In-Service Training Log – Linden

Date: 9/27/22

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			AM comp quiz
.25	Maddy K			Frie drill review
.25	Maddy K			LMS trainings- Staff should monitor

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy ✓
	KB		Bauch, Kia ✓
	MB		Bradshaw, Morgan ✓
	AC		Cox, Alice ✓
			~~Hampton, Tony~~
			~~Hetchler, Maria~~
	NJ		Johnson, Natalie ✓
	FK		Kalu, Festus ✓
			~~Larson, Nancy~~
	DL		Lepley, Deanne ✓
	SM		Mafi, Sommer ✓
	KM		McKnight, Kyla ✓

Make up Date	Initial	EE ID	Last Name
	SN		Neirad, Shelly ✓
	CR		Rice, Colette ✓
	JMS		Sales, Jill ✓
	ES		Sandstrom, Erin ✓
	LS		Stacken, Laura ✓
			~~Trimble, Jenny~~
	VY		Yang, Lisa
	EO		Olson, Emily ✓

Make Up Date	Initial	EE ID	Admin Staff
			~~Hiland, Lindsay~~
	MK		Kessler, Madeline ✓

Make up Date	Initial	EE ID	Admin Staff
	TT		Taylor, Tiffany

Competency Tracking Form
Linden Site

Participant: Angelina M **Annual Service Span: Sep 22- Sep 23**

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

Documents Reviewed: Support Plan Addendum, IAPP, SMA, One-Page Profile, Outcomes.

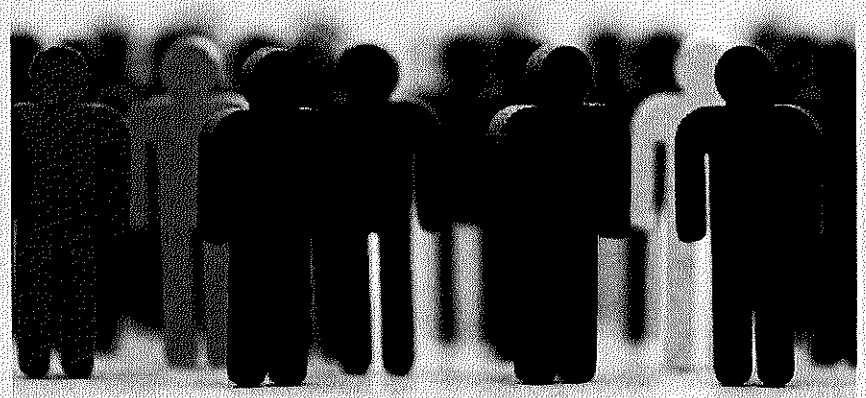
*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
	BA	Ailport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AC	Cox, Alice
		Hetchler, Maria
		~~Hiland, Lindsay~~
	NJ	Johnson, Natalie
	fa	Kalu, Festus
	mk	Kessler, Madeline
		~~Larson, Nancy~~
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla

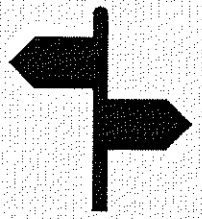
Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	EO	Olson, Emily
	CR	Rice, Colette
	JMS	Sales, Jill
	ES	Sandstrom, Erin
		~~Shirley, Ashleigh~~
	LS	Stacken, Laura
	TT	Taylor, Tiffany
	LY	Yang, Lisa

Date Uploaded to LMS: 10/5/2022

PAI-Linden Team Meeting

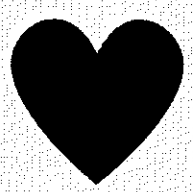


Welcome



Sign In

Introductions

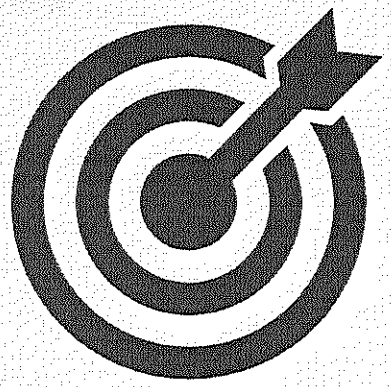


A moment of gratitude

Agenda

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

Wrap Up



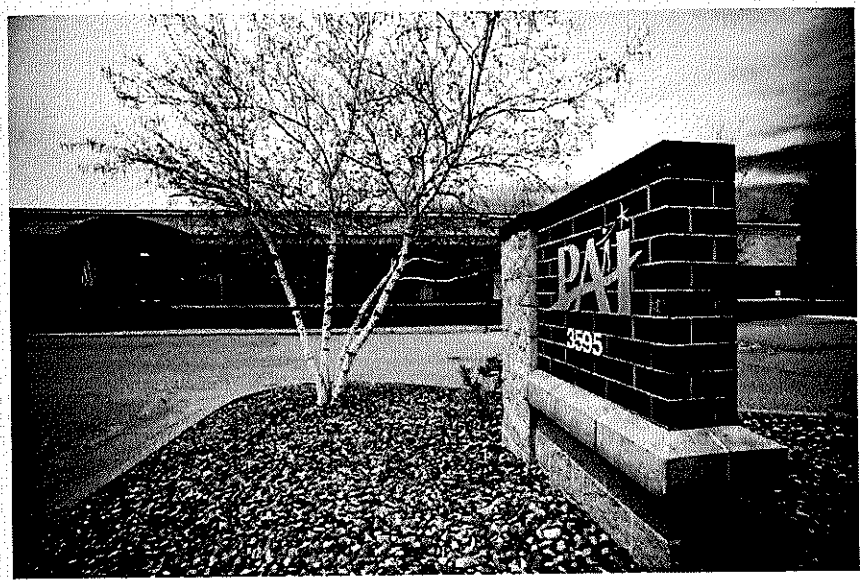
Site-Specific

Fire Drill- Time was 5:47

-What can we do to improve this time?

Employee Handbook Review

Trainings:
-Direct support employees are responsible for managing their LMS trainings. You should be finishing each monthly training without reminders from PS.



Competency Reviews

Angelina Mazoleny
September 22- September 23

Outcome #1: Three times a week, Angelina will press a mac switch to indicate that she would like to use the pillow massager	
Outcome #2: Once a month, Angelina will choose what community outings she would like to participate in for the month	
Communication Style: facial expressions, eye pointing, and vocalizations. Angelina will also stick her tongue out to indicate no and open her mouth to indicate yes.	
Learning Style: auditory, visual, and through repetition	
Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below	
Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, Benadryl and Vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, in the cares room pillows will be placed under her head/shoulders to lower the risk of aspiration
Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order, feeding pump -Staff ensure Angelina's pump is running on a set schedule

[redacted]

Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia, Osteopenia, Ehrlele-Danlos, Pancytopenia, Ogilvie Syndrome **DNR/DNI:** ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff pass medication via G-tube and follow prescribers orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table and in-ceiling track system to have her brief changed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfers using in ceiling track system, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, staff demonstrate appropriate pedestrian safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

[redacted]

Important to: joking around with others, being dressed nice, being involved in the group, and having others understand her communication.
Important for: her NPO order, working with people that know her communication, her baclofen pump, and being able to make choices about her day
Likes: being with her favorite staff, looking nice and being complimented, getting her nails done, joking around, and her bus driver.
Dislikes: being ignored, not having others understand her communication, not seeing her favorite staff, being in pain or discomfort, or hearing loud noises for long periods of time.

CSSP Reviews

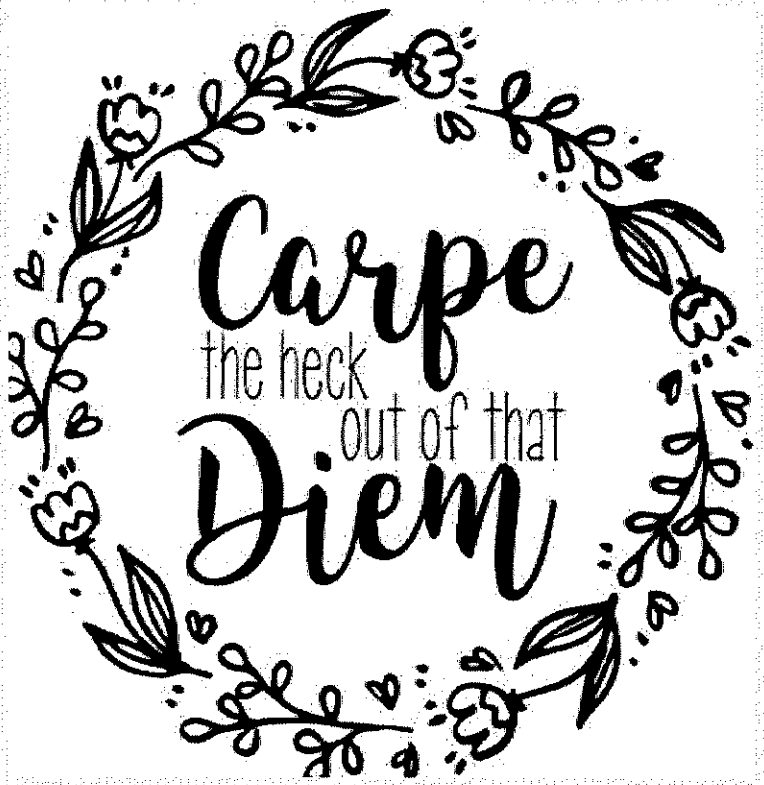
Tracy Thomas

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: Tiffany Taylor
Date: 9/27/2022

Service Recipient: Angelina M
Service Span: _____

Outcomes:

Outcome #1: Three times a week, Angelina will press a mac switch to indicate that she would like to use the pillow massager
Outcome #2: Once a month, Angelina will choose what community outings she would like to participate in for the month
Communication Style: facial expressions, eye pointing, and vocalizations. Angelina will also stick her tongue out to indicate no and open her mouth to indicate yes.
Learning Style: auditory, visual, and through repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, Benadryl and Vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, In the cares room pillows will be placed under her head/shoulders to lower the risk of aspiration
Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order, feeding pump -Staff ensure Angelina's pump is running on a set schedule
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia, Osteopenia, Ehrlele-Danlos, Pancytopenia, Ogilvie Syndrome DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff pass medication via G-tube and follow prescribers orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table and in-ceiling track system to have her brief changed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfers using in ceiling track system, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, staff demonstrate appropriate pedestrian safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: joking around with others, being dressed nice, being involved in the group, and having others understand her communication.	
Important for: her NPO order, working with people that know her communication, her baclofen pump, and being able to make choices about her day	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Angelina M

Service Span: _____

Likes: being with her favorite staff, looking nice and being complimented, getting her nails done, joking around, and her bus driver.
Dislikes: being ignored, not having others understand her communication, not seeing her favorite staff, being in pain or discomfort, or hearing loud noises for long periods of time.

Lead Review Completed: _____

Staff: Maddy K

Date: _____

Service Recipient: Angelina M

Service Span: _____

Outcomes:

Outcome #1: Three times a week, Angelina will press a mac switch to indicate that she would like to use the pillow massager
Outcome #2: Once a month, Angelina will choose what community outings she would like to participate in for the month
Communication Style: facial expressions, eye pointing, and vocalizations. Angelina will also stick her tongue out to indicate no and open her mouth to indicate yes.
Learning Style: auditory, visual, and through repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, Benadryl and Vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, in the cares room pillows will be placed under her head/shoulders to lower the risk of aspiration
Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order, feeding pump -Staff ensure Angelina's pump is running on a set schedule
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy with Spastic Quadriparesis and Extreme Hypertonia, Osteopenia, Ehrlele-Danlos, Pancytopenia, Ogilvie Syndrome DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff pass medication via G-tube and follow prescribers orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table and in-ceiling track system to have her brief changed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfers using in ceiling track system, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, staff demonstrate appropriate pedestrian safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA
Important to: joking around with others, being dressed nice, being involved in the group, and having others understand her communication.	
Important for: her NPO order, working with people that know her communication, her baclofen pump, and being able to make choices about her day	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Angelina M

Service Span: _____

Likes: being with her favorite staff, looking nice and being complimented, getting her nails done, joking around, and her bus driver.
Dislikes: being ignored, not having others understand her communication, not seeing her favorite staff, being in pain or discomfort, or hearing loud noises for long periods of time.

Lead Review Completed: _____

Staff: EMILY OLSON
Date: 9/27/22

PAI

Service Recipient: Angelina Mazoleny
Service Span: _____

Outcomes:

Outcome #1: 3x weekly, Angelina will press a mac switch to indicate
Summarize Steps: She wants to use the pillow massager.

Outcome #2: 2x monthly, Angelina will choose an outing.
Summarize Steps:

Communication Style: facial expressions, eye pointing, vocalizations.
open mouth = yes, tongue = no

Learning Style: auditory, visual, repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, benadryl, Vancomycin
Seizures: ☐ No ☐ Yes N/A	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO, Pillows placed under head/shoulders in cares room
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP/spastic quadriparesis, extreme hypotonia, osteopenia, E-D, Panoytopenia, OS DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: via g-tube per orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table / track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: track system, wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community / staff demonstrate safety skills
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes N/A	Describe Supports: N/A

Important to: joking, dressing nice, involvement, people understand her communication.

Important for: NPO order, working with staff who understand her, baclofen pump, making choices

Likes: favorite staff, looking nice/compliments, nails done, joking, bus driver

Dislikes: being ignored, not being understood, not seeing

Lead Review Completed: _____

Staff: Laura Stacken
Date: 9·27·22

PAI

Service Recipient: Angelina M
Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1: Three times a week, Angelina will press a mac switch
Summarize Steps: to indicate that she would like to use the pillow massager.

Outcome #2: Once a month, Angelina will chose what community outing
Summarize Steps: She would like to go on.

Communication Style: facial expressions, eye pointing, vocalizations, will stick tongue out to indicate no & open her mouth to indicate yes

Learning Style: auditory, visual,

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: Regian, benadryl, vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: none
Choking: ☐ No ☐ Yes	Describe Supports: NPO, Pillows under head in cares room
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO Feeding pump
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP w/ spastic quad, extreme hypertonia, Osteopenia, DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff will pass meds
Personal Cares: ☒ No ☐ Yes	Describe Supports: Colostomy bag, mat table, track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfer to track system, staff propel w/c
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 Community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: joking around w/ others, being dressed nice, being involved in the group, & having others understand her communication
Important for: NPO order, working with people that know her communication boards, baclofen pump, making choices.
Likes: getting nails done, bus driver
Dislikes: being ignored, being in pain

Lead Review Completed: _____

Staff: Morgan

Date: 9/27/22

Service Recipient: Angelina M.

Service Span: _____

Outcomes:

Outcome #1: angelina press mac switch 3x week for pillow massager Summarize Steps:
Outcome #2: choose community outing Summarize Steps:
Communication Style: eye pointing, vocalizations, tongue out no, open mouth yes
Learning Style: auditory, visual

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: regican, benadryl, vancomycin
Seizures: ☒ No ☐ Yes	Describe Supports: none
Choking: ☒ No ☐ Yes	Describe Supports: NPO, pillows under head in cares room
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO, feeding pump
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: cerebral palsy hypertonia, osteopenia DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: via G tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfer to track system, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: none
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: none
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to: joke w/ others dress nice	
Important for: NPO, baclofen pump, making choices	
Likes: getting nails done, bus Driver	
Dislikes: being ignored, being in pain	

Lead Review Completed: _____

Staff: Betsy
Date: 9/27/2022

Service Recipient: Angelina M
Service Span: 9/2022 - 9/2023

Outcomes:

Outcome #1: 3x wkly, press mac switch to use pillow massage
Summarize Steps:

Outcome #2: monthly, choose outing
Summarize Steps:

Communication Style: facial expressions, eye pointing, vocalizations

Learning Style: auditory visual repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, Benadryl, Durace mcth
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO, feeding pump
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy w/ spastic Quadriparesis, extreme Hypertonia Osteopenia, Ehrlele-Danlos, Pancytopenia, Oglivo DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: staff pass through G-Tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table, ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: track system, staff propel wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: joking with others, dressed nice, involved,

Important for: NPO order, people who know her communication, bactofen pump, choices

Likes: favorite staff, looking nice, nails done, joking around

Dislikes: bored, someone who doesn't understand, not seeing favorite staff

Lead Review Completed: _____

Staff: [illegible]

Date: 8/27/22

PAI

Service Recipient: [illegible]

Service Span: 8/22—

Outcomes:

Outcome #1: [illegible] to use the pillow messages

Summarize Steps:

Outcome #2: [illegible]

Summarize Steps:

Communication Style: [illegible]

Learning Style:

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: [illegible]
Seizures: ☒ No ☐ Yes	Describe Supports: NH
Choking: ☒ No ☐ Yes	Describe Supports: [illegible]
Specialized Diet: ☐ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: [illegible] DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: [illegible]
Personal Cares: ☒ No ☐ Yes	Describe Supports: [illegible]
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: [illegible]
Community Support: ☒ No ☐ Yes	Describe Supports: [illegible]
Sensory Support: ☒ No ☐ Yes	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:
Unsupervised Time: ☐ No ☐ Yes	Describe Supports:
Important to:	[illegible]
Important for:	
Likes:	[illegible]
Dislikes:	[illegible]

Lead Review Completed: _____

Staff: Shelly Nierad
Date: 9-27-22

PAI

Service Recipient: Angelina Mazoleny
Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1: Press mac switch for pillow massage.
Summarize Steps:

Outcome #2: Choose an outing.
Summarize Steps:

Communication Style:
Facial Exp. eye pointing, ex

Learning Style:
Auditory, visual, repetition.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Regalin, Benedryl
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, Pillow under shoulders.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order, Pump - check daily.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes Colostomy Bag, CP,
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff pass Via G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Pillow under shoulders, Colostomy bag.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: in ceiling track sys. Staff propel chair
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in Community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Looking, dressed nice, buns involved

Important for:
NPO order, Baclofen pump, making choices

Likes:
looking nice, bus driver, fav. staff.

Dislikes:
being ignored, being in Pain, loud noises for long periods of time

Lead Review Completed: _____

Staff: Kia L. Bauch
Date: 9/27/22

Service Recipient: Angelina Mazoleny
Service Span: Sept. 22 - Sept 23

Outcomes:

Outcome #1: Use the pillow massager
Summarize Steps:

Outcome #2: Choose an outing
Summarize Steps:

Communication Style:
facial expressions, vocalizations, eye gazing

Learning Style:
auditory, visual, repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Reglan, Benedryl,
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☑ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO, check pump
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: CP, Hypertonia DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff via g-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: colostomy bag, in-ceiling track
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: in-ceiling track system
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
Joking, dressing nice

Important for:
NPO order, Baclofen pump

Likes:
Favorite staff, joke, Steve

Dislikes:
Being ignored, not seeing her favorite people

Lead Review Completed: _____

Staff: Sunny Mac

Date: _____

PAI

Service Recipient: Angelina M

Service Span: _____

Outcomes:

Outcome #1: 3x a week press mac switch for pillow massager.

Summarize Steps:

Outcome #2: 1x monthly pick an activity.

Summarize Steps:

Communication Style: facial exp, eye pointing, vocalization

Learning Style: auditory

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Benadryl, Vancomycin,
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: Npo, pillows under head in cares room
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Npo, has pump, staff monitor
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes CP, Osteoporosis, extreme hypertonia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds via g tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Colostomy bag, mac table, incline lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff propel, incline lift
Community Support: ☐ No ☐ Yes	Describe Supports: Staff demonstrate proper behavior
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: Jokes, dressed nice.

Important for: Npo, staff knowing, make

Likes: Being w/ staff, naps, loud driver

Dislikes: being ignored, pain, loud noises too long

Lead Review Completed: _____

Staff: DEANNE Lepley

Date: 9-27-22

PAI

Service Recipient: Angelina Mazolenni

Service Span: Sept 2022 - Sept 2023

Outcomes:

Outcome #1: 3x Press Mac switch to use the pillow massage

Summarize Steps: WC

Outcome #2: 1x Month Choose a communication entry

Summarize Steps:

Communication Style: facial expression, eye pointers
stick out tongue to express no

Learning Style: auditory, visual, Repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, Benadryl + Vancomycin
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☐ No ☐ Yes	Describe Supports: NPO order, cares room Pillows under head to lower risk of aspiration
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - feeding pump → staff ensure feeding pump is running on set schedule
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: cerebral palsy, spastic Quadriparesis DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff passes meds via g-tube + follow prescribed orders
Personal Cares: ☒ No ☐ Yes	Describe Supports: colostomy bag, mat table + in-ceiling track system to have brief changed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Usfers using ceiling track system - Staff propel WC
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: joining around w/ others, dressing Nice

Important for: NPO order, her Baclofen pump

Likes: being with her favorite Staff, getting nails done
joking around w/ bus driver

Dislikes: hair brushed, not having others understand her communication not seeing her favorite Staff, being in pain or discomfort hearing loud noises for long periods of time

Lead Review Completed: _____

Staff: Alice L. Cox

Date: 9/27/22

PAI

Service Recipient: Angelina M

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: 3X a week practicing Mac Switch to use. Pillow massage

Summarize Steps:

Outcome #2: Once a month choice community Outings

Summarize Steps:

Communication Style: Facial Expressions, Eye Pointing, Vocalizations

Learning Style: Auditory, Visual, Repetition

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: Reglan, Benadryl Vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, Propped up on pillows in care
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO, Feeding Pump, Checked by trained staff Room
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: Oglivie, Pancytopenia DNR/DNI: ☐ No ☒ Yes CP, Spastic-Quad, Hypertonia, Osteopenia,
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff Pass meds via G Tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Colostomy Bag, Mat table and ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Track System Staff Propel WC
Community Support: ☒ No ☐ Yes	Describe Supports: Guided + Serve
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to: Talking by Others, Dressed well, Included Group Activities, Being Independent

Important for: NPO Order Person who has the Feeding Pump Make Choice

Likes: Bus Driving, Favorite Staff, Looking Nice + Being Complimented, Nails Done

Dislikes: Being Ignored, having others understand for staff

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 9/27/2022

PAI

Service Recipient: ANGELINA MAZOLENY
Service Span: SEPT. 22 - SEPT. 23

Outcomes:

Outcome #1: 3X WEEK, ANGELINA WILL PRESS A MAT SWITCH TO USE.
Summarize Steps: PILLOW MASSAGER.

Outcome #2: 1X MONTH, ANGELINA WILL CHOOSE HER OUTINGS.
Summarize Steps:

Communication Style: FACIAL EXPRESSIONS, VOCALIZATIONS - STICK TONGUE OUT - NO MOUTH OPEN - YES

Learning Style: AUDITORY, VISUAL, REPITION

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: REGLAN, BENYDRAL, VANCOMCYN
Seizures: ☒ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO ORDER
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO ORDER STAFF CHECK RMP
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☐ No ☒ Yes CP W/ SPASTIC QUADRIPARESIS, HYPERTONIA OLGILVIE SYNDROME, OSTEOPENIA,
Medication at PAI: ☒ No ☐ Yes	Describe Supports: PASS VIA G-TUBE
Personal Cares: ☒ No ☐ Yes	Describe Supports: COLOSTOMY BAG, MAT TABLE, IN CEILING TRACK SYSTEM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: IN CEILING TRACK SYSTEM. STAFF PROPER W/R
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to: JOKING W/ OTHERS, DRESS NICE, UNDERSTAND HER COMMUNICATION

Important for: NPO ORDER, WORKING W/ PEOPLE WHO KNOW HER. BACLOFEN PUMP, CHOICES

Likes: FAVORITE STAFF, LOOKING NICE, BUS DRIVER

Dislikes: BEING IGNORED, OTHERS NOT UNDERSTANDING COMMUNICATION IN PAIN OR DISCOMFORT

Lead Review Completed: _____

Staff: Jill

Date: Sept. 27, 2022

PAP

Service Recipient: Angelana Mazdeny

Service Span: _____

Outcomes:

Outcome #1: 3x week, she will press the mac switch to indicate she would like to use pillow massager

Summarize Steps:

Outcome #2: once month she will choose what community outing she would like.

Summarize Steps:

Communication Style: facial expression out no, mouth open - yes, eye pointing, tongue

Learning Style: auditory, visual, & repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Reglan, benadryl, vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: n/a
Choking: ☑ No ☐ Yes	Describe Supports: NPO order - pillow underhead
Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO - running pump on schedule
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: cerebral palsy, spastic quadriplegia, severe hypertonia, scoliosis, DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: passed through G-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: colostomy bag staff to empty
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: transfers using ceiling track system.
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: n/a
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: n/a
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: n/a

Important to: looking around, dress nice, being involved

Important for: NPO order, working with people that know her baclofen pump, + being able to make choices

Likes: being with favorite staff, looking nice, getting nails done, bracelets

Dislikes: being ignored, not seeing favorite staff, loud noises, pain

Lead Review Completed: _____

Staff: Natalie Johnson
Date: 9-27-2022

Service Recipient: Angelina M
Service Span: Sep - 22 - 23

Outcomes:

Outcome #1: Three times a week, Angelina will use mac switch for pillow massager
Summarize Steps:

Outcome #2: Once a month Choose which outing
Summarize Steps:

Communication Style: Facial expressions, eye pointing, vocalizations, brave at for no, mouth open for yes

Learning Style:
Auditory, visual, repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Reglan, benedryl, Vancomycin
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO - pillows in cares room
Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO - pump
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Cerebral Palsy w/ spastic DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: G-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Colostomy bag, mat table, in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Proper wheel chair - in-ceiling track
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community, staff demonstrate safety
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A

Important to: joking around w/ others, dressed nice,

Important for: NPO order, working w/ people that know her communication boclofen pump, being able to make choices

Likes: Being w/ her fav. staff, bus driver, looking nice, being complemented

Dislikes: being ignored, loud noises, being in pain

Lead Review Completed: _____

Staff: Lisa Yang
Date: 10/3/2022

PAI

Service Recipient: Angelina M.
Service Span: 9/27/2022
9/23/2023

Outcomes:

Outcome #1: Use Pillow massager
Summarize Steps:

Outcome #2: Choose outing
Summarize Steps:

Communication Style:
facial expressions, vocalizations, eye gazing

Learning Style:
Auditory, visual, repetition

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Reglan, Benedryl
Seizures: ☐ No ☐ Yes	Describe Supports: NA
Choking: ☑ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO Order, feeding pump Gtube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: CP Hypetonia DNR/DNI: ☐ No ☑ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Staff via G-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: Clostomy bag, in ceiling track
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: In-ceiling track system
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NA

Important to: Dress nice, joking

Important for: NPO order, Baclofen pump

Likes: Favorite staff, joke, bus driver

Dislikes: Ignored, not seeing favorite staff.

Lead Review Completed: _____

Staff: Colette Rice
Date: 9.27.22

Service Recipient: Angelina M.
Service Span: Sept 27 → Sept. 23 2023

Outcomes:

Outcome #1: Use Pillow massager
Summarize Steps:

Outcome #2: Choose outing
Summarize Steps:

Communication Style:
facial expressions, Vocalizations, eye gazing

Learning Style:
auditory, visual, repetition

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

Allergies: ☒ No ☒ Yes	List & Describe Supports: Reglan, Benedryl
Seizures: ☐ No ☐ Yes	Describe Supports: N/A
Choking: ☒ No ☐ Yes	Describe Supports: NPO
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO order, feeding pump
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: CP, Hypetonia DNR/DNI: ☐ No ☒ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Staff via g-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Clostomy bag, in ceiling track
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: in-ceiling track System
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in Community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: N/A

Important to:
dress nice, joking

Important for:
NPO order, Baclofen pump

Likes:
favorite Staff, jokes, bus driver

Dislikes:
ignored, not Seeing favorite Staff

Lead Review Completed: _____