



# In-Service Training Log – Linden

Date:

7/6/22

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Maddy K			SV CSSP review
.5	Maddy K			BG comp quiz

Make up Date	Initial	EE ID	Last Name
			<del>Ailport, Betsy</del>
	KB		Bauch, Kia
	MB		Bradshaw, Morgan
	A		Cox, Alice
	DT		Hampton, Tony
	MH		Hetchler, Maria
	NP		Johnson, Natalie
	K		Kalu, Festus
			<del>Larson, Nancy</del>
	DL		Lepley, Deanne
	SM	SM	Mafi, Sommer
	KM		McKnight, Kyla

Make up Date	Initial	EE ID	Last Name
	SN		Neirad, Shelly
	CR		Rice, Colette
	JB		Sales, Jill
	ES		Sandstrom, Erin
	LB		Stacken, Laura
	JT		Trimble, Jenny
	SR		Ranweiler, Sara

Make Up Date	Initial	EE ID	Admin Staff
			<del>Hiland, Lindsay</del>
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
			Shirley, Ashleigh

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# Competency Tracking Form Linden Site

Participant: **Brittney Gibson** Annual Service Span: June 22-June 23

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
		<del>Ailport, Betsy</del>
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	A	Cox, Alice
	AV	Hampton, Tony
	WH	Hetchler, Maria
		<del>Hiland, Lindsay</del>
	YN	Johnson, Natalie
	K	Kalu, Festus
	MK	Kessler, Madeline
		<del>Larson, Nancy</del>
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	VM	McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	SR	Ranweiler, Sara
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
		<del>Shirley, Ashleigh</del>
	JP	Stacken, Laura
	JT	Trimble, Jennifer

Date Uploaded to LMS: 7/13/2022



**What will others do?**

Sara's FAMILY will provide informal supports to ensure Sara's health and safety needs are met, as well as help her build and maintain all skills so she can continue living in her current home, attending her day program, continue to be an active member of her community, and continue working on her communication and language skills.

Linda Vinella, Sara's GUARDIAN 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 government benefits; They will complete their annual filing responsibilities as mandated by the court. They will work with Sara to build and maintain all skills so she can continue living in her current home, attending her day program, continue to be an active member of her community, and continue working on her communication and language skills. and ensure all her health and safety needs are met.

AXIS, Sara's REPRESENTATIVE PAYEE will continue to assist with money management; assist with completion of all documents to maintain eligibility for state and federal benefit programs.

**What will the provider do?**

AXIS, Sara's RESIDENTIAL services provider will continue to work with Sara to build and maintain all skills so she can continue living in her current home, attending her day program, continue to be an active member of her community, and continue working on her communication and language skills, and to ensure all her health and safety needs are met.

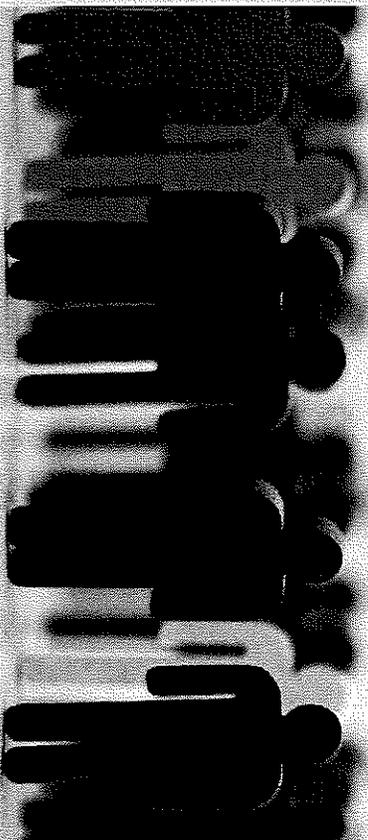
PAI, Sara's VOCATIONAL services provider will continue to work with Sara to build and maintain employment and vocational skills so she can continue, attending PAI, continue to be an active member of her community, and continue working on her communication and language skills, and to ensure her health and safety needs are met during their scheduled time.



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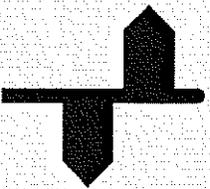
# PAI-Linden Team Meeting

7/6/2022



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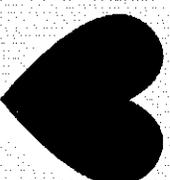
# Welcome



Sign In



Introductions



A moment of gratitude

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# Agenda

Welcome

Site-Specific Updates

Agency-Wide Updates

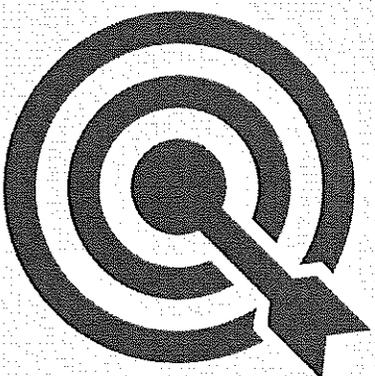
Policy and Procedure Review

Employee Handbook Review

Competency Reviews

Semi-Annual and CSSP Reviews

Wrap Up



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# **CSSP Reviews**

**Sara Valento**

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## Competency reviews - Brittney Gibson June 2022- June 2023

**Outcome #1:** 3x a week, Brittney will push a mac switch to request to relax in the recliner in 75% of trials over a 6-month period.

**Summarize Steps:** Staff will offer Brittney the mac switch, explaining that she'll hit it to request to use the recliner. Staff will honor her choice to sit in the recliner.

**Outcome #2:** 2x a month, Brittney will greet someone in the community in 70% of trials over a 6-month period.

**Summarize Steps:** Staff will encourage Brittney to greet someone in the community as she feels comfortable.

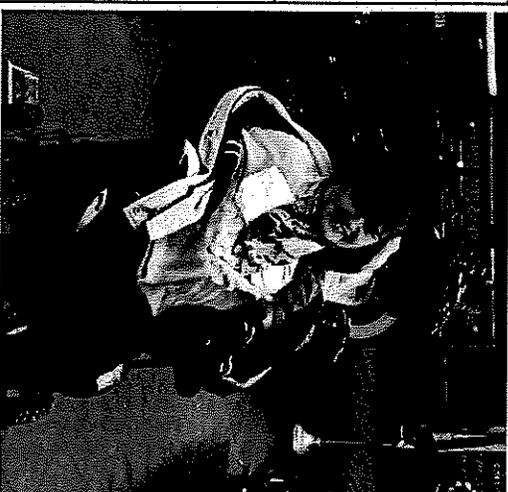
**Communication Style:** Facial expressions, eye pointing, crying, vocalizations. Staff should communicate using short verbal phrases.

**Learning Style:** visual, auditory, kinesthetically, repetition



# Competency reviews - Brittney Gibson June 2022 - June 2023

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Cipro, ceclor, septr, suprax, cefamine, latex. Staff will not give Brittney any medications containing those or use latex. Staff will alert guardians of any concerns regarding medications.
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Brittney has a VNS and a PRN seizure medication, staff will monitor for seizures and follow Brittney's seizure protocol accordingly.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Brittney is NPO, staff will 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> Brittney is NPO, she receives nutrition through her G tube. Concerns regarding her G-tube will be communicated to her guardians.



# Competency reviews - Brittney Gibson June 2022 - June 2023

<p><b>Chronic Medical Conditions:</b></p> <p>■ No <input type="checkbox"/> Yes</p>	<p><b>List &amp; Describe Supports:</b> DNR/DNI: ■ No <input type="checkbox"/> Yes</p> <p>Constipation, dysmenorrhea, static encephalopathy, and scoliosis</p> <p>Brittney expresses pain and discomfort by crying. Concerns regarding chronic medical conditions should be reported to her guardians.</p>
<p><b>Medication at PAI:</b></p> <p>■ No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b> Brittney receives medications via her G-tube.</p> <p>Concerns regarding medications should be reported to her guardians.</p>
<p><b>Personal Cares:</b></p> <p>■ No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b></p> <p>Uses disposable brief and the mat table. Transfer using 1 person ceiling lift or 2-person Hoyer. Staff support repositioning her as she expresses discomfort</p>
<p><b>Mobility/Fall Risk:</b></p> <p>■ No <input type="checkbox"/> Yes</p>	<p><b>Describe Supports:</b></p> <p>Uses a manual wheelchair that staff propel, when Brittney is in the recliner, pillows are used for support in positioning,</p>



# Competency reviews - Brittney Gibson June 2022 - June 2023



<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Staff model appropriate social and safety skills in the community. Supported 1:1, staff propel wheelchair.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> Staff will present items for choice making at an up-close distance, she doesn't like loud noises, staff will tell Brittney in advance if a loud noise is going to occur
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> N/A
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> N/A



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## Competency reviews - Brittney Gibson June 2022 - June 2023

**Important to:** her family, rock music, being comfortable, being at a comfortable temperature, being in a quiet environment

**Important for:** her seizure protocol, NPO order, and her team who advocates for her

**Likes:** having her hair done, spending time in the recliner, a quiet environment, rock music, motorcycles, time with her family and staff

**Dislikes:** being uncomfortable, having pain related to her g-tube, being too hot or cold, extended touch or hand over hand, loud noises.



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## Wrap Up

Thoughts and feedback on new All-Staff

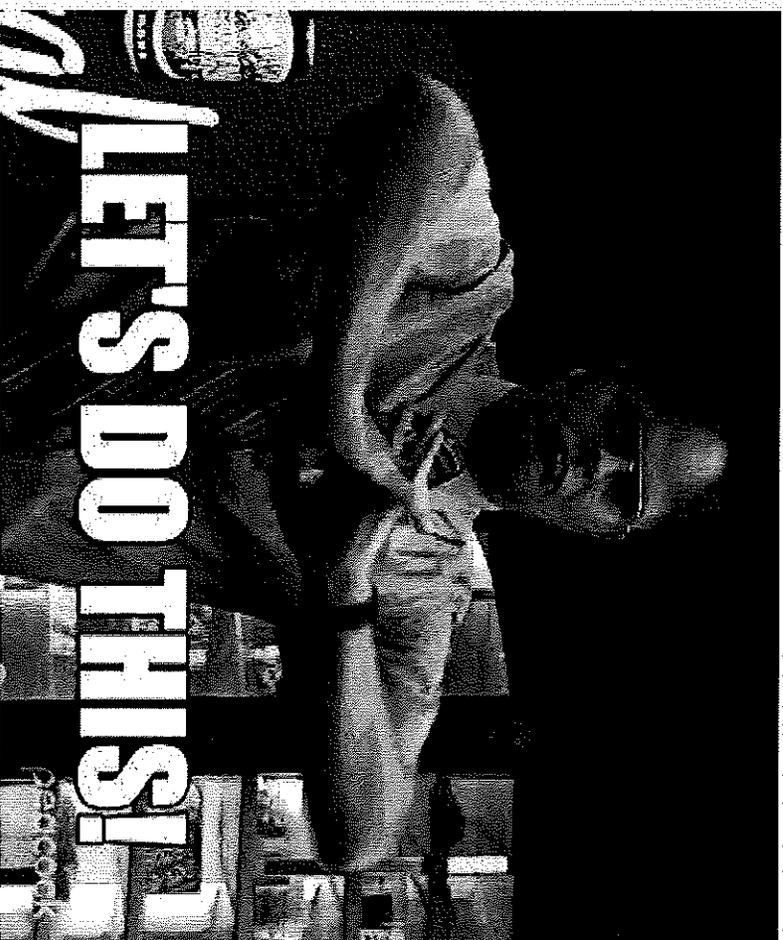
Agenda

Objectives

Suggestions for continued improvement

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

Any final thoughts?



Staff: Kyla



Service Recipient: Brittney

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

Service Span: June 22-23

**Outcomes:**

**Outcome #1:** 3 week push mac switch to request relax in recliner 75%  
Summarize Steps: Staff will offer mac switch  
Staff will honor her choice to sit in recliner

**Outcome #2:** 2x month will greet someone in community 70%  
Summarize Steps: Staff will encourage to greet someone in community  
as feel comfortable

**Communication Style:**  
facial expressions, Eye pointing, Crying, Vocalization

**Learning Style:**  
Visual auditory, Kinesthetically, Repetition

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cipro, cecion, zeptra, suprax, Cafamine, Latex</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HAS UNS + PRN seizure meds. Staff will monitor</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IS NPO, Staff perform abdominal thrust</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO, Receives nutrition through G tube</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, dysmenorrha, static encephalopathy, scoliosis</u>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds through G tube</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief + mat table, transfer 1 person or 2 helper</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair staff propel</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model social + safety skills; supported 1:1</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff present items up-close, no loud noises.</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Her family, Rock music, being comfortable, quite environment</u>
<b>Important for:</b>	<u>Seizure protocol, NPO order, Her team who advocate for her</u>
<b>Likes:</b>	<u>Having hair done, Spending time in Recliner, quite environment</u>
<b>Dislikes:</b>	<u>Being uncomfortable, having pain by G tube, being too hot or cold</u>



Staff: Sara Ranweiler  
 Date: 7-6-22



Service Recipient: Brittney  
 Service Span: \_\_\_\_\_

**OUTCOMES:**

**Outcome #1:** 3x a week, Brittney push mac switch to sit in Recliner  
 Summarize Steps: Staff will offer Brittney the macswitch

**Outcome #2:** 2x a month, Brittney will greet someone in the Community.  
 Summarize Steps: Staff will encourage Brittney to greet someone.

**Communication Style:** facial expressions, eye pointing, crying, vocalization  
**Learning Style:** visual, auditory, kinesthetically, repetition

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cipro, Coolor, suprax, cefamine, latex</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brittney has a VNS; PRN seizure</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she is NPO, staff will abdominal</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order, reclines nutrition via G-tube</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, dysmenorrhea, static encephalopathy and scoliosis</u> 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: <u>Receive meds via g-tube</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses disposable brief and mat table, transfer using 1 person ceiling lift or 2 person hoist</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses manual wheelchair that staff propel, when Brittney is in recliner, pillows are used for support/in positioning</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff support 1:1</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will present items for choice making for an up close distance, she doesnt like loud noises</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
<b>Important to:</b>	<u>Family, rock music, comfortable + temperature, being in a quiet environment.</u>
<b>Important for:</b>	<u>her seizure protocol, NPO order, her team who advocates for her</u>
<b>Likes:</b>	<u>having her hair done, spending time in recliner, rock music, motorcycle, time with her family and staff, motorcycle time with family? staff</u>
<b>Dislikes:</b>	<u>being up comfortable, pain in g-tube, being to hot/cold extended hand over hand, loud noises</u>



Staff: Maria Hetchler



Service Recipient Brittney

Date: 7/16/22

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

OUTCOMES:

Outcome #1: <u>3x a week, Brittney push MAC to sit in recliner</u> Summarize Steps: <u>staff will offer Brittney the MAC switch</u>
Outcome #2: <u>2x a month, Brittney will greet someone in community</u> Summarize Steps: <u>staff will encourage Brittney to greet someone</u>
Communication Style: <u>facial expression, eye pointing, crying, localization</u>
Learning Style: <u>visual, auditory, kinesthetically, repetition</u>

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cipro, cecor, sptra, suprax, cefamine, latex</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brittney has a VNS &amp; PRN seizure</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she is NPO, staff will abdominal</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order, Reaife Nutrition via G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>constipation, dysmenorrhea, staph</u> NR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>encephalopathy and scoliosis</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Receive meds via G-tube</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses disposable brief and mat table, transfer using 1 person ceiling lift or 2 person hoist.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses a manual wheelchair that staff propel, when Brittney is in the recliner, pillows are used for support in positioning.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff meet support 1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff will present items for choice making at an up close distance, she doesn't like loud noises</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>family, rock music, comfortable temperature, being in a quiet environment</u>
Important for:	<u>her seizure protocol, NPO order, her team who advocates for her</u>
Likes:	<u>having her hair done, spending time in recliner, rock music, motorcycling, time with her family and staff. motorcycle time with family &amp; staff</u>
Dislikes:	<u>being uncomfortable pain in gut - being too hot or cold extended dark loud noises</u>



Staff: Tomy  
 Date: 7-6-22



Service Recipient Brittney  
 Service Span: \_\_\_\_\_

**OUTCOMES:**

Outcome #1: 3x weekly brittney Pulses mac to sit in Recliner  
 Summarize Steps: Staff will offer mac with

Outcome #2: 2x monthly brittney will greet somebody in Community  
 Summarize Steps: Staff will encourage to greet someone

Communication Style: facial expressions, eye position, crying vocalization

Learning Style: Visual Auditory Kinesthetic Tactile

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>Epinephrine subcutaneous</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brittney has a uv sippa</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She is NPO staff will administer</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Constant NPO over Review relationship Gut tube</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation dysmenorrhea</u> <u>Scoliosis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled meds</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses disposable bowls matt table transfer with "Person</u> <u>cleaner light</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel chair that has Propyl</u> <u>Pillows for Recliner</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff Support (on)</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff Present Intend for Choice of noise distance</u> <u>to loud noises liked</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>family Rock music nice temp</u> <u>quiet places</u>
Important for:	<u>seizure protocol, NPO order team who</u> <u>administer for her</u>
Likes:	<u>hard drum Recliner time Rock music</u>
Dislikes:	<u>warm pain extended touch</u>



Staff: Morgan B.  
 Date: 7/6/22



Service Recipient: Brittney G.  
 Service Span: June 22-23

**OUTCOMES:**

<b>Outcome #1:</b> Brittney hit NAC switch to relax in recliner Summarize Steps: offer switch, explain what button is for, honor her choice
<b>Outcome #2:</b> greet someone in community Summarize Steps: encourage her to greet someone as she feels comfortable
<b>Communication Style:</b> facial expressions, eye pointing, crying, vocalizations
<b>Learning Style:</b> auditory, repetition, kinesthetic

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: cipro, septrin, ceflor, latex No meds containing any of the above.
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: WNS, PRN monitor for seizures
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO, abdominal thrusts if shows choking signs
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO, g tube for nutrition
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: discomfort thru crying constipation dysmenorrhea, static encephalopathy, scoliosis
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: g tube meds
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, 2 person hooyer, reposition as show discomfort
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: manual wheelchair, pillows for comfort in recliner
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 staff paper wheelchair
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: choice making at close distance
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: none
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
<b>Important to:</b> rock music, quiet environment, comfortable temp	
<b>Important for:</b> NPO, seizure protocol, team advocating for her	
<b>Likes:</b> have hair done, motorcycles	
<b>Dislikes:</b> being uncomfortable	



Staff: Sommer



Service Recipient: Britney Carlson

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

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

OUTCOMES:

Outcome #1: 3x weekly push mac switch to host in recliner  
Summarize Steps: Staff offer mac switch.

Outcome #2: 2x monthly greet someone in comm.  
Summarize Steps: Staff will encourage Britney to greet someone if comfortable.

Communication Style: Vocal, crying, etc  
Learning Style: Visual, R/P, Kinesthetic

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ciprofloxacin, Ceftriaxone - Cellulose, latex</u>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VNS, prn seizure protocol, staff monitor</u>
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order, abdominal thrust if choking</u>
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO, nutrition via g-tube</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, scoliosis, dysmenorrhea, static encephalopathy</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds via G-tube</u>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, ceiling lift, mat table</u>
<b>Mobility/Fall Risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Whisper recliner pillows for support</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model appropriate behavior in public</u>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>No loud noises, show things up close</u>
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: family, rock music, quiet

Important for: Seizure protocol, NPO orders

Likes: hair done, rock music, motorcycles

Dislikes: being uncomey, hand over hand, too hot to cold



Staff: Jenny Trimble

Date: 7/6/22



Service Recipient: Brittney Gibson

Service Span: 6/2022-6/2023

OUTCOMES:

Outcome #1: 2x a week, will push a mac switch to request to summarize steps: relax in recliner

Staff will offer to have Brittney push the mac switch <sup>any station Brittney's request</sup>

Outcome #2: 2x a month, will greet someone in community

Summarize Steps: Staff encourage Brittney

Communication Style: facial expression, crying, vocalizations

Learning Style: VISUAL, auditory, kinesthetically & 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: citra Septoy, cefamine latex. Staff will <sup>not</sup> give Brittney any medications containing these <span style="float: right;">(use 2009)</span>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has VNS & PRN. Follow protocol
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brittney is NPO. Staff will perform abdominal thrusts
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Brittney is NPO
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Constipation, dysmenorrhea, static encephalopathy, scoliosis <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: receives medications via tube
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: use disposable briefs and the mat table. using 1 person in tech ceiling <span style="float: right;">(use 2009)</span>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses manual w/c
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff models appropriate social and safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: present items for choice. noting @ up & close
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: family, rock music, comfortable, quiet environment (comfortable temp)

Important for: seizure protocol, NPD & her team

Likes: having hair done, spending time w/ family recliner

Dislikes: being uncomfortable, having pain related to her gut tube being too hot or cold, extended touch, or hand over hand, loud noises



Staff: Laura Stacken

Date: July 6, 2022



Service Recipient Brittney G.

Service Span: June 22 - 23

OUTCOMES:

Outcome #1: 3x week Brittney will push a mac switch to request Summarize Steps: to relax in recliner.

Outcome #2: 2x a month Brittney will greet someone in the Summarize Steps: Community

Communication Style: Facial expression, eye pointing, Crying, vocalizations

Learning Style: Visual, Auditory, kinesthetically, 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: Cipro, ceclor, setra suprax, latex, Staff will not give Brittney a med containing these.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VNS & PEN seizure med.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO G-tube feedings
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: constipation, dysmenorrhea, Static encephalopathy, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Sciiosis
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: receives med G-tube
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses a brief & mat table two person Hoyer / track system lift
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses a manual wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 Support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Prompts for choice making at an eye close distance.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A

Important to: Family, Rock music, being comfortable / temp, Quiet Environment

Important for: Seizure protocol / NPO order

Likes: Hair Done, time spent in recliner, Quiet environment

Dislikes: uncomfortable, having pain related to her g-tube being too hot/cold.



Staff: Natalie Johnson  
 Date: 7.6.2022



Service Recipient: Brittney G  
 Service Span: June 22-23

**OUTCOMES:**

<b>Outcome #1:</b> 3x a week, push mac switch to relax in the recliner <b>Summarize Steps:</b> offer mac switch - hit to relax in the recliner
<b>Outcome #2:</b> 2x a month greet someone in the community <b>Summarize Steps:</b> Staff will encourage brittney to greet someone
<b>Communication Style:</b> facial expressions, eye pointing, crying, vocalizations
<b>Learning Style:</b> Visual, auditory, repetition, kinesthetic

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cipro, Ceclon, Septra, Suprax, Cefamire, latex
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VNS - PRN seizure medication
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO - G-tube
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: constipation, dyspnea, rhea, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes stroke, encephalopathy, scoliosis
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Receives med through g-tube
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable briefs - mat table
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses a manual wheelchair - staff propel
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff model appropriate safety and social skills in the community
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NO loud noises
<b>Behavior Support:</b> <input 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
<b>Important to:</b> family, rock music, quiet environment	
<b>Important for:</b> NPO order, seizure protocol, team who advocates	
<b>Likes:</b> hair done, recliner, quiet environment, motorcycles	
<b>Dislikes:</b> being uncomfortable, having pain related to g-tube too hot or cold.	







Staff: Shelly Nierad  
 Date: 07-06-22



Service Recipient Brittney Gibson  
 Service Span: July 22 - July 23

**OUTCOMES:**

**Outcome #1:** 3x a week press mark switch to Request to relax in recliner  
 Summarize Steps:  
 1) offer mark switch  
 2) honor choice

**Outcome #2:** 2x monthly greet someone in community  
 Summarize Steps:  
 Staff encourage Brittney to greet someone in comm. As she is comfortable

**Communication Style:** Facial, eye pointing; crying

**Learning Style:** visual, auditory, kinesthetic, repetition

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cipro, Cefclor, septrax
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VNS + Prn for seizure - Follow protocol.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order - Nutrition thru G-tube
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Contusion, scoliosis, static encephaly.
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Med thru g-tube
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briet - Full Assist, Hoyer & sling.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will propel wheelchair, Pillows in recliner
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supports fully lol
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: present items for choicemaking, No loud noises.
<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
<b>Important to:</b>	Family, music, comfortable, Quiet environment,
<b>Important for:</b>	Seizure protocol, NPO order
<b>Likes:</b>	hair done, Quiet environment, family, motorcycles.
<b>Dislikes:</b>	pain, to hot or cold, HOH



Staff: Kia L. BauchDate: 7/6/22Service Recipient Brittney GibsonService Span: July 22 - July 23

## OUTCOMES:

Outcome #1: 3x a week, press a mac switch to relax

Summarize Steps:

- offer mac switch
- assist to relax

Outcome #2: 2x monthly, greet someone in the community

Summarize Steps:

- encourage Brittney to greet someone

Communication Style: facial, eye gazing, vocalizationsLearning Style: visual, auditory, repetition

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cipro, ceclor, sepra...</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VNS + PRN for seizures</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO, nutrition through g-tube</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, scoliosis</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>medication through g-tube by staff</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, in-ceiling track</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will propel wheelchair, pillows in recliner</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model appropriate behavior</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>present items up close, no loud noises</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>her family, music, quiet environment</u>	
Important for:	<u>seizure protocol, NPO order</u>	
Likes:	<u>hair done, rock music, motorcycles</u>	
Dislikes:	<u>uncomfortable, loud noises, being too hot or cold</u>	

Lead Review Completed: MK



Staff Colette Rice

Date: 7.6.22



Service Recipient Brittney Gibson

Service Span: June 22 -> June 23

OUTCOMES:

Outcome #1: 3x weekly Push ~~back~~<sup>back</sup> Switch to relax in recliner  
Summarize Steps:  
offer Brittney the mack Switch

Outcome #2: x2 month greet someone in community  
Summarize Steps:  
encourage her to greet someone

Communication Style: facial expressions, crying eye gazing.

Learning Style: visual, auditory, 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>Cipro, Ceclor, Septra...</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VNS &amp; PRN for Seizures</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO nutrition through g-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, Scolosis,</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>medication through g-tube by Staff</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable briefs, in ceiling track</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will propel wheelchair, Pillows in recliner</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model appropriate behavior</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>present Items up close, no loud noises</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: family, rock music, quiet environment

Important for: Seizure protocol, NPO order

Likes: hair done, motorcycles

Dislikes: loud noises, uncomfortable, being too hot or too cold



Staff: ERIN SANDSTROM



Service Recipient BRITNEY GIBSON

Date: 7.6.2022

Service Span: JUNE 2022 - JUNE 2023

OUTCOMES:

Outcome #1: 3x, BRITNEY will push a MAC SWITCH TO REQUEST TO Summarize Steps: RELAX IN BEDLINER. STAFF will offer BRITNEY THE MAC SWITCH TO REQUEST RELAX
Outcome #2: 2x A MONTH BRITNEY will GREET SOMEONE IN THE Summarize Steps: COMMUNITY. STAFF will ENCOURAGE BRITNEY TO GREET SOMEONE AS SHE FEELS COMFORTABLE.
Communication Style: FACIAL EXPRESSIONS, CRYING, EYE GAZING
Learning Style: VISUAL, AUDITORY, 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: CLAR, CELLULOSE, SEPTRA, SUPRAX, LATEX.	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: VNS AND PRN MED. FOLLOW HER PROTOCOL	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO ORDER.	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO ORDER. NUTRITION THROUGH G-TUBE	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CONSTIPATION, ENCEPALOPATHY, SCLIOSIS	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: MEDS VIA G-TUBE	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: DISPOSABLE BRIEF, MAT TABLE, IN CELLING TRACK	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: MANUAL W/C, BEDLINER - PILLOWS FOR SUPPORT	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 - STAFF MODEL APPROPRIATE SAFETY SKILLS	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: STAFF PRESENT ITEMS FOR CHOICES - NO LOUD NOISES	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to:	FAMILY, ROCK MUSIC, QUIET ENVIRONMENT	
Important for:	SEIZURE PROTOCOL, NPO ORDER, TEAM	
Likes:	HAIR DONE, BEDLINER, ROCK MUSIC, MOTORCYCLES, TIME WITH FAMILY/FRIENDS	
Dislikes:	BEING UNCOMFORTABLE, PAIN RELATED TO G-TUBE	



Staff: Deanne Lepley



Service Recipient: Bri Vhney Gibson

Date: 7-6-22

Service Span: June 2022 - June 2023

OUTCOMES:

Outcome #1: 3/4 wk Post a matic switch to relax or location 75% of all trials  
Summarize Steps: staff offer matic switch explaining that she will request to use redtron

Outcome #2: 20 month Brittan will greet someone in the community in 70% trials over 6 mo  
Summarize Steps: staff encourage Brittan to greet someone in comm.

Communication Style: basic expressive, eye pointing, crying

Learning Style: visual, auditory, 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>Cipro, cefix, supinat, cefamhe</u> <u>staff will not give any contaminants these or latex</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VNS + seizure med</u> <u>staff will monitor + follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order - staff will do adomodinal</u> <u>inserts to stomach</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO - Nutrition <del>via</del> via G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, dumerous, static encephalopathy + scoliosis</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>few med via G-tube</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses disposable brief + mat table. Tetr using</u> <u>1 person carries left or 2 person hoyer</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses manual wc that staff propel</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff model safety + social skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff present items for choice making</u> <u>an up close distance</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: Damian, rock music, being comfortable, quiet environment

Important for: seizure protocol, NPO order

Likes: having hair done, spending time in rockery, quiet environment, rock music

Dislikes: being uncomfortable, having fan related to her G-tube, being  
to hot or cold



Staff: Alice Cox  
Date: \_\_\_\_\_



Service Recipient: Brittany G  
Service Span: June 22 - 23  
2022 - 2023

OUTCOMES:

Outcome #1: 3x Week Push Mac switch to sit in Recliner  
Summarize Steps:  
Outcome #2: Greet someone in the community  
Summarize Steps:  
Staff will encourage  
Communication Style: Crying, Eye Pointing, Facial Expressions  
Learning Style: Visual, auditory, 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>Cipro, Gluc, Suprax, Jatex, Gfermin</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>VMS + PRN med - staff will monitor + follow protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO as NPO</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO lots thru 6 Tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, S Colitis, Discomfort - talk w/guardian</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>Receives via 6-tube - Report to Guardian</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable Bnig Matt table track system</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Manual wheelchair,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect + Seme</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff other optims up close, Dislike loud noise</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>

Important to: Family, Comfortable, Quiet, Rock Music  
Important for: NPO, Advocate w/ team  
Likes: Hair don, Motorcycles, time in Recliner and Family  
Dislikes: Being Uncomfortable,



Staff: Jill Sales  
 Date: 7-16-22



Service Recipient: Brittany Gibson  
 Service Span: June 2020-2023  
June

OUTCOMES:

Outcome #1: 3x will press mac to relax wheelchair 75%  
 Summarize Steps: offer more switch telling her to hit it for rest in recliner. Staff to honor request

Outcome #2: 2x mv. greet someone in community. Staff to let her greet as she feels comfy.  
 Summarize Steps:

Communication Style: eye painting, crying, facial expressions

Learning Style: short verbal phrases, repetition, kinesthetic

auditory, visual (person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below)

Allergies:  No  Yes  
 List & Describe Supports: cipro, celcor, septon, cefamandole, latex, no latex from staff

Seizures:  No  Yes  
 Describe Supports: she has vns w/ seizure medication. Staff to monitor for seizures

Choking:  No  Yes  
 Describe Supports: NPO, perform abdominal thrusts if signs of choking

Specialized Diet:  No  Yes  
 Describe Supports: NPO order - via G-tube. concern to guardians

Chronic Medical Conditions:  No  Yes  
 List & Describe Supports: constipation, dysphagia, stroke, encephalopathy - seizures. may express by crying. DNR/DNI:  No  Yes

Medication at PAI:  No  Yes  
 Describe Supports: received med per G-tube. concern report to guardians

Personal Cares:  No  Yes  
 Describe Supports: staff to reposition for comfort. uses mat table & disposable briefs w/ ceiling lift.

Mobility/Fall Risk:  No  Yes  
 Describe Supports: use manual wheelchair. Staff to push - uses pillows in recliner

Community Support:  No  Yes  
 Describe Supports: staff to support 1 to 1 - model approp behavior

Sensory Support:  No  Yes  
 List & Describe Supports: does not like loud noises. present items for cup close

Behavior Support:  No  Yes  
 List & Describe Supports: NA

Unsupervised Time:  No  Yes  
 Describe Supports: NA

Important to: family, not music, quiet environment,

Important for: seizure protocol, NPO, time in recliner, quiet

Likes: having hair done, motorcycles, rock music, family

Dislikes: being uncomfortable, having pump in G-tube, too hot or too cold

