



# In-service Training Log – Parkway

Date:

5/24/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.75	Jess Gunderson			Misc building updates

Make up Date	Initial	EE ID	Name
5/31/22	TB		Tyler Bongard
5/31/21	RC		Rey Ceragioli
	SG	SG	Susan Gaines
	JG	JG	John Gebhardt
		AG	Andrea Green
	MH		Monse Hernandez
	LH	LH	Lisa Hoskins
	NK		Nikki Kereluk
	DM		Dennis Moua
	JC		Jessica Carlson
Make Up Date	Initial		Manager/Admin
			Kmetz, Kevin
			Norwick, Kennedy
			Gunderson, Jessica

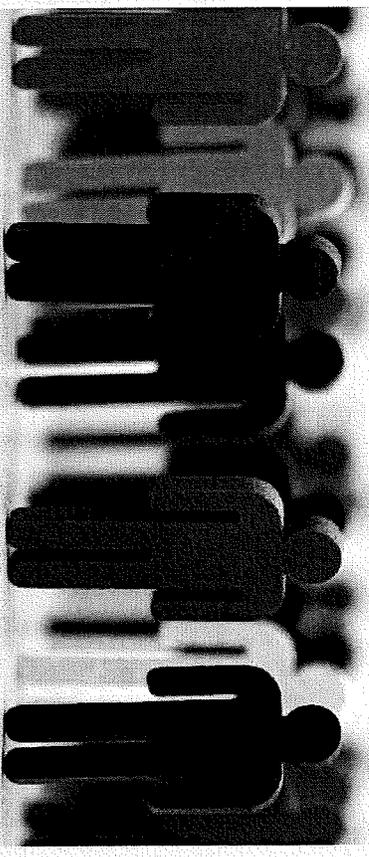
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
		N/A	Zach Weinmann
	AW		Anna Wrich
	CS		Cindi Stucky
	DS		Donna Storm
	LC		Lindsay Carlson
Make Up Date	Initial		Other Attendees
	ICP		Kathy Dewey



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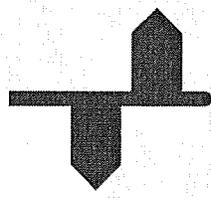
# PAI-Parkway Team Meeting

Date: 5.24.2022





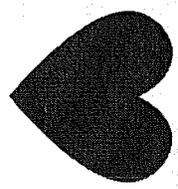
# Welcome



Sign In



Introductions



A moment of gratitude



# Agenda

Welcome

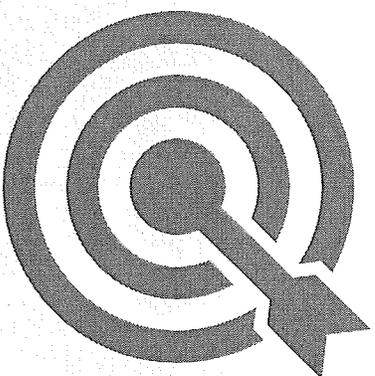
Site-Specific Updates

Agency-Wide Updates

Competency Reviews

Tomorrow's agenda

Wrap Up

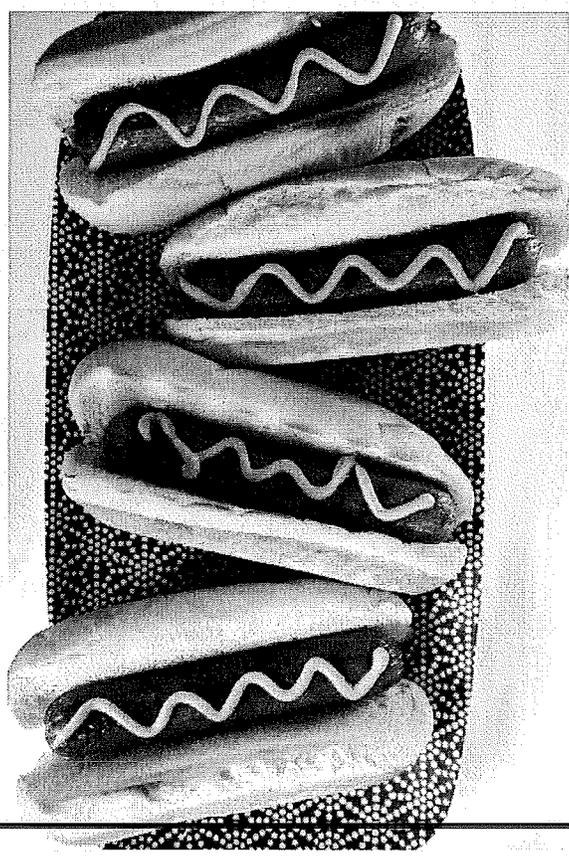


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## Site-Specific Updates

Reminder:  
Grill out next week, 6/1/2022

Sign up in break room for what  
you'd like and what you're  
bringing





# Agency-Wide Updates

Licensing update:  
July 11th - 15th





# Competency Reviews

Melissa Coffey



**Outcome #1:** Three times a week Melissa will take a 5-minute walk.

**Outcome #2:** Melissa will choose a program room to visit each day.

**Communication Style:** Vocalizations, signs, and occasionally a few words

**Learning Style:** Gentle reminders, physical cues and short verbal requests with physical prompts



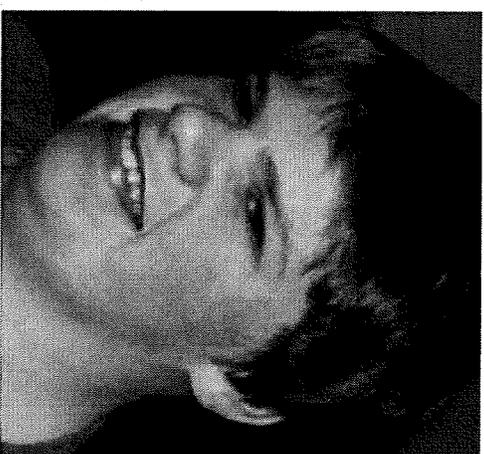
Is this person able to self-manage according to the **IAPP, SMA & CSSPA** – check yes

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Febrile seizures. History of Febrile seizures as an infant. No seizure since 1980.
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Eats quickly, doesn't always chew/swallow her food before taking another bite, give verbal prompts to slow down.
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ileostomy bag and she is at risk for blockage if certain foods are eaten. Needs staff supports to avoid foods that cause her pain and discomfort. Cannot have popcorn or nuts. Staff will not serve her raw vegetables such as carrots and celery.
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No daily med at PAI. Trained staff would help her if she did need to take a med.

DNR/DNI:  No  Yes



<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs full assistance with brief change and trained staff will empty/replace her ileostomy bag. Melissa's mother requests that only female staff assist her in with brief changes- male staff can empty her ileostomy bag.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Melissa can walk short <u>distances</u> . She has an unsteady gait and may easily trip and fall. Staff help her with obstacles, curbs, <u>ice</u> and stairs. Staff provide step by step verbal instructions on what to do. ("hold handrail, " "walk slowly, " "look at your feet, " "step down, " "stand up straight, " <u>ect.</u> ). Staff may offer hand/arm as needed. When Melissa is walking down steps staff will be in front of her. When she is walking up steps staff will be behind her.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Melissa uses a wheelchair in the community for outings that require a lot of walking. Staff model and demonstrate pedestrian and community safety. Staff stay within eye sight of Melissa at all times in the community.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff give her verbal encouragement such as "good job" "you try it"
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff offer preferred activities when she is upset such as photo albums, books, <u>board</u> .
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time.



**Important to:** Mom, music, walks, outings

**Important for:** Staff who understand her care needs related to her ileostomy bag, encouraging independence, staff encouraging participation in activities and independence, being included, fitness

**Likes:** Raffi, The Elephant Show, iPad, music, books, sensory items

**Dislikes:** Being rushed, being hugged/touched unexpectedly





## Wrap Up

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

Any final thoughts?



