



Competency Tracking Form Linden Site

Participant: **Larry T** Annual Service Span: May 22-May 23

Annual Meeting Date: 5.19.22 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
		Anderson-Jones, Celeste
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AK	Cox, Alice
		Gagner, Megan
	AH	Hampton, Tony
	MH	Hetchler, Maria
	JL	Hiland, Lindsay
	ND	Johnson, Natalie
	KC	Kalu, Festus
	ML	Kessler, Madeline
		Larson, Nancy
	DL	Lepley, Deanne

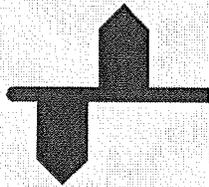
Date Completed	Initials	Full Name
	SM	Mafi, Sommer
	KM	McKnight, Kyla
	SN	Neirad, Shelly
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
	AS	Shirley, Ashleigh
	LB	Stacken, Laura
	JT	Trimble, Jennifer
6-1-22	KP	Kathy Perry

Date Uploaded to LMS: 6/11/2022

**PAI-
Linden/Oakdale
Team Meeting**



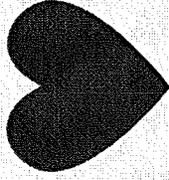
Welcome



Sign In



Introductions

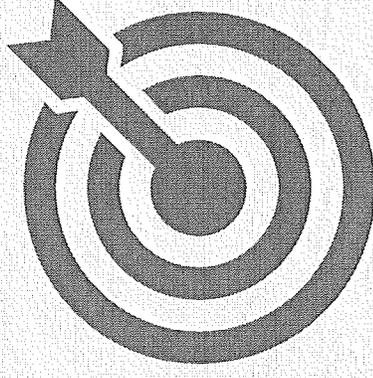


A moment of gratitude

Agenda

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

Wrap Up



Site-Specific Updates

With staffing patterns, we have been able to let more than one person have a day off. Program Supervisors will be paying more attention to PTO requests and the amount of people off each day.

Please talk with your Program Supervisor if you have an emergency or need for time off.



Agency-Wide Updates

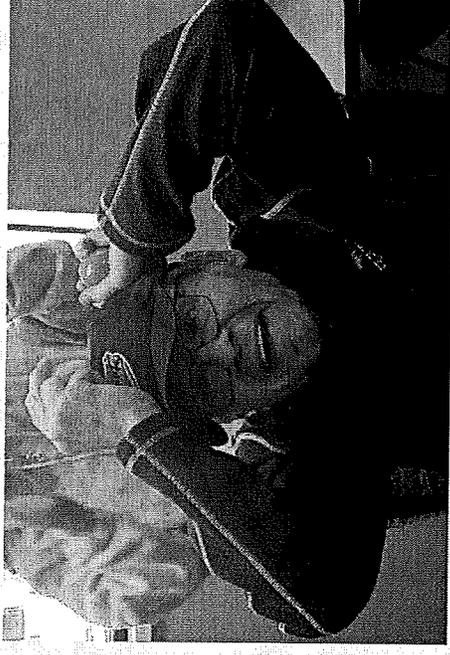
Need a representative for Linden for Made in the shade in September and the parade in August! Volunteers will be compensated for their time.

If no one volunteers we'll assign it.



PAW

Larry Therrien May 2022- 2023



Outcome #1: Daily, Larry will lead a group of his choosing in the program room in 80% of trials over a 6-month period.

Summarize Steps: Staff will show Larry which groups are on the calendar for the day. Larry will choose a group to lead, staff will offer support as needed or requested.

Outcome #2: Twice a week, Larry will work on math problems in 70% of trials over a 6-month period.

Summarize Steps: staff will ask Larry if he'd like to work on some math problems offering a worksheet, staff will assist Larry as he requests.

Communication Style: Larry is verbal and understands verbal communication

Learning Style: Visual, verbal, and repetition

Competency Reviews



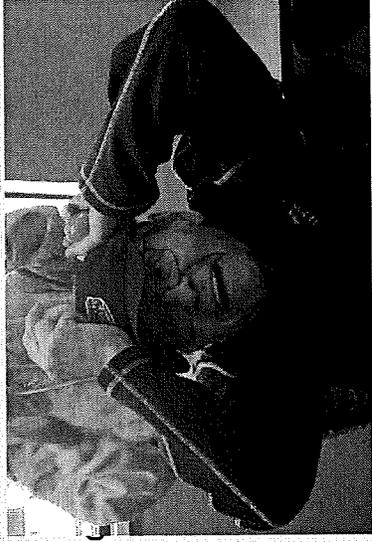
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: Epil epsy <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Diagnosed with epilepsy; sometimes aware of seizures, may inform someone. Staff are trained on Larry's seizure protocol and PRN
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Larry does not have a history of choking.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food in bite size pieces. Able to eat finger foods and drink independently. Staff will assist with eating as requested.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ataxia, Failure to thrive, cerebral palsy, osteoporosis, rosacea Staff will monitor chronic medical conditions and report concerns to Larry's residence.

Competency Reviews



Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN seizure medication. Staff are trained on med admin, report concerns to residence.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt with a standing pivot transfer in the bathroom. Utilizes the handrail for stability as available. May ask for assistance freshening up.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry uses a gait belt with pivot transfer. Ensure safety belt on chair is secured. Staff will keep the room free and clear of obstacles, so Larry is able to navigate independently.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accompanied by staff while in the community. Staff will help Larry propel his wheelchair when requested. Staff model appropriate social behavior and follow pedestrian safety rules.

Competency Reviews



<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Larry is diagnosed with Far-sightedness. Staff will help Larry maintain his glasses. Larry has slight hearing loss, staff may need to speak up if Larry is having trouble hearing.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Larry is diagnosed with depressive disorder. Staff will honor Larry's choices and requests. Symptoms such as sadness, irritability, loss of interest, changes in sleeping habits, etc. will be communicated to Larry's residence.</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: Larry may have up to 10 minutes, without direct supervision, to navigate in between rooms at Linden.</p>

Partic

Competency Reviews

Important to: Things for are important to Larry are his family, being independent, playing checkers, the Vikings and Twins teams, and his friends.

Important for: Things that are important for Larry are his seizure protocol and encouragement when he is feeling depressed or sad.

Likes: Having his independence honored, having alone time to visit friends and staff on his own, math, going out to eat, checkers.

Dislikes: increased tremors which can lead to lack of independence, when he is feeling depressed, not being able to visit friends and staff





CSSP Reviews

Mark Sneep

Adam Johnson



Wrap Up

Thoughts and feedback on new All-Staff

Agenda

Objectives

Suggestions for continued improvement

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

Any final thoughts?

What will others do?

FAMILY:

Mark's family will provide informal supports to assure all of his health and safety needs are met, as well as help him build and maintain all skills and access to opportunities to meet his goals.

GUARDIAN:

Mark's legal guardians will continue to exercise their powers and responsibilities, unless stated differently in the guardianship order, of: establishing place of abode (residential), care, comfort and maintenance needs; personal property, medical care, contracts, exercise supervisory authority, and assure eligibility for all government benefits. They will complete their annual filing responsibilities as mandated by the court. They will work with Mark to build and maintain all skills to meet his goals and ensure all his health and safety needs are met.

REPRESENTATIVE PAYEE:

The representative payee will continue to assist with money management and assist with completion of all documents to maintain eligibility for all state and federal benefit programs.

What will the provider do?

Mark uses the traditional option of the DD waiver. He uses PCA, PCA supervision, Day Support Services and transportation, and Respite. All service providers will provide services according to Mark and his guardian's wishes and preferences, as authorized by his case manager, according to his assessed needs; all while ensuring health and safety. Services will be provided in a person centered manner and as agreed on by Mark's team, as related to the goals outlined in his PCA assessment, and MN Choices CSP and CSSP. Providers will implement services and supports via appropriate plans such as care plans, support plans, self management assessments, individual abuse prevention plans, etc. Providers required will meet annually or as requested by the team. Providers will follow guidelines for reporting maltreatment as well as incidents/accidents accordingly. Mark uses AbbeyCare for his PCA - his Mom is his primary PCA and supports Mark with all of his personal assistance and home management needs. Mark uses PAI for his day support service. PAI will support Mark with his choice making through the day. Mark uses Companion Linc for respite and this is a basic service so no outcomes are required.

MnCHOICES Support Plan for: MARK P SNEEP

What will others do?

FAMILY:

Mark's family will provide informal supports to assure all of his health and safety needs are met, as well as help him build and maintain all skills and access to opportunities to meet his goals.

GUARDIAN:

Mark's legal guardians will continue to exercise their powers and responsibilities, unless stated differently in the guardianship order, of: establishing place of abode (residential), care, comfort and maintenance needs; personal property, medical care, contracts, exercise supervisory authority, and assure eligibility for all government benefits. They will complete their annual filing responsibilities as mandated by the court. They will work with Mark to build and maintain all skills to meet his goals and ensure all his health and safety needs are met.

REPRESENTATIVE PAYEE:

The representative payee will continue to assist with money management and assist with completion of all documents to maintain eligibility for all state and federal benefit programs.

5/18/2022

What will the provider do?

Mark uses the traditional option of the DD waiver. He uses PCA, PCA supervision, Day Support Services and transportation, and Respite. All service providers will provide services according to Mark and his guardian's wishes and preferences, as authorized by his case manager, according to his assessed needs; all while ensuring health and safety. Services will be provided in a person centered manner and as agreed on by Mark's team, as related to the goals outlined in his PCA assessment, and MN Choices CSP and CSSP. Providers will implement services and supports via appropriate plans such as care plans, support plans, self management assessments, individual abuse prevention plans, etc. Providers required will meet annually or as requested by the team. Providers will follow guidelines for reporting maltreatment as well as incidents/accidents accordingly. Mark uses AbbeyCare for his PCA - his Mom is his primary PCA and supports Mark with all of his personal assistance and home management needs. Mark uses PAL for his day support service. PAL will support Mark with his choice making through the day. Mark uses Companion Linc for respite and this is a basic service so no outcomes are required.

What will the provider do?

PCA PROVIDER: PCA Provider will continue to work with Adam 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 Adam on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. PCA will work with Adam to encourage him to work on stay pain free, reduce his seizure activity, increase the nursing services specially with his wound care and keep him the most healthy, safe and comfortable possible.

Global dream statement: Adam loves to socialize with family and his peers at the PAI day program.

VOCATIONAL PROVIDER (DAY TRAINING AND HABILITATION/SUPPORTED EMPLOYMENT SERVICES): Vocational Provider will continue to work with Adam 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 Adam to encourage/support on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. Staff will work with Adam on keep him pain free, reduce his seizure activity, increase the nursing services specially with his wound care and keep him the most healthy, safe and comfortable possible.

Global dream statement: Adam loves to socialize with family and his peers at the PAI day program.

Staff: Ashleigh Shirley
 Date: 5.23.22
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Service Recipient: Larry Therrien
 Service Span: May 2022-May 2023

OUTCOMES:

<p>Outcome #1: Daily, Larry will lead a group of his choosing in the program room in 80% of trials over a 6-month period. Summarize Steps: Staff will show Larry which groups are on the calendar for the day. Larry will choose a group to lead, staff will offer support as needed or requested.</p>
<p>Outcome #2: Twice a week, Larry will work on math problems in 70% of trials over a 6-month period. Summarize Steps: staff will ask Larry if he'd like to work on some math problems offering a worksheet, staff will assist Larry as he requests.</p>
<p>Communication Style: Larry is verbal and understands verbal communication</p>
<p>Learning Style: Visual, verbal, and repetition</p>

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

<p>Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: N/A</p>
<p>Seizures: Epilepsy <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Larry is diagnosed with epilepsy; Larry is aware when he has a seizure. Larry will sometimes inform someone after he has a seizure. Staff are trained on Larry's seizure protocol and will follow it in the event of a seizure.</p>
<p>Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: Larry does not have a history of choking.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Food in bite size pieces. Larry knows what he prefers to eat. He's able to eat finger foods and drink independently. Larry has ataxia and is not able to eat foods that require a spoon. Staff will offer assistance with these foods as requested.</p>
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Ataxia, Failure to thrive, cerebral palsy, osteoporosis, rosacea. DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Larry will be provided ample time to complete tasks for himself. He will be asked prior to staff assisting when it is apparent, he needs support due to his hand tremor. Larry may use wrist weights as tolerated. Larry will also request help when he needs it. Staff will monitor chronic medical conditions and report concerns to Larry's residence.</p>
<p>Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Larry has an emergency seizure medication that will be administered per protocol. Staff receive training on medication administration. Concerns regarding medications will be communicated to Larry's residence.</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Larry uses a gait belt with a standing pivot transfer in the bathroom. He utilizes the handrail for stability as available. Larry will sit on the toilet and ask for assistance to freshen up if needed or as requested.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Larry uses a gait belt when transferring. Staff will help Larry with all transfers. Staff will visually check that Larry's seatbelt is on securely and remind him to put it on if it is not. Staff will keep the room free and clear of obstacles, so Larry is able to navigate independently.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Larry is accompanied by staff while in the community. Staff will help Larry propel his wheelchair when requested. Staff model appropriate social behavior and follow pedestrian safety rules.</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Larry is diagnosed, Far-sightedness. Staff will offer Larry visual options at a distance. Staff will help Larry clean and maintain his glasses. Sensorineural, hearing loss that is permanent and can make even loud noises sound muffled.</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Larry is diagnosed with depressive disorder. Staff will honor Larry's choices and requests. Symptoms such as sadness, irritability, loss of interest, changes in sleeping habits, etc. will be communicated to Larry's residence.</p>
<p>Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Describe Supports: Larry may have up to 10 minutes, without direct supervision, to navigate in between rooms at Linden.</p>

Important to: Things for are important to Larry are his family, being independent, playing checkers, the Vikings and Twins teams, and his friends.

Important for: Things that are important for Larry are his seizure protocol and encouragement when he is feeling depressed or sad.

Likes: Having his independence honored, having alone time to visit friends and staff on his own, math, going out to eat, checkers, resting in a recliner

Dislikes: increased tremors which can lead to lack of independence, when he is feeling depressed, not being able to visit friends and staff

Staff: Tony

Date: _____



Service Recipient: Larry T.

Service Span: _____

Outcomes:

Outcome #1: Chair gap to lead in program Room
 Summarize Steps: Show Larry groups Larry will take groups to lead

Outcome #2: 2x weekly math problems
 Summarize Steps: staff will ask Larry if he'd like to work Staff will assist

Communication Style: Verbal

Learning Style: Visual, Verbal, Repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>epilepsy, sometimes aware of seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Larry does not have a history of Choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Alexia, failure to thrive, Cerebral Palsy osteoporosis</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>PRN seizure med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gait belt stand pivot transfer utilizes hand Rail for stability</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses gait belt ensure chair secured</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>help Larry propel his wheel chair</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>far sighted help with glasses slight hearing loss</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Depressive Disorder Honor His Choices</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>10 min</u>
Important to:	<u>family independence checkers viktors & twins friends</u>
Important for:	<u>Seizure Protocol encourage when actor Doh</u>
Likes:	<u>independence visit friends math eating checkers</u>
Dislikes:	<u>increased tremors depressed not visiting friends</u>

Staff: Maddy K



Service Recipient: Larry T

Date: _____

Service Span: May 22 - May 23

Outcomes:

Outcome #1 Daily, Larry will lead a group of his choosing - Staff show groups on calendar - Larry will choose from options
Outcome #2: Twice a week, Larry will work on math problems - Staff will ask if he'd like to work on math - Staff assist as needed
Communication Style: <u>Verbal</u>
Learning Style: <u>Visual, Verbal, Repetition</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>Epilepsy</u> <u>- Staff are trained on protocol</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>No history of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size, finger foods + drink independently</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ataxia, Failure to thrive, CP, osteoporosis, rosacea</u> <u>Provided time to complete tasks</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>PN seizure medication</u> <u>- Staff trained on med admin</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait belt, standing pivot, Handrail for stability</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait belt + standing pivot transfer, wheelchair + safety straps. Can navigate independently</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Larry is accompanied by staff while in community</u> <u>Staff help propel chair as needed.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Far sighted + hearing loss</u> <u>- Staff speak up if Larry can not hear</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Depressive disorder</u> <u>- Symptoms: communicated to residence</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>10 min in bathroom + 10 min to navigate</u> <u>hinders independently</u>
Important to:	<u>Family, being independent, Vikings, Twins, friends</u>
Important for:	<u>protocols + encouragement when sad</u>
Likes:	<u>Independence, alone time, checkers, going out to eat</u>
Dislikes:	<u>Tremors, being depressed, not being able to visit.</u>

Staff: Maria Hetchler

Date: 5-29/22



Service Recipient: Larry Therrien

Service Span: May 22-23

Outcomes:

Outcome #1 Daily, Larry will hold a group of his choosing in the program room staff will show him which groups are on the calendar for the day

Outcome #2: Twice a week, Larry will work on math problems staff will ask Larry if he'd like to work on some math problems offering a worksheet

Communication Style: Verbal and understand Verbal communication

Learning Style: Visual, Verbal and repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Diagnosed w/ epilepsy, aware of seizures, follow protocol and PRN
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Does not have a history of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food in bite-size pieces. Able to eat finger foods and drink independent, will assist as request
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, Failure to thrive, cerebral palsy, osteoporosis DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Staff will monitor and report concerns to residence.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN seizure medication. Staff are trained on med admin. report any concerns
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt w/ a standing pivot transfer in the bath room
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses uses gait belt w/ pivot to transfer, safety belt on chair is secured, keep room free and clear
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Accompanied by staff while in the community. Staff will help Larry propel his wheelchair as needed
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Larry diagnosed with sightedness. Staff will help Larry maintain his glasses. He has slight hearing loss.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Larry is diagnosed with depressive disorder. Staff will honor Larry's choices and request
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Larry may have up to 10 minutes, without direct supervision, to navigate in between rooms at Linden
Important to:	Things for Larry are important to Larry are his family, being independent, play checkers, Vikings and Twins team and friends
Important for:	His seizure protocol and encouragement when he is feeling depressed or sad
Likes:	having his independence honored, having alone time to visit friends and staff on his own, math, going out to eat, checkers.
Dislikes:	Increased tremors which can lead to lack of independence, when he is feeling depressed, not being able to visit friends and staff.

Staff: ERIN SANDSTROM
 Date: 5-24-2022



Service Recipient: LARRY THERIEN
 Service Span: MAY 2022 - MAY 2023

Outcomes:

- Outcome #1** DAILY, LARRY WILL LEAD A GROUP OF THE CHOUSINGS IN THE PROGRAM ROOM.
 - STAFF WILL SHOW LARRY WHATS ON THE CALENDAR. HE WILL CHOOSE WHICH TO LEAD.
- Outcome #2:** 2x WEEK, LARRY WILL WORK ON MATH PROBLEMS.
 - STAFF WILL ASK LARRY IF HE WOULD TO WORK ON A MATH SHEET.
- Communication Style:** VERBAL
- Learning Style:** VISUAL, VERBAL, REPETITION

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: EPILEPSY. LARRY IS AWARE OF HIS SEIZURES AND MAY LET SOMEONE KNOW HE HAD ONE.
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: LARRY DOES NOT HAVE A HISTORY OF CHOKING.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: BITE SIZE PIECES, KNOWS WHAT HE LIKES TO EAT. FINGER FOODS/ DRINK INDEPENDENTLY
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ATAXIA, CP, OSTEOPOROSIS, ROSACEA
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: SEIZURE PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: GAIT BELT AND A STAND PIVOT. USES HANDRAIL FOR SUPPORT.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: GAIT BELT WITH PIVOT TRANSFER. ABLE TO NAVIGATE INDEPENDENTLY
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: STAFF ASSIST WHEN REQUESTED. FOLLOW SAFETY RULES & APPROPRIATE SOCIAL BEHAVIOR
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: FARSIGHTENESS. SLIGHT HEARING LOSS
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DEPRESSIVE DISORDER.
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: UP TO 10 MINS OF UNSUPERVISED TIME TO NAVIGATE LINDEN
Important to:	FAMILY, BEING INDEPENDENT, PLAYING CHECKERS, VIKINGS & TWINS
Important for:	SEIZURE PROTOCOL, ENCOURAGEMENT WHEN FEELING DEPRESSED
Likes:	INDEPENDENCE HANDLED, HAVING ALONE TIME TO VISIT FRIENDS OUT TO EAT, CHECKERS
Dislikes:	INCREASED TREMORS, NOT BEING ABLE TO VISIT FRIENDS/STAFF, WHEN FEELING DEPRESSED

Staff: Alice L. Cox
 Date: HARRY T



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

Outcomes:

Outcome #1 Daily Larry will lead a group of his choosing 80% of the time.

Outcome #2: 2x a week Larry will do math problems 70% of time

Communication Style: Verbal and Understands

Learning Style: Visual, Verbal, Repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy - Larry is aware and sometimes informs staff</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:
Specialized Diet: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Wing</u>	Describe Supports: <u>Yes straw can't use spoon</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hx of stroke, may choose to eat finger foods</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>Ataxia, balance to think, CP</u> <u>Osteoporosis, Tremors, time to process</u> <u>Emergency PRN, Staff are trained</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait Belt, Standing ^{help stand} pivot, Secure Seatbelt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait Belt, assist w/ transfers, Belt, Help propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect + Serve</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Depressive Disorder, Sadness + Irritability</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Consistent dress wears glasses, some hair loss</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Up to 10 mins in classroom</u>
Important to:	<u>Family, Independence, playing checkers, visiting</u>
Important for:	<u>Seizure Protocol + helping w/ depressive mood</u>
Likes:	<u>Eating out, Independence, checkers, Postings</u>
Dislikes:	<u>Increased tremors, Lack of Independence, visit buds</u>

Staff: Colette Rice
 Date: May 24, 2022



Service Recipient: Larry T.
 Service Span: May 22 - May 23

Outcomes:

Outcome #1
 Daily Larry will lead group of his choosing
 verbal prompts

Outcome #2:
 2 week work on math problems

Communication Style:
 Verbal

Learning Style:
 Visual, Verbal, repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: epilepsy, PRN
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: no choking
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite Size, drink independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, CP, Rosacea
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ standing pivot
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ standing pivot, Seat belt
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompanied 1:1 with staff
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: far sighted, hearing loss
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depression, sadness
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: up to 10 min. alone
Important to:	family, checkers, vikings
Important for:	seizure protocol
Likes:	alone time, visit friends
Dislikes:	depressed, unable to visit friends / staff

Staff: Kia L. Bauch



Service Recipient: Larry T.

Date: 5/24/22

Service Span: May 22 - May 23

Outcomes:

Outcome #1 Daily, will lead a group of his choosing. -verbally prompt, Larry chooses
Outcome #2: Twice a week, Larry will work on Math problems. -verbally prompt
Communication Style: verbal,
Learning Style: visual, verbal + repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: epilepsy, PRN
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food in bite size pieces, drink independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, CP, Rosacea 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
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ standing pivot, handrail
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ pivot, seatbelt
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompanied by staff while in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: farsightedness, hearing loss
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depressive disorder
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: up to 10 minutes alone
Important to: family, independent, sports	
Important for: Protocol, help w/ depression	
Likes: independent time, checkers, out to eat	
Dislikes: tremors, depressed	

Staff: Shelly Nierck
 Date: 05-24-2022



Service Recipient: Larry ^{Therrien} ~~Therrien~~
 Service Span: May 22 - May 23

Outcomes:

Outcome #1	lead a group of his choosing - 80% - staff show larry groups - larry choose - staff assist larry
Outcome #2:	2x wk work on math problems. - staff offer larry worksheet - staff assist if larry request
Communication Style:	Verbal, understands verbal.
Learning Style:	Visual, verbal, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Epilepsy - may inform staff - Follow protocol
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Does not history of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized foods - staff assist as requested.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, LP, failure to thrive, rosacea. 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-seizure med - Follow protocol.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Craie belt, stand pivot transfer, handrail, may ask for help
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Craie belt, Pivot transfer, w/c - Navigates independently
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompany by staff - staff may help when requested
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Far sighted, slight hearing loss.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depressive disorder - all changes in patterns communicate
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: up to 10 min. w/o supervision in halls & bathroom.
Important to:	family, checkers, sports, friends, being independent
Important for:	seizure protocol, encouragement when depressed or sad
Likes:	independent time, checkers, out to eat.
Dislikes:	having increased tremors, Not being independent

Staff: Natalie Johnson
 Date: 5.24.2022



Service Recipient: Larry Therrien
 Service Span: June 2021 - May 2022
May 2022 - May 2023

Outcomes:

Outcome #1: Daily, Larry will lead a group of his choosing in the program room. Staff will offer show Larry which groups are on the calendar.
Outcome #2: Twice a week, Larry will work on math problems 70% of trials. Staff will ask Larry if he'd like to work on a math sheet.
Communication Style: Verbal and understands verbal communication
Learning Style: Visual, verbal, and 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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Epilepsy - he is aware of his seizures</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Larry does not have a history of Choking.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food in bite sized pieces. he is able to eat finger foods and drink independently</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ataxia, failure to thrive, Cerebral Palsy, osteoporosis, rosacea</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>PRN</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Larry uses a gait belt transferring to toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses gait belt. Staff will assist with all transfers</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will help Larry propel his wheelchair for long distances. practice safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>far-sightedness. offer options at a distance</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>depressive disorder</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Larry may have up to 10 min of alone time</u>
Important to:	<u>family, being independent, playing checkers, vikings and tw.n.s games, friends</u>
Important for:	<u>protocol and encouragement when feeling depressed or sad.</u>
Likes:	<u>Independence honored, having alone time to visit friends, going out to eat, math, checkers, resting in recliner</u>
Dislikes:	<u>increased tremors, feeling depressed, not being able to visit friends and staff.</u>

Staff: Jill Sales
 Date: 5-24-22



Service Recipient: Larry Therrich
 Service Span: 5/22-5/23

Outcomes:

Outcome #1	Larry will lead group of choosing in program room 80% staff to show Larry which groups are on calendar, Larry to choose, staff support
Outcome #2:	Three week Larry will work on math problem 20% time. Staff offer worksheet + assist as needed
Communication Style:	verbal - understands verbal communication
Learning Style:	visual verbal rep

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: dx Epilepsy, he may inform staff. Staff trained on seizure protocol
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: no hx
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized pieces. Eats finger foods drinks independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, Pain in toshing, cp, osteoporosis, rosacea staff to monitor conditions 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 seizure med. Staff trained on med admin.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt with pivot transfer. ensure safety belt use handrail
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry uses gait belt + pivot transfer. ensure safety belt is secured. keep room free of obstacles
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry accompanied by staff while in community, staff help propel chair
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Farsightedness. Staff help maintain glasses
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: dx depressive disorder. Staff honor Larry's needs. ex. such as sadness, irritability, lack interest
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: may have up to 10 min. w/o supervision to navigate between rooms. Also 10 min. BR
Important to: Family, friends	being independent, playing checkers, visiting
Important for:	seizure protocol encouragement when he is feeling depressed or sad.
Likes:	wanting independence, math, checkers, going out to eat
Dislikes:	increased tremors, feeling depressed, not being able to visit friends or staff.

Staff: Sommer
 Date: 5/24/27



Service Recipient: Larry T
 Service Span: June 22-'23'

Outcomes:

Outcome #1	Darry lead a group of his choice in room Staff show Larry groups to pick, Larry chooses then leads. Staff will assist
Outcome #2:	2x weekly work on math problems Staff ask Larry to do math, give work sheets Assist when needed
Communication Style:	verbal, verbal comm
Learning Style:	visual, verbal rep

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: epilepsy, sometimes aware of seizure
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: no history
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized, finger food can eat ind.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: failure to thrive, osteoporosis, rosacea
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN seizure med
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt - standing pivot, handrail, ^{may need help} 'freshening up'
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt - pivot, safety belt, keep room clear
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: help proper chair model social behaviors
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: far sightness, hearing loss - clean glasses speak up
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depression - staff honor choices
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: 10 min to help lunch
Important to:	family, Vikings, Checkers, twins, independence
Important for:	severe protocol, encouragement
Likes:	math going out to eat, checkers
Dislikes:	depressed, tremors, not visiting friends

Staff: Kyla M
 Date: 5/24/22



Service Recipient: Larry
 Service Span: May 22-23

Outcomes:

Outcome #1	<u>Lead group in his choosing 16 months</u> <u>Staff will offer support when needed</u>
Outcome #2:	<u>Twice week work on math problems 70%</u>
Communication Style:	<u>verbal</u>
Learning Style:	<u>verbal, repetition</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>Epilepsy</u>	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>No history / self managed</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>finger / bite size food</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will manage medical conditions</u> <u>report concerns to respite</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>PRN</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gate belt, pivot transfer, ask for assistance</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gate belt, chest belt</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will propel wheelchair when asked</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Farsightedness, slight hear loss</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>will honor Larry's request when feeling down</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>up to 10min to nag. through rooms & bathroom</u>	
Important to:	<u>his family, friends, cheerleaders, Vikings, Twins</u>	
Important for:	<u>server's protocol, encouraging when depressed</u>	
Likes:	<u>going out to eat, cheerleaders</u>	
Dislikes:	<u>Not being able to visit friends and staff</u>	

Staff: Laura Stacken
 Date: May 24th, 2022



Service Recipient: Larry T
 Service Span: 5/22 - 5/23

Outcomes:

Outcome #1 Will lead a group of his choosing in the program room.

Outcome #2: twice a week, Larry will work on urinal problems

Communication Style: Verbal & understands verbal comm.

Learning Style: visual, verbal, 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>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Diagnosed w/ epilepsy</u>
Choking: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Larry does not have a history of choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food in bite size pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ataxia, failure to thrive, CP, Osteoporosis, rosacea</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>PRN seizure med</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait belt w/ standing pivot transfer in bathroom</u> <u>utilizes handrail.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>gait belt w/ pivot transfer. ensure safety belt on chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Accompanied by staff while in community.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Farsightedness, maintain his glasses, slight hearing loss.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>depressive disorder</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>10 min alone.</u>
Important to: <u>Family, being independent, playing checkers, the Vikings & twin-teams & friends</u>	
Important for: <u>Seizure protocol, encouragement when he is feeling depressed or sad.</u>	
Likes: <u>Independence honored, alone time to visit friends & staff.</u>	
Dislikes: <u>increased tremors, which can lead to lack of independence.</u>	

Staff: Deanne Lepley

Date: 5-24-22



Service Recipient: Larry Therrien

Service Span: June 2021 - May 2022

Outcomes:

Outcome #1	Darius, Larry will lead a group of his choosing in the program room over 80% of trials over 6 month period Staff will show Larry which groups are on the calendar for the day Larry will choose a group to lead, Staff will offer support as needed or request
Outcome #2:	2x week, Larry will work on math problems in 70% trials over 6 mo period. Staff will ask if Larry would like to work on math problems offering a worksheet; Staff will assist Larry as he requests
Communication Style:	Verbal + understands verbal communication
Learning Style:	Visual, Verbal + Repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Epilepsy, is aware when has a seizure Sometimes at home someone after he has a seizure. Staff a trainer on Larry's protocol + will follow it if event of seizure
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Does not have a history of choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food in bite size pieces. Larry knows what to prefer to eat able to eat finger foods + drink independently. Larry has ataxia - not able to eat foods that req. a spoon.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, failure to thrive, cerebral DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Palsy, Osteoporosis, Rosacea.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry has an emergency med that will be administered by protocol. Staff receive training on med administration.
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry uses a Sait belt w/ a standing pivot kistly in bathroom Utilizes the handrail for stability as available. Larry will sit on toilet + call for assistance to freshen up if needed or as requested
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses a Gait Belt when transferring. Staff will help w/ all steps Staff will check that Larry's seatbelt is on securely + remind to put on when it is not; Staff keep area free + clear of obstacles, so Larry is able to move indep
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry is accompanied by Staff while in community. Staff will help propel wheelchair when req.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: diagnosed far-sightedness. Staff will offer visual options at a distance. Staff help keep his glasses clean. Sensory issues, hearing loss deaf + permanent + can't hear loud noises + muffled
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: diagnosed w/ depressive disorder. Staff will honor Larry's choices + requests. symptoms such as sadness, irritability
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Larry may have up to 10 mins w/out direct supervision to navigate between rooms at Linde
Important to:	Family, being independent, playing checkers, Willys + Judy's Texas friends
Important for:	seizure protocol + encouragement when he is feeling depressed or sad
Likes:	Having his independence honored, having alone time to visit friends + staff on his own, math, going out to eat, checkers, reading in recliner
Dislikes:	increased demands w/out can bear the lack of independence when feeling depressed, not being able to visit friends + staff

Staff: Jenny Trimble
 Date: 5/24/22



Service Recipient: Larry T.
 Service Span: 5/2022 - 5/2023

Outcomes:

Outcome #1	Daily, Larry will lead a group of his <u>charity</u> staff <u>in program room</u> show Larry groups & he chooses what group
Outcome #2:	X 2 a week work on math problems offer sheet and assist him as needed
Communication Style:	Verbal & understands verbal
Learning Style:	Visual, Verbal & repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <u>Epilepsy</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sometimes aware & make inform staff</u> <u>has prn</u>
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Larry does not have a history</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized, finger foods & drinks</u> <u>independently & may ask for assistance</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ataxia, Failure to thrive,</u> <u>CP, Osteoporosis, rosacea</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>prn seizure med. Staff are</u> <u>trained med passer</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Gait belt & standing pivot transfer</u> <u>in bathroom</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses gait belt w/ transfer pivot</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>accompanied by staff while in</u> <u>community, staff help propel w/c when required</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Far-sightedness, staff help</u> <u>and hearing loss</u> <u>primarily</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Depressive disorder - staff honor</u> <u>Larry's choices</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>up to 10 min w/o direct supervision,</u> <u>to navigate in between rooms @ Linden</u>
Important to:	<u>family, independent, friends, Vikings, things</u> <u>checkers</u>
Important for:	<u>Seizure protocol & encouragement when</u> <u>feeling depressed</u>
Likes:	<u>independence honored, having alone time</u> <u>to visit friends, going out to eat</u>
Dislikes:	<u>Increased incontinence, feeling depressed, not being</u> <u>able to visit friends</u>

Staff: Betsy
 Date: 5/24/2022



Service Recipient: Larry T
 Service Span: 5/22-5/23

Outcomes:

Outcome #1	Daily, lead a group of his choosing Give option groups, then will choose staff assist
Outcome #2:	2x wkly work on math problems ASK if he would like to work on problems offer worksheet staff assists
Communication Style:	verbal
Learning Style:	Visual, verbal, repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Epilepsy follow protocol & PRN	
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: has history	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ataxia, failure to thrive, cerebral palsy osteoporosis, rosacea	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	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt - pivot transfer Handrails	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Gait belt - pivot transfer safety belt	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assisted	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: farsightedness slight hearing loss	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Depressive disorder. Staff will honor choices & requests	
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: 10 mins inbetween rooms at Linden	
Important to:	Family, independent, checkers, Vikings, Twins, friends	
Important for:	seizure protocol, encouragement	
Likes:	Independence, alone time to visit peers, math, eating out, checkers	
Dislikes:	Increased tremors, lack of independence, depression, not being able to visit	



Staff: Morgan B.
 Date: May 24th 2022



Service Recipient: Larry T.
 Service Span: June '22 - '23

Outcomes:

Outcome #1 Lead group of choosing Show Larry groups, choose group, lead group w/ assistance
Outcome #2: work on math problems Use to work on math, staff assist
Communication Style: verbal, communication verbal
Learning Style: visual, verbal, 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: none
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: epilepsy, aware of seizures, trained on seizures/PRN
Choking: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: NO history
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size, finger foods
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: failure to thrive cerebral palsy, osteoporosis, rosacea, ataxia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PRN (epilepsy)
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ pivot transfer, handrail
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gait belt w/ pivot transfer, belt on chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompanied in community, model safety rules
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: far sightedness, hearing loss
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: depression, sadness, irritability, loss of interest
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: 10 min to navigate building
Important to: family, checkers, vikings, friends	
Important for: seizure protocol, encouragement when sad	
Likes: visit friends, going to eat	
Dislikes: tremors, being depressed, not visit staff/friends	

