

SC

Staff: Sue Cullen

Date: 5-31-22



Service Recipient: Abenezer Fida

Service Span: 4 23

Outcomes:

Outcome #1: Will participate in outing of his choice - one time once a month
Summarize Steps: At the beginning of the month he will choose a volunteer opportunity. He will use outing calendar to choose outing.

Outcome #2: Will participate in volunteer activity once a month
Summarize Steps: At the beginning of month, Abenezer will choose volunteer opportunity
#3: Will meet Employment Specialist to discuss job opportunity
Has completed his out come when he has met with Employment Specialist.

Communication Style: Verbal - may be soft spoken.

Learning Style: verbal/instructions and visuals.

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>Seizure disorder - Epilepsy. Has protocol & PEN Smg. Diazepam & guardian will be notified.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cannot use his right side due to hemiparesis. Needs help setting up meals & cutting food.</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ep/lepsy, Bilateral Mild Cerebral Atrophy, Anoxic Brain injury. Does not have use of his R side. Staff will watch for signs that Abenezer is not feeling well and report to his residence. Has seizure protocol & PEN</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>Smg Diazepam for seizure. 5 mins or more. or more than 3 in an hour. Staff are trained on his PEN</u>
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Is independent. Staff will walk w/him if he feels dizzy</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unsteady gait & cross his feet. when walking when he is upset or stressed. Prompt to slow down. If needed provide a cane for longer distances. Help transfer to chair and give him space.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>does not always understand how to navigate in communities</u>
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>cutting - running away, pushing, hitting throwing things yelling, swearing. Can use coping skills to manage his behavior</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>friends/family. consistency in schedule.</u>
Important for:	<u>learning using coping skills, gain independence - being included in making decisions</u>
Likes:	<u>playing videogames, listening to music, singing, doing art and drawing</u>
Dislikes:	<u>having someone invade his space, swearing & cussing from others.</u>

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