



In-Service Training Log – Oakdale

Date:

9.6.2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Amanda Diaz			CJ comp quiz
.25	Ashleigh S/ Cortney K			Supervisor changes
.25	Ashleigh S/ Cortney K			Time off requests via Ascentis

Make up Date	Initial	EE ID	Last Name
	MPD		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
	AS		Dyer, Paris
	AM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	LH		Hartman, Lisa
	TL		Lorsung, Tristen
	KP		Perry, Kathy
	MS		Sweeny, Maurita

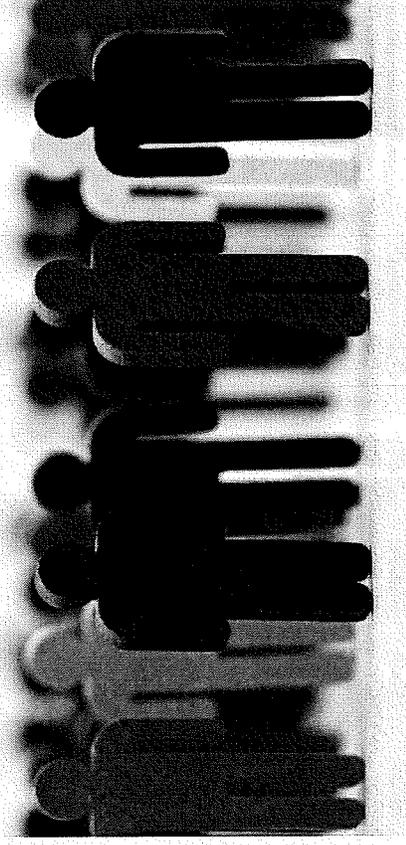
Make up Date	Initial	EE ID	Last Name
	ZW		Weinmann, Zach
	KY		Yang, Katrina

Make Up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
	AS		Shirley, Ashleigh
	CK		Cortney Kelly

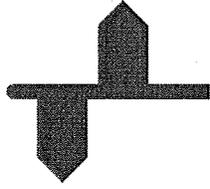
Make up Date	Initial	EE ID	Other Attendees

PAI-Oakdale Team Meeting

9.6.2022



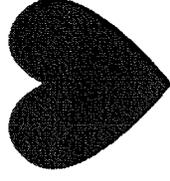
Welcome



Sign In



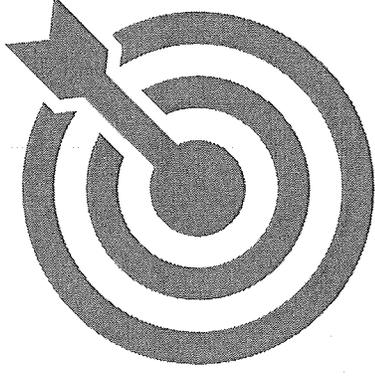
Introductions



A moment of gratitude

Agenda

Supervisor changes
Time off requests
Competency Reviews
Wrap Up



Supervisor changes

Program Supervisor	Direct Reports
Ashleigh	Amanda, Mari, Sara B, Zach, Tristen, Alfredo
Cortney	Maurita, Paris, Trey, Katrina, Lisa

Effective 9/6/2022

Time off requests

Time off requests through ascentis from now on

If you don't have access to your ascentis let your supervisor know.

Instructions will be printed in break room.

[How to Request Time Off in Timekeeper.docx](#)

Competency Reviews Charlotte Jensen August 22- August 23

Outcome #1: Daily, Charlotte will accept having her hair brushed and styled in 80% of all trials over a 12-month period.

Staff ask Charlotte if she would like to have her hair brushed

If Charlotte allows you to take her hair down and brush it that means that she is accepting of getting her hair done

thank Charlotte for letting them brush and style her hair

Outcome #2: Twice a week, Charlotte will choose another program room to visit in 75% of all trials over a 12-month period.

Give four options on the iPad , ask which room she would like to visit, give time to look at each option, choose by eye gazing or touching the screen

Once decision has been made, staff will thank Charlotte for choosing then help get to the room she chose to visit.

Communication Style: Body language, eye gazing, pointing

Learning Style: Routine and repetition

Competency Reviews Charlotte Jensen August 22- August 23

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ceclor and seasonal allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, needs reminders to slow down when eating to fast, food intake is communicated to her residence
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food intake is communicated to her residence
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 Autism, Cerebral Palsy, Bruxism (teeth grinding), Scoliosis, spinal fusion, constipation, allergic rhinitis, chromosome 22 abnormality

Competency Reviews Charlotte Jensen August 22- August 23

<p>Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: No meds at PAI</p>
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Charlotte stands at the mat table/ support bar during cares. Female staff preferred.</p>
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Charlotte can bear weight but has poor balance putting her at risk for injury. Charlotte may move very quickly when transferring. Due to Charlotte's spinal fusion staff are careful to avoid twisting her during transfers.</p>
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: 1:1 in the community, staff will model appropriate community behavior</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Charlotte has a vision impairment and chooses not to wear glasses. Charlotte is at risk for falling when transferring and self-propelling her chair into objects or people putting her at risk for injury.</p>

Competency Reviews Charlotte Jensen August 22- August 23

Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No alone time
Important to: Receiving massages, being in the recliner, music therapy, mealtimes, going out into the community, drinks, and snacks	
Important for: to receive care from staff that are trained in how best to support her, giving the chance to bear weight	
Likes: listening to music, music therapy, 1:1 time with preferred staff, mealtimes, and having extra treats	
Dislikes: yogurt, not being able to be independent, not having her preferred foods	

Wrap Up

Thoughts and feedback on new All-Staff

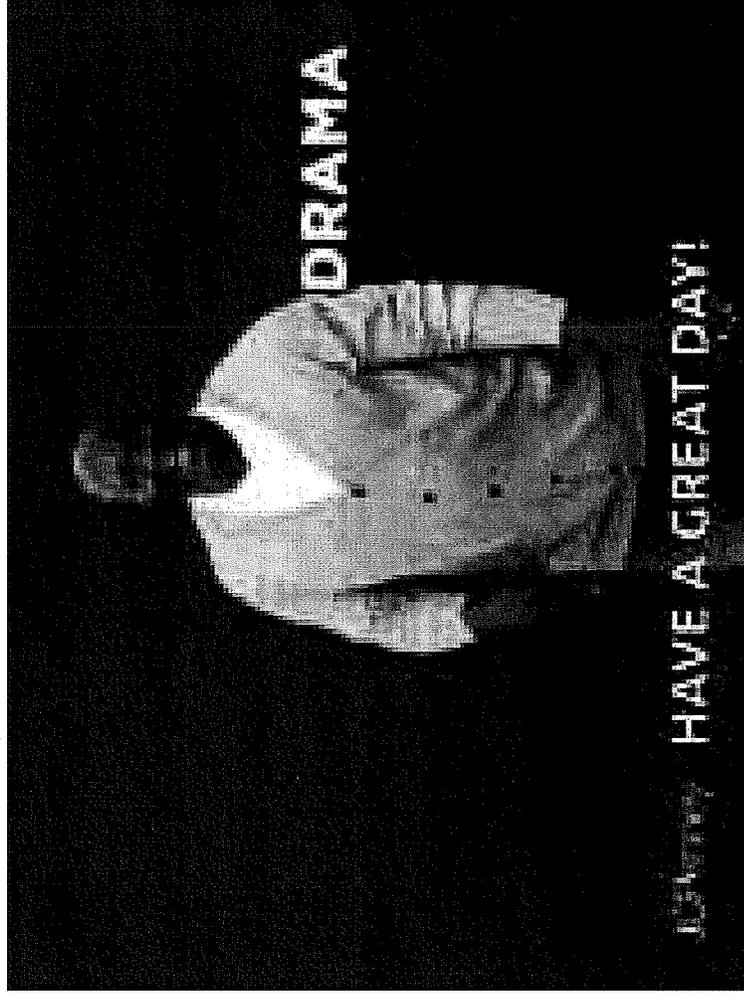
Agenda

Objectives

Suggestions for continued improvement

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

Any final thoughts?



Staff: Ashleigh Sturley
 Date: 9/7/22



Service Recipient: Charlotte Jensen

Service Span: Aug. 2022 – Aug 2023

Outcomes:

Outcome #1: Daily, Charlotte will accept having her hair brushed and styled in 80% of all trials over a 12-month period.

- Staff will ask Charlotte if she would like to have her hair brushed
- If Charlotte allows you to take her hair down and brush it that means that she is accepting of getting her hair done
- Staff will thank Charlotte for letting them brush and style her hair

Outcome #2: Twice a week, Charlotte will choose another program room to visit in 75% of all trials over a 12-month period.

- Charlotte will be given four options on the iPad that she can choose from
- Staff will ask Charlotte which room she would like to visit
- Staff will give Charlotte time to look at each of the photos so she can choose by eye gazing or touching the screen
- Once Charlotte has made her decision staff will thank Charlotte for choosing then help get to the room she chose to visit.

Communication Style: Body language, eye gazing, pointing

Learning Style: Routine 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: Ceclor and seasonal allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, needs reminders to slow down when eating to fast, food intake is communicated to her residence
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food intake is communicated to her residence
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Autism, Cerebral Palsy, Bruxism (teeth grinding), Scoliosis, spinal fusion, constipation, allergic rhinitis, chromosome 22 abnormality DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No meds at PAI
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Charlotte stands at the mat table/ support bar during cares. (Female staff only)
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Charlotte can bear weight but has poor balance putting her at risk for injury. Charlotte may move very quickly when transferring. Due to Charlotte's spinal fusion staff are careful to avoid twisting her during transfers.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community, staff will model appropriate community behavior
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Charlotte has a vision impairment and chooses not to wear glasses. Charlotte is at risk for falling when transferring and self-propelling her chair into objects or people putting her at risk for injury.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No alone time

Lead Review Completed: AS

Staff: _____

Date: _____



Service Recipient: Charlotte Jensen

Service Span: Aug. 2022 – Aug 2023

Important to: Receiving massages, being in the recliner, music therapy, mealtimes, going out into the community, drinks, and snacks
Important for: to receive care from staff that are trained in how best to support her, giving the chance to bear weight
Likes: listening to music, music therapy, 1:1 time with preferred staff, mealtimes, and having extra treats
Dislikes: yogurt, not being able to be independent, not having her preferred foods

Lead Review Completed: _____

Staff: Amanda Diaz

Date: 9/7/2022



Service Recipient: Charlotte Jensen

Service Span: Aug. 2022 – Aug 2023

Outcomes:

<p>Outcome #1: Daily, Charlotte will accept having her hair brushed and styled in 80% of all trials over a 12-month period.</p> <ul style="list-style-type: none"> - Staff will ask Charlotte if she would like to have her hair brushed - If Charlotte allows you to take her hair down and brush it that means that she is accepting of getting her hair done - Staff will thank Charlotte for letting them brush and style her hair
<p>Outcome #2: Twice a week, Charlotte will choose another program room to visit in 75% of all trials over a 12-month period.</p> <ul style="list-style-type: none"> - Charlotte will be given four options on the iPad that she can choose from - Staff will ask Charlotte which room she would like to visit - Staff will give Charlotte time to look at each of the photos so she can choose by eye gazing or touching the screen - Once Charlotte has made her decision staff will thank Charlotte for choosing then help get to the room she chose to visit.
<p>Communication Style: Body language, eye gazing, pointing</p>
<p>Learning Style: Routine and repetition</p>

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

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: Ceclor and seasonal allergies
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: NA
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: Bite size pieces, needs reminders to slow down when eating to fast, food intake is communicated to her residence
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: Food intake is communicated to her residence
<p>Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Autism, Cerebral Palsy, Bruxism (teeth grinding), Scoliosis, spinal fusion, constipation, allergic rhinitis, chromosome 22 abnormality
<p>Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: No meds at PAI
<p>Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: Charlotte stands at the mat table/ support bar during cares. (Female staff only)
<p>Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: Charlotte can bear weight but has poor balance putting her at risk for injury. Charlotte may move very quickly when transferring. Due to Charlotte's spinal fusion staff are careful to avoid twisting her during transfers.
<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: 1:1 in the community, staff will model appropriate community behavior
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: Charlotte has a vision impairment and chooses not to wear glasses. Charlotte is at risk for falling when transferring and self-propelling her chair into objects or people putting her at risk for injury.
<p>Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	List & Describe Supports: NA
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Describe Supports: No alone time

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: Charlotte Jensen

Service Span: Aug. 2022 – Aug 2023

Important to: Receiving massages, being in the recliner, music therapy, mealtimes, going out into the community, drinks, and snacks
Important for: to receive care from staff that are trained in how best to support her, giving the chance to bear weight
Likes: listening to music, music therapy, 1:1 time with preferred staff, mealtimes, and having extra treats
Dislikes: yogurt, not being able to be independent, not having her preferred foods

Lead Review Completed: _____

Staff: Cortney Kelly
 Date: 9/6/22



Service Recipient: Charlotte Jensen
 Service Span: Aug 22 - July 23

Outcomes:

Outcome #1 Daily, Charlotte will accept having her hair brushed + styled. -ask, if she lets you take it down she accepts, thank
Outcome #2: Twice a week, Charlotte will choose another program room to visit. -give 4 options, ask where she would like to go, choose by eye gazing
Communication Style: body language, eye gazing, pointing
Learning Style: Routine + 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: Celiac + seasonal allergies, listed on MAR
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size pieces, needs reminders to slow down
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: report concerns home, packs lunch from home
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Autism, CP, Bruxism, scoliosis, spinal fusion, constipation, chromosome 22 abnormality -report concerns home
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no meds @ PAI, would need administration
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Hands @ mat table/uses support bars, female staff preferred
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can bear weight, moves quickly during transfers, spinal fusion
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision, ped safety, transportation, etc.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision - refuses glasses
Behavior Support: <input type="checkbox"/> No <input checked="" 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: massages, recliner time, music therapy, meal times, drinks, snacks	
Important for: care from competent staff, choices, bearing weight	
Likes: music, 1:1 time, mealtime, extra treats	
Dislikes: yogurt, not being able to be independent, not having preferred snacks	

Lead Review Completed: _____

Staff: Maurita Sweeney



Service Recipient: Charlotte Jensen

Date: 9/7/2022

Service Span: Aug '22 - '23

Outcomes:

Outcome #1	Daily, accept having her hair brushed and styled. Ask if she wants hair brushed. If she allows you take her hair down. Thank her.
Outcome #2:	Twice weekly, choose program room to visit. Give 4 options on iPad of rooms to visit. Allow time to choose by eye gaze or touching.
Communication Style:	Body language, eye gaze, Pointing.
Learning Style:	Routine / 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>Celiac & seasonal allergies.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces, reminders to slow down. Communicate food intake to residence.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food intake communicated to residence.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism, Cerebral Palsy DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Bruxism, Scoliosis, Spinal fusion, Constipation allergic rhinitis, Chromosome 22 abnormality</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stands at mat table/support bar during cares / female staff only</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bears weight, poor balance may move quickly when transferring. Staff</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Careful to avoid twisting due to spinal fusion 1:1 in community, staff model appropriate behavior.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment. Chooses not to wear glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time.</u>
Important to:	<u>massages, recliner, music therapy, mealtimes / going out into community, drinks</u>
Important for:	<u>to receive care from staff trained in best ways to support her, giving chance to bear weight.</u>
Likes:	<u>listening to music, music therapy, 1:1 time with preferred staff, mealtimes.</u>
Dislikes:	<u>yogurt, not being able to be independent not having preferred foods.</u>

Staff: Kathy Perry
 Date: 9-8-22



Service Recipient: Charlotte Jensen
 Service Span: 8/22-8/23

Outcomes:

Outcome #1	Daily will accept having hair brushed + styled ask if wants hair brush - if allows taking hair down this is acceptance. Thank her for letting you brush her hair
Outcome #2:	Twice a week will choose a program area to visit Give 4 options on IPAD, ask her what room, allow time to process pictures + choose by eye gazing/touching IPAD Thank her for choosing
Communication Style:	Body language, eye gazing, pointing
Learning Style:	Routine + 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>Ceclor, Seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized, reminders to slow down. Food intake reported to residence</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food intake communicated to residence</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>autism, CP, bruxism, scoliosis, spinal fusion, allergic rhinitis, chromosome 22 abnormality</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>PAI assist if needed</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stands at mat table/support bar during care. Female only staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can bear wt but poor balance. May move very quickly during transfers avoid twisting - spinal fusion</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 at all times</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision - req. to wear glasses. Risk of falling + self propelling into others or objects</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>NO</u>
Important to:	<u>massages, recliner, music therapy, meal times, community drinks, snacks</u>
Important for:	<u>care received from staff who are familiar, give chance to bear wt.</u>
Likes:	<u>listening to music, music therapy, 1:1 with preferred staff, meal times, extra treats</u>
Dislikes:	<u>yo-yo, not being indep, not having preferred foods</u>

Lead Review Completed: Amarch Bar

Staff: Zach Weim



Service Recipient: Charlotte Jensen

Date: 9-9-22

Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1	Charlotte will accept having her hair put down and styled. 80%
Outcome #2:	2x week Charlotte will choose another room to visit, 75%
Communication Style:	Body language, eye gaze, pointing
Learning Style:	Routine & 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: Cecor & Seasonal
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite size, tell her to slow down, Communicate to residence
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Autism, CP, Teeth grinding, Scoliosis, Spinal fusion, Constipation, Chromosome 22 abnormality, allergic Rhinitis DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Stands @ mat, support bar, female only staff.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bears weight, has issues balancing, may move quickly.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 model appropriate behavior
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, no glasses, at risk for falling when transferring
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None
Important to:	Massages, reciner, music therapy, community, drinks, snacks
Important for:	receive care from trained how best to support her, give her the chance to bear weight
Likes:	listening to music, therapy 1:1 time mealtimes, extra treats
Dislikes:	yogurt, not being independent, not having preferred foods

Lead Review Completed:

Staff: Lisa Halbur
 Date: 9-6-22



Service Recipient: Charlotte Jensen
 Service Span: Aug 22-23

Outcomes:

Outcome #1	Daily, will accept hair being combed & styled as if went to hair dresser if allowed - if no - no thank her
Outcome #2:	2+ weeks, choose another program room to visit options on iPad, time to choose - eye gaze / touch screen - once choose let go to room to visit
Communication Style:	body language, eye gazing, pointing
Learning Style:	routine & 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>Ceclor + seasonal allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food intake is communicated - bite size, remind to slow down, food intake comm. to residence</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food intake comm. to residence</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism, CP, teeth grinding, scoliosis, spinal fusion, constipation, allergic rhinitis, Chron. 22 abnormality</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>Q @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>spends @ mat table / support bev seeing cares female staff preferred</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can bear weight, poor balance, may move quickly during transfer - avoid twisting / spinal fusion</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 staff model approp. comm behavior</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment - doesn't want to wear glasses @ risk for bites + self prod - her chew in to objects</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>time alone</u>
Important to:	<u>Massage, recliner (in), music therapy, meal times, out in comm., drinks & snacks</u>
Important for:	<u>receive care from trained staff, chance to bear weight</u>
Likes:	<u>listening to music, music therapy, 1:1 time & preferred staff - mealtime, extra treats</u>
Dislikes:	<u>yogurt, not being able to be independent, not having preferred foods</u>

Staff: Paris D
 Date: 9-6-22



Service Recipient: 8/22-8/23
 Service Span: Charlotte Jensen

Outcomes:

Outcome #1	Daily Charlotte will accept getting hair styled Ask Charlotte if she would like hair styled Thank her for letting you style hair
Outcome #2:	Charlotte will use program room to visit Give options on ipad once she chooses, thank Charlotte
Communication Style:	body language, eye gazing and pointing
Learning Style:	routine 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: Seasonal allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Bite sized pieces, remind to slow down
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: communicate food intake to residence
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: autism, Cerebral palsy, constipation
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Stands at mat table (female staff preferred)
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Poor balance, at risk of injuries
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment, does not like glasses
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No alone time
Important to:	messages, recliner, music therapy, lunch and snacks
Important for:	Care for staff that are trained
Likes:	music, 1:1 time with preferred staff, treats
Dislikes:	yogurt, no independence, not having preferred foods

Lead Review Completed: [Signature]

Staff: Katrina
 Date: 09/06/22



Service Recipient: Charlotte J.
 Service Span: Aug 2022-23

Outcomes:

Outcome #1 Daily, Charlotte will accept having her hair brushed and styled in over 80% of trials
Outcome #2: 2x a wk, Charlotte will choose another program room to visit in over 75% of trials
Communication Style: body language, eye gaze, pointing
Learning Style: routine, 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: Ceclor, seasonal allergies	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes n/a	Describe Supports: n/a	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite size pieces, needs slowing down reminders, food intake communication	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food intake communicated to residence	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Autism, Cerebral palsy, bruxism, scoliosis, spinal fusion, constipation, allergic rhinitis, Chrom 22 abnormality	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no meds @ PAI	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stands @ mat table/support bar; female caregiver preferred	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can bear weight, but poor balance; may move quickly, twisting, avoid	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 community, staff model behavior	
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, no glasses, fall risk when propelling/transfers	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: n/a	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no alone time	
Important to:	receive massages, recliner time, music therapy, mealtimes, community outings	
Important for:	receive care from staff who are trained to best support her, chance to bear weight	
Likes:	music, music therapy, 1:1 w/ preferred staff, mealtimes, extra treats	
Dislikes:	yogurt, not being able to be ind, not having preferred foods	

Lead Review Completed:

Amarah

Staff: Alfredo Jierro-Montes

Date: 9/16/22



Service Recipient: Charlotte J.

Service Span: Aug 22-23

Outcomes:

Outcome #1 Daily, Charlotte will accept having her hair brushed/styled.
Staff ask if she would like her hair brushed/styled.

Outcome #2: Twice a week, Charlotte will choose a program room to visit.
Give 4 options on iPad. Once she chooses, staff thank Charlotte.

Communication Style:
Body language, eye gazing, pointing

Learning Style:
Routine/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>Ceclor + Seasonal Allergies.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces, reminders to slow down.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food intake communicated to residence.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Constipation, allergic rhinitis, chromosome 22 abnormality.</u> <u>Autism, Cerebral Palsy, Bruxism, Scoliosis, Spinal fusion.</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Charlottes at mat table/support bar. Female staff preferred.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can bear weight, poor balance, may move quickly in transfers.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community, staff model appropriate behavior.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>VISION impairment, at risk of falling during transfers.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Alone Time</u>
Important to:	<u>Receiving massages, being in recliner, meal times, drinks/snacks.</u>
Important for:	<u>Familiar staff that are trained in how best to support, chance to bear weight.</u>
Likes:	<u>Music, Music Therapy, 1:1 w/staff, meal times/extra treats.</u>
Dislikes:	<u>Yogurt, not being able to be independent, not having preferred foods.</u>

Staff: Trey G

Date: 9.6.22



Service Recipient: Charlotte J.

Service Span: Aug 22 / Aug 23

Outcomes:

Outcome #1	Daily Charlotte will accept having her hair brushed and styled (80%) - Staff ask and do hair
Outcome #2:	Twice a week will choose a Program room to visit - 4 options on iPad
Communication Style:	Body language, eye gazing, pointing
Learning Style:	routine 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>(Ector and Seasonal) allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, Needs reminders to slow down, Food intake communicated</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food intake is communicated to residence</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism, CP, Bruxism, Scoliosis, Spinal fusion, Constipation, Chromosome 22 abnormality</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>No meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stands at mat table / support during cares / female staff</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can bear weight but has poor balance. Careful to avoid twisting</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the Community, Staff model appropriate behavior</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision impairment and chooses not to wear glasses, risk of falling</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Alone time</u>
Important to:	<u>massages, recliner, Community, drinks, Snacks</u>
Important for:	<u>Given chance to bear weight, receiving care from trained staff who know her</u>
Likes:	<u>Music, music therapy, lil with preferred staff Treats</u>
Dislikes:	<u>yogurt, No independence and not having her preferred foods</u>

Lead Review Completed:

Staff: Tristen L.

Date: 9.6.22



Service Recipient: ~~Olivia~~ C.S.

Service Span: Aug. 2022 - 2023

Outcomes:

Outcome #1 <u>Daily, Charlotte Charlotte, accept having hair brushed & styled</u> - verbal prompt - thank her
Outcome #2: <u>2x Weekly, Charlotte will choose another room to visit</u> - Options - follow through choice - give time
Communication Style: <u>Body lang. eye gazing & pointing</u>
Learning Style: <u>routine & rep.</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>celiac & seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized diet, reminders to slow down,</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food intake comm. to residence</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Autism, C.P., Bruxism, scoliosis, spinal fusion, constipation, chrom. 22 abnormality.</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>No meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>stands at mat table female staff preferred</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can bear weight, poor balance, avoid twisting</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, risk of falling during transfers</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none here</u>

Important to: <u>massages, recliner, music therapy</u>
Important for: <u>receive care from familiar/trained staff in best supporting her, chances to bear weight</u>
Likes: <u>music, meal times, lil with preferred staff</u>
Dislikes: <u>yogurt, not having preferred food or chances to being independent.</u>

Lead Review Completed:

