workers for 50% of days with a 6 week period - results of Dusty a week to start her to work towards</u>
Outcome #2:	<u>Once a rule Dusty will agree = safety = the things days - not 1 day - progress in her = 70% of days.</u>
Communication Style:	<u>Verbal - Body Language, facial expressions</u>
Learning Style:	<u>Visual, visual &amp; kinetic</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>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dmg seizure, follow seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>big polka food = no work</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help size pieces, no food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Spine pain CP, chronic constipation, cdl, reporting injuries with notes to her support team</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>once w/ schedule &amp; P.A.N.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wear disposable gloves</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheel chair. Can propel herself for short distances.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/1 on community, staff work safety such, protect her in risk, when present</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tablet device, visual too</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>no in separate trip</u>
Important to:	<u>freely work and, having a food set and.</u>
Important for:	<u>Dietary &amp; seizure protocol</u>
Likes:	<u>Had answers, worked freely</u>
Dislikes:	<u>not being finger, social staff contacts</u>

Staff: Deanne Jephley

Date: 5-17-22



Service Recipient: Dorothy Carter

Service Span: May 2022 - May 2023

Outcomes:

Outcome #1	2x will propel WC independently for 5 mins 80% trials over 6mo Verbally offer Dorothy a walk - prompt her to move towards shower
Outcome #2:	1x will Dorothy will engage in petting the therapy dog w/ 1 physical prompt or bar in 70% prompts over 6mo time Assist to get close to dog, verbally encourage to reach out to dog
Communication Style:	vocalizations, body language / movements, facial expressions
Learning Style:	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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Drop seizures Partially controlled
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: many puffed foods, brown size to bite size pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: brown puffs to bite size pieces Start w/ preform <del>adm.</del> thrusts if choking
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Spastic Quad CP, Equinus Scoliosis Hypotension, constipation Chronic Lymphocytic Leukemia (CLL) 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: 1 med scheduled + a PRN med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table, uses Posey Belt wears disposable briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses WC, car seat belts during, HFR uses posey belts, wears helmet when not secured in WC
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community, shop model appr. red safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactile defensive towards shoes + socks vision loss - offer visual cues at close distance
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: NO unsupervised time
Important to:	freely moving around, fidget available. Take shoes + socks off wearing helmet when in safe
Important for:	familiar caregivers, doctory + seizure protocols, wearing helmet when needed
Likes:	Bowling, wearing helmet off, head massages, moving around freely
Dislikes:	Stuck in 1 place, not having fidgets avail. exercised HOTT.

Staff: Natalie Johnson

Date: 5.17.2022



Service Recipient: Dorothy C.

Service Span: May 22 - 2023

Outcomes:

Outcome #1	Twice a week, independently propel her wheelchair for five minutes on walks.
Outcome #2:	once a week, Dorothy will engage in petting therapy dogs w/ one physical prompt
Communication Style:	Vocalizations, body language, facial expressions
Learning Style:	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: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: drop seizures	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pocket foods ground to bite sized pieces	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ground to bite - full assist	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Spastic quad CP, scoliosis hypothyroidism, celiac, constipation	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: one scheduled PRN	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: posy belt, stands at mat table briefs	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bear weight for transfers, helmet, guide where she's going	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 staff practice safety skills	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensiveness to socks & shoes	
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: No unsupervised time	
Important to:	freely moving around, take helmet off when safe socks & shoes off	
Important for:	having helmet on when out of her wheelchair family caregivers, seizure protocol	
Likes:	head massages, having socks & shoes off, helmet off when safe	
Dislikes:	stuck in one place, extended hold	

Lead Review Completed: AS

Staff: Megan Wagner  
 Date: 5/17/2022



Service Recipient: Dorothy Carter  
 Service Span: May 22 - May 23

Outcomes:

Outcome #1	2x a week Dorothy will independently propel her wheelchair for 5 mins on wheels
Outcome #2:	once a week, Dorothy will engage in petting the therapy dogs with 1 physical prompt
Communication Style:	vocalizations, body language, facial expressions
Learning Style:	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: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Drop seizures, partial control, follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Mau's poultry food, ground to bite size pieces
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ground foods to bite sized pieces.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Quad CP, Scoliosis, Hypomyelination DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes CEL, constipation
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: one med scheduled, PRN Rescue med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at next table, disposable cones,
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair, bear weight during transfers.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community, staff model appropriate safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defense w/ shoes and socks, vision loss
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 unsupervised time.
Important to:	freely moving around, fidget available, helmet off when safe to do so
Important for:	Familiar caregivers, distress and seizure protocols, wearing her helmet
Likes:	Bowling, having her helmet off, head massages,
Dislikes:	Being stuck in one place, extended HOT, not having fidgets available

Staff: Shelly Nierad



Service Recipient: Dorothy Carter

Date: 05-17-2022

Service Span: May 22 - May 23

Outcomes:

**Outcome #1**  
 1) independently propel chair on walks for 5 min.  
 2) verbally offer 3) stake on walk.  
 2) open door.

**Outcome #2:** engage in petting therapy dogs. 1 physical attempt  
 1) assist to act close. 3) HOH assist.  
 2) verbally

**Communication Style:**  
 vocalization, body lang. face expressions, physical prompts.

**Learning Style:**  
 auditory visual kinesthetic.

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: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled drop seizure - follow protocol
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: pocket foods, bite size
<b>Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: around/bites sippy cup - divided plate
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Scoliosis, deformity of feet. Full code, gastric band CP, Hypothyroidism. UCL DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1 med scheduled - follow protocol
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at table, disposable briefs, transfer belt
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: w/c, bear weight during transfer, helmet
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 commy, physical contact at all times
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive w/ shoes & socks. vision loss.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: zero unsupervised time.
<b>Important to:</b>	freely moving around, fidget Avail, shoes/socks off.
<b>Important for:</b>	dietary seizure protocols, wearing helmet when needed.
<b>Likes:</b>	bowling, head massages, helmet off, moving freely
<b>Dislikes:</b>	stuck in one place, no fidgets-avail. extended HOH contact.

Lead Review Completed: AS

Staff: Jill Sales  
 Date: 5-17-22



Service Recipient: Dorothy  
 Service Span: 5-22 5-23

Outcomes:

Outcome #1	Dorothy will independently propel wc for smm. - walks 80% over 6 mo
Outcome #2:	once a week will engage in petting the therapy dogs with 1 physical prompt over 6 mo.
Communication Style:	vocalizations, body language/movements, facial expressions, whistles, short phrases
Learning Style:	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:
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: partially controlled
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ground food bite sized
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: raw veg shredded, slippery cup, divided plate - Full assist
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CCL, spastic quad. deformity, DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes DNR/DNI, scoliosis, hypothyroidism, constipation
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN release med 1 scheduled
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands at mat table to be changed, uses posey belt, briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wc, can w/during transfer posey belt, gen transfer sheet
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community; keep in physical contact w/ wc
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive for shoes & socks, vision loss - offer cheer
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: none
Important to:	freely moving around, bidget & orally take socks & shoes off, helmet off when safe
Important for:	pannar care, consistency + seizure protocols, wearing helmet when needed
Likes:	blowing, having helmet off, head massages, moving freely
Dislikes:	being stuck in place, not having bidgets extended Hott

Staff: Alice L. Cox  
 Date: 9/24/22



Service Recipient: Dorothy C.  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Twice a week Dorothy will independently propel her wheelchair for 5 mins

Outcome #2: Staff will offer Dorothy a weekly one a week staff will help Dorothy engage and get the therapy done.

Communication Style: Vocalizations, Body Language + Facial Expressions  
 Learning Style: 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: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Drop Seizures Partially Controlled</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May Packet food Ground to Bite sized</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Raw veggies are ok w/ de d</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hypothyroidism Scoliosis, Constipation, Sickle Cell, Osteoarthritis, Equinus - feet deformity</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>1 Med, PRN rescue Med,</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stands at Mat table Pexy Belt, Disposable</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wheelchair, Bear Weight lift transfers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect + Secure 1 to 1 in chair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Tactile Dependency towards chest + neck</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>Free to Move around and have fidgets, take off shoes</u>
Important for:	<u>Family caregivers, wearing her helmet + socks</u>
Likes:	<u>Bowling, Having her helmet off, Head massages</u>
Dislikes:	<u>Stuck in one place no fidgets</u>

Staff: Killa  
 Date: \_\_\_\_\_



Service Recipient: Dorothy  
 Service Span: \_\_\_\_\_

Outcomes:

<b>Outcome #1</b> will proper her wheelchair for 5min 80% - verbally offer a walk and prompt her towards door
<b>Outcome #2:</b> will engage in petting therapy dogs 70% - help get close to dogs verbally encourage
<b>Communication Style:</b> vocalization / body language movements / facial expressions
<b>Learning Style:</b> Auditory, visual, kinesthetic

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: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Drop seizures, partially controlled
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Group foods to bite sized, raw veggi shredded
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ↓
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span> Spastic Quad CP, Equinus, Scoliosis, Hypothyroidism
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has 1 med scheduled, PRN rescue med
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Stands @ mat table to be changed
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses wheelchair, can bare weight during transfer
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community, keep physical contact w/wheelchair
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Tactile defensive towards shoes/socks, vision loss
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED
<b>Important to:</b> freely moving around, having fidget available, taking socks/shoes off	
<b>Important for:</b> familiar caregivers, dietary + seizure protocols, wearing helmet	
<b>Likes:</b> Bowling, having helmet off, head massage, moving around freely	
<b>Dislikes:</b> stuck in one place, not having fidgets, extended HOH	

Lead Review Completed: AS

**What will the provider do?**

GOALS 1-3: The providers (paid) supports will continue to provide the approved hours of support and the supervising agency will continue to supervise to make sure her care plan services are being met. They are also going to help with building and maintaining skills needed to complete her goal of continuing to improve her patience over the upcoming year.

Staff at the vocational (PAI) will provide appropriate support to Monica. Staff will assist Monica with accomplishing her goal of continuing to improve her patience over the upcoming year. The provider is responsible for health and safety needs are being met 24/7/365. They are mandated reporters and will follow all mandated reporting guidelines.

### **What will others do?**

- James's informal supports will encourage, support, and advocate for him. James' supports will notify health care staff and his service coordinators of any changes in James' health. James' supports will allow him to define the relationship and level of support desired from his supports. They will ensure that James is remaining safe in his community of choice and will continue to provide cares for him to remain successful at home and in the community.
2. James's informal supports will encourage him to continue to attend PAI on a regular basis to get into a routine. Informal supports will ensure that James has transportation to get to and from PAI. Informal supports will continue to check-in with James to see what his goals are, what he is accomplishing while at PAI, and if he needs any accommodating changes.
  3. James's informal supports will support James's decision on continuing to live at home as long as all of his needs are being met. Informal supports will encourage James to receive all supports that he is comfortable with and enjoys receiving to ensure that he can continue living in his community of choice.

### **What will the provider do?**

- James's providers will provide him the services as listed on his CSSP. James's providers will advocate for him to remain in his community of choice if his health and safety needs are being met. James's providers will allow him to maintain his independence and be person-centered in-service delivery. The providers will communicate with the case manager regarding billing questions and concerns. The providers will assist James and his guardian in seeking out information that they need to make decisions about his care.
2. James's providers will ensure that paperwork is returned to the case manager in a timely matter to ensure that services will continue. Provider's will continue to treat James with kindness and respect while he attends his program. Providers will create tasks for James to complete that he enjoys and will assist him when needed.
  3. James's providers will ensure that cares are being provided in the home in the most effective way possible. Staff will communicate with family and/or James's guardian if they believe his health and safety needs are not being met.

**What will the provider do?**

**PCA PROVIDER:** PCA Provider will continue to work with Tomas to support/encourage and help him with day to day activities in his home and community to help him maximize his independence. Provider will work with Tomas on his global goals/dreams and be in regular contacts with the guardian and Case Manager/Supervisor on the progress of his goals/dreams. PCA will work with Tomas to encourage him to stay healthy and happy and keep attending his day program.  
Global dream statement: Keep going out with his peers at the day program, doing outing and going with his mother to buy his favorite CDs and music.

**VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES):** Vocational Provider will continue to work with Tomas to build and maintain employment and vocational skills to meet his goals, and to ensure his health and safety needs are met during their scheduled time. Provider will work with Tomas to encourage/support on his global goals/dreams and be in regular contacts with the guardian and Case Manager/Supervisor on the progress of his goals/dreams. Staff will work with Tomas on stay healthy and happy and keep attending his day program.  
Global dream statement: Keep going out with his peers at the day program, doing outing and going with his mother to buy his favorite CDs and music.

**Case Manager Noted:**

PCA Provider will ensure staff is trained and providing care needs on care plans. Staff will follow care plan to support and assist Tomas with ADLs and IADLs needs.

Vocational Provider (DT&H) will continue to work with Tomas on social leisure at the Day program and keep him involved and engaged in activities he enjoys doing. Staff will ensure his health and safety needs are met when he is there.

### **What will the person do?**

Fartun will continue to will work in partnership with informal and formal supports to build and maintain all skills necessary to achieve her goals of increasing her personal safety skills, social boundaries, and be independent with life skills.

### **What will the case manager do?**

Case management supports with monitoring and coordination current waiver services. Case management additionally supports with the development of new waiver services as needed to ensure: health needs, safety needs, and other support needs are met. Case managers meets two times a year. Once for annual visit and second for 6-month follow up to ensure services are meeting health needs, safety needs, and other support needs.

### **What will others do?**

Fartun's guardian will assist Fartun to build and maintain all skills necessary to achieve her goals of increasing her personal safety skills, social boundaries, and be independent with life skills. Fartun's guardian will also ensure Fartun's health and safety needs are met and she will also complete her annual well being reports.

**What will the provider do?** PAI and Personal Supports will assist Fartun to build and maintain all skills necessary to achieve her goals of increasing her personal safety skills, social boundaries, and be independent with life skills.