

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: KATHINA VAINA

Date of hire: 8/22/2012

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan.

Initials of person(s) served:
 MP, CW, SK, TH, RH, AF, ND, TR, MH, TC, DS

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
* Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:				
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet				
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:				
CPR, if required by the Support Plan or Support Plan Addendum	<u>9/28/2022</u>	<u>Banded cover, in person demo</u>	<u>5 hours</u>	<u>Health Care Training Services</u>

PAI

<p><i>Support Plan, Support Plan Addendum, and Self-Management Assessment</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/5/2022</p>	<p>in-person training + competency quiz</p>	<p>11 hours</p>	<p>Lorrey Kelly, PS Maurita Sweeney, LOSP</p>
<p><i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>9/17/2022</p>	<p>competency quiz</p>	<p>2.75 hours</p>	<p>Lorrey Kelly, PS</p>
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>10/3/2022</p>	<p>observed skill assessment + in person training</p>	<p>4 hours</p>	<p>Toni Anderson, RN Health Counseling Services</p>
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>10/3/2022</p>	<p>observed skill assessment + in person training</p>	<p>2 hours</p>	<p>Toni Anderson, RN Health Counseling Services</p>
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:</p>	<p></p>	<p></p>	<p></p>	<p></p>

Staff signature *Mae Henry*

Date 10/7/22

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

PRINCIPLES OF MEDICATION ADMINISTRATION

As a trained medication passer, I understand and adhere to the following:

1. I always pass medications under the delegation and supervision of a licensed nurse.
2. Before preparing and administering medication I must have the:
 - Knowledge about the medication(s) to be administered. Being medication knowledgeable means knowing intended purpose, common side effects, life threatening effects, knowledge of what to do should a life threatening effect occur and proper route of administration.
 - Knowledge about the individual's general health and condition that is receiving the medication.
 - Skills necessary to administer medication(s).
 - Knowledge that "no drug is harmless."
 - Knowledge of my own limitations and the line of responsibility related to medication administration.
 - Knowledge and ability to practice ethical behavior relating to medication administration: to pass medications to one client at a time and to pass those medications that I set up. I realize that I must set a good example to my co-workers and that others will learn from my demonstration of administration techniques.
 - Skills to properly document the medication administration process.
 - Knowledge and ability to practice cleanliness skills including proper hand washing and infection control techniques.
 - Knowledge and ability to practice organizational skills including giving medications accurately and safely.
 - Knowledge to pass any medication only with a physician order.
 - Knowledge that some medication administration procedures are very individualized for a person.
 - Understanding that constant practice and continuing education about medications is important.
 - Knowledge that a medication passer may not give PRN medications without involving the assessment of a nurse.

Signature

Katrina Yang

Date

10/3/22

OBSERVED SKILL ASSESSMENT

Name of staff member Katrina Yang

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

Route	Date	Nurse Signature
Oral	<u>10/3/22</u>	<u>[Signature]</u>
Skin/topical	<u>10/3/22</u>	<u>[Signature]</u>
Ear drops	<u>10/3/22</u>	<u>[Signature]</u>
Eye drops	<u>10/3/22</u>	<u>[Signature]</u>
Buccal	<u>10/3/22</u>	<u>[Signature]</u>
Sublingual	<u>10/3/22</u>	<u>[Signature]</u>
Transdermal	_____	<u>[Signature]</u>
Rectal	_____	<u>[Signature]</u>
Vaginal	_____	<u>[Signature]</u>
Inhaler	_____	<u>[Signature]</u>
Nasal Spray	_____	<u>[Signature]</u>
Gastrostomy	<u>10/3/22</u>	<u>[Signature]</u>
Subcutaneous Injection	_____	<u>[Signature]</u>
Other	_____	<u>[Signature]</u>
Other	_____	<u>[Signature]</u>
Other	_____	<u>[Signature]</u>

File in staff member's personnel file.

"Minu"

Staff: Katrina

Date: 9/7/22



Service Recipient: Minakshi P.

Service Span: June 2022-23

Outcomes:

Outcome #1
Daily, Minu will answer a minimum of 3 questions to help develop her daily schedule in 80% or more trials

Outcome #2:
Daily, Minu will pick music or an ^{audio} activity to engage in daily in 85% or more trials

Communication Style:
eye gazing, facial gestures, adaptive signs (widening eyes, smiling, grimacing)

Learning Style:
routine, repetition, physical/verbal cues

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>avoid cross-contamin</u> beans, chicken, lactose, bananas, soy <u>meds - sulfa drugs, Klonopin; food - eggs, wheat, legumes, green peas,</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>* all seizure activity report to parents within 24 hrs</u> <u>epilepsy; no protocol or PRN med, tell Minu it's okay to comfort her</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair at 70° tilt, keep food warm</u> <u>Strong gag reflex, may gag/choke as soon as clothing protector on</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>liquids (thicker slightly than a glass of milk), sweet food/beverages</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy, spastic quadriplegia, GERD, 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>none at PAI; med admin via orally whole, followed w/drink</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1x assist</u> <u>wears briefs, full assist; baclofen pump - staff to be cautious,</u> low battery call parents
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheelchair</u> <u>Seizure disorder; no trunk/motor control, staff ensure</u> • shoulder straps • foot straps • pelvic belt • leg abductor on at all times
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model appropriate pedestrian/traffic safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Staff will use 3x3 images, avoid strong smells</u> <u>Contractures (hands), tactile defensiveness, scent sensitive, visual impairments</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</u>
Important to:	<u>Control over daily schedule, communicate preferences, family</u>
Important for:	<u>use communication skills, utilize stander, changed/cleaned properly during cares</u>
Likes:	<u>being outside, como outing, music (Indian, rhythmic, soft), sensory activities, 1:1 projects, MOA</u>
Dislikes:	<u>angry voices/people, invaded personal space, face being touch, strong scents, stretching</u>

Lead Review Completed: Maura Sheens

Staff: Katrina

Date: 9/7/22



Service Recipient: Christina W.

Service Span: March 2022-23

Outcomes:

Outcome #1
Daily, Christina will identify how she is feeling using emotions on the iPad in 80% of trials

Outcome #2:
Monthly, Christina will choose an outing to go on in 80% of all trials

Communication Style:
nonverbally via eye contact, vocalizations, facial expressions, communication devices
Learning Style:
repetition, modeling, verbal/physical prompts

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: • takes med at home, staff assist wiping nose <u>Seasonal - runny nose, itchy eyes, upper respiratory discomfort</u>
Seizures: <input checked="" 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>eats quickly; visually monitored during meals, use verbal cues to eat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>chopped diet; ind w/supervision, food cut 1"x1" to prep</u>
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 <u>GERD, quadriplegic cerebral palsy, spasticity, hypertension</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>med admin whole in soft food followed by a sip of water</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1X assist</u> <u>wears briefs, full assist; dysmenorrhea, communicate what's being done</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no balance / can't bear weight</u> <u>good torso control, uses a wheelchair, visually check belt, pelvic strap are secured</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model appropriate pedestrian/traffic safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>sensorineural hearing loss; staff stand in front within 3-4ft speaking <u>loud and clear</u></u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>pulling hair, hitting forehead, reaching out to hit/grab/punch; redirect communication <u>acknowledge and</u></u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to:
routine, nails painted, hair done, snack/lunch on time, relaxing in recliner in afternoon

Important for:
use communication when feeling upset/anxious, take med on time, propel wheelchair ind

Likes:
nails painted, hair done, Chinese food, sweets, snacks, painting, music, games, sensory activities

Dislikes:
waiting, change in routine, "new" staff for cares, teas, peers in personal space

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/7/22



Service Recipient: "Susie" Susan K.

Service Span: July 2022-23

Outcomes:

Outcome #1
Daily, Susan will use picture cards to choose a peer to greet while walking in her gait trainer or wheelchair in 95% or more trials

Outcome #2:
Monthly, Susan will choose an outing to go on in 80% or more trials

Communication Style:
verbally, facial expressions, body language

Learning Style:
repetition, physical/verbal prompts

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: staff to admin med per physician orders orders amoxicillin - rash, hives, respiratory distress, anaphylactic shock
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: . PRN med in backpack, report to residence in 24 hrs epilepsy, Grand Mal/generalized tonic clonic (15sec-1.5 min)
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite-sized diet, mostly ind (may need help feeding w/utensils), Cup w/ straw
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite-sized diet
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 GERD, cerebral palsy, urine retention/bladder spasms, UTI's leading to sepsis
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Orally w/ food then followed by beverage
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1X assist full assist, transfer w/Arjo; wears briefs
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2x in gait trainer, 1x @ wheelchair can bear weight, walk in gait trainer; has trunk control, uses e-wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model appropriate pedestrian/traffic safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment (no glasses); may wear sunglasses outside
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: none

Important to:
family, socializing, activities, walking in gait trainer, swimming, visiting grandparents

Important for:
staying healthy, communicate wants/needs, routine, name recognition, staff responding quick

Likes:
Walking, swimming, cheeseburgers, trips w/family, coloring, jokes, puzzles, trying new things

Dislikes:
loud noises, hunger, tiredness, pain, seizure activity, not being understood/included

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/7/22



"Ty"

Service Recipient: Tyrel H.

Service Span: October 2022-23

Outcomes:

Outcome #1
Daily, Tyrel will answer yes/no using his adaptive signs when asked if he would like to visit w/ friends or staff in 95% or more trials (in another room)

Outcome #2:
3X weekly, Tyrel will plan his group ~~experiences~~ ^{experiences} by indicating yes/no using his adaptive signs when asked if he would like to participate in 80% or more trials

Communication Style:
Vocalizations, gestures

Learning Style:
routine, repetition; physical/verbal cues

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff will use latex-free products</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure protocol w/ PRN meds</u> <u>partially controlled Tonic/Clonic/Grand Mal seizures -</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO; suction machine to remove visible mouth secretions</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO; nutrition & fluids via G/I tube; sits up 30 min after feeding</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hydrocephalus w/ shunt, mod intellectual disability, pressure ulcer</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>med admin via G/I tube</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1X assist</u> <u>Uses brief, complete assist q2h; may be agitated when</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Some trunk control, can roll over; uses wheelchair and mat for rest</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will model appropriate pedestrian/traffic safety skills</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>n/a</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>staff will provide 1:1 time, verbal redirection, less stimulating space</u> <u>biting (self/others), banging head, hitting, pinching, yelling, depression, mood disorder</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>

Important to: preferred staff/peers to interact w/ socializations, books/movies
~~experiences~~ express his preferences, communication is honored, time to relax and nap, people watch

Important for: options, communication, staying awake/engaged for part of day, time to ^{relax} nap

Likes: bowling, action/funny videos, riding elevators, flipping light switches, outings, van rides

Dislikes: waiting for things, others in personal space, new staff w/cares, pic being taken,
being the center of attention

Staff: Katrina
 Date: 9/7/22



Service Recipient: Ron H.
 Service Span: February 2022-23

Outcomes:

Outcome #1 Daily, Ron will choose a programming room to visit in 80% or more trials
Outcome #2: Monthly, Ron will choose an outing to go on, in 80% or more trials
Communication Style: facial expressions, body language (sticks tongue out for "yes")
Learning Style: routine, repetition; verbal prompts, physical/verbal cues

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: pineapple, aminophylline, keflex, meriolate, septria, terramycin - hives rash anaphalactic shock
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of seizures; complete seizure report within 24 hrs
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has few teeth, may pocket food, stick tongue out for drink; full assist
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree diet, reg liquids
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 Cerebral palsy, scoliosis, constipation, GERD, hiatal hernia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: takes meds crushed in soft food or as liquid
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: IX assist; monitor for groin rash wears briefs, complete assist for toileting, cross leg sling, uses pillow for GERD
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no balance uses wheelchair, doesn't propel ind, hooyer/sling transfer, limited trunk control
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model appropriate pedestrian/traffic safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: staff will speak in a calm soft voice, present materials right in front retinitis pigmentosa, R Extropia blindness, sound sensitivity
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may bite hand when upset; staff will assist to quieter environment
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to: feel warmth of sun familiar routine, calm environment, be informed what's happening, time in recliner	
Important for: drink adequate fluids throughout day, communicates to the best of ability	
Likes: walks, water sounds, light music, pudding, ice cream, Paul Bunyan, time w/ house-mates	
Dislikes: loud/chaotic environments, having his face wiped, crinkle sound, cartoons @ home	

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/7/22



Service Recipient: Alan F.

Service Span: July 2022-23

Outcomes:

Outcome #1 Daily, Alan will identify an image representing how he is feeling in 80% of all trials
Outcome #2: Monthly, Alan will choose an outing that he would like to go on in 80% of trials
Communication Style: positive/negative facial expressions, vocalizations, clapping, tapping, grabbing
Learning Style: verbal direction, routine, repetition

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: n/a
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Controlled, seizure protocol in MAR; presents as arm stiffening, head to one side, drooling
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO; stays sitting up for 30min after feeding
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO; receives nutrition/liquids via G-tube and feeding pump
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: osteoporosis, chronic hematuria, chronic constipation 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: med admin via G-tube w/water flush as per NPO order
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears briefs, change q2h, full assist (1x ceiling lift, 2x Hoyer)
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff to ensure pelvic belt, chest/foot straps are secure Spastic quadriplegia, Harrington rods; limited trunk control + balance
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision/physical support for pedestrian and traffic safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: tactile defensive - limited physical contact limited vision (due to astigmatism, cataracts, vision loss) - staff verbally communicate
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: none
Important to:	van/bus rides, music (therapy), time outside, sensory activities, sunlight
Important for:	meds, repositioning, NPO nutrition, sensory activities, engagement, secured straps
Likes:	soft/hard rock, animals, outings, being comfortable, listening to convo, outdoors
Dislikes:	being touched in face, people in personal space, environments w/little or no stimulation

Lead Review Completed: Maura Sweeney

Staff: Katrina



Service Recipient: Nina D.

Date: 9/6/22

Service Span: May 2022-23

Outcomes:

Outcome #1
Daily, Nina will choose to walk w/staff for 2 min in 70% of trials over next 6 months

Outcome #2:
Monthly, Nina will choose an outing to go on in 80% of all trials over the next 6 months

Communication Style:
nonverbally w/ facial expressions, vocalizations, gestures

Learning Style:
routine/repetition; hand-over-hand; auditory/visual/kinesesthetic

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: Cephalosporins; dust, pollen, animal dander; Nina doesn't interact w/ pet therapy Staff will ensure
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder partially controlled w/ seizure protocol and PRN meds
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: visually monitored during meals difficulty swallowing, may pocket food/swallow too much at once
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: if less than 50% of meal eaten, receives nutrition via G-tube pureed foods, pudding thick liquids; staff assist w/ meal prep and feeding
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Reiter's syndrome, scoliosis, asthma, osteoporosis, L lower lobe bleb, hyperhidrosis, insomnia, heel cord contracture, dropped feet, constipation, hemorrhoids 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: takes meds crushed in yogurt; via G-tube if needed
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses brief; wears gait belt and ambulates to bathroom w/ assist; hold to bar
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can ambulate short distance w/ assist; wide gait; heel cord contracture
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will model appropriate social behavior/pedestrian safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: dislikes gloves on hand; appropriate outerwear as tolerated staff will encourage Nina to wear
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: diagnosed depression; monitor for s/s and notify residence
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none

Important to: hair to be styled
opportunity to walk, listen to music, attend music therapy, art projects,

Important for:
offered choices throughout day, promote independence, promote muscle/bone strength

Likes:
having hair styled, relax time in recliner, art projects, walks, music/music therapy

Dislikes:
startled when napping, not having choices during day, not going on walk

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/6/22



Service Recipient: Tish R.

Service Span: April 2022-23

Outcomes:

Outcome #1 Daily, Tish will indicate she needs to use the cares room by signing "restroom" in 80% of trials
Outcome #2: Weekly, Tish will help plan an activity for the following week in 80% of trials
Communication Style: Verbal w/ facial expressions, body language
Learning Style: verbal prompts, hand-over-hand

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: mosquito bites (welts/hay fever); 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: Can feed self ind; choking risk w/liquids; uses Thick-It w/straw
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite-sized; Thick-It in drinks; eats ind; staff prepare/set up food
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: anxiety, cerebral palsy, neurogenic bladder 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: none at PAI; takes meds w/applesauce or similar
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has catheter, wears briefs; can communicate when needing to use restroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can bear weight and assist w/transfers via staff support; uses e-wheel chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model appropriate pedestrian/traffic safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Visual impairment (uses glasses)
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Seizure-like episodes when uncomfortable history of false reporting, 2x assist Tish when possible, anxiety
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	Socialize w/staff, peers, family; music/art
Important for:	time to speak, patient staff; know/honor her communication
Likes:	music, walks, food, sleeping, singing, paintings, outings, bowling, dances, hugs
Dislikes:	being bored, having someone too close,

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/6/22



Service Recipient: Mary Jo H.

Service Span: August 2022-23

Outcomes:

Outcome #1 Daily, Mary Jo will choose a sensory activity to participate in using a switch in 75% of trials over the next 6 months
Outcome #2: Daily, Mary Jo will use her gait trainer in 75% of all opportunities over the next 6 months
Communication Style: direct eye contact, may sometimes vocalize "no", requests, allow 20-30 sec takes time to process
Learning Style: hand-over-hand, verbal prompts (simple words), physical assistance

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: latex band aid - may develop rash, use latex free 2nd 3rd hand smoke - limit direct contact w/ staff for 30 min after smoking
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: doesn't have teeth, pocket food in her cheek - staff will ensure food is prepared properly
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 20-30 sec btwn sips/bites puree foods, honey-thick liquids, assist w/ hand-over-hand then full assist
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: ear infection, history of stroke DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes anemia, constipation/bowel obstruction, GERD, ventral hernia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: takes meds crushed in soft foods (pudding/apple sauce)
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: assist w/ repositioning, restroom/wears briefs, cares q2h
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may attempt to flip over in chair gait belt has scoliosis/spinal fusion; can bear weight and stand w/ assist bk and stand pivot
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will supervise/model pedestrian/traffic safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: legally blind, approach from L side; staff will inform Mary Jo what they're going to do and provide tactile cues
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may suck on fingers - ask to stop/provide activity to distract anxiety disorder - may yell for extended period of time
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none

Important to: relationship w/ family and friends, listen to others speak, enjoy nice weather outside
Important for: be repositioned frequently, daily walks, changed ASAP when soiled, offer drink daily
Likes: being called "Princess", "JoJo", "MJ"; Disney, hugs, music, sweets, Special Olympic activities
Dislikes: Outings in large groups, sitting in same position, when people are too close, tuna, PB

Lead Review Completed: Mandy Sweeney

Staff: Katrina

Date: 9/6/22



Service Recipient: (Terri) Theresa C.

Service Span: March 2022-23

Outcomes:

Outcome #1
Daily, Terri will answer y/n question on the iPad in over 80% of trials
Communication is important to/for Terri

Outcome #2:
Monthly, Terri will choose an outing to go on in 80% of trials } preferences
Important for her to use communication skills to advocate her } preferences

Communication Style:
vocalizations, body language, eye gazing

Learning Style:
Verbal redirection, hand-over-hand

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: Angioedema, staff will admin Benadryl at first signs, All PRN meds use
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff is aware and will treat as a history of potential seizure, seizure and report to reg ASAP & in 24 hrs
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: history of choking, dysphagia, has a "tonic bite" - risk factor when mouth to full/incorrect food prep
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: soft bite-sized cuts w/ground firm meats & liquids
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: cerebral palsy spastic quadriplegia, femoral ostomy, L hip dysphagia, scoliosis w/Harrington rods, dysphagia, constipation, urine/bowel retention 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: full med admin support; takes meds orally w/soft foods or meal w/a drink
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: brief due to incontinence, cares q2h/PRN
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair, seat belt all times, chest straps
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model appropriate pedestrian/traffic safety skills, supervision & physical support
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: visual impairment, cataracts, alternating extropia, give time to allow Terri to focus gaze
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: scratching, extended loud vocalizations; redirect w/preferred activity, assess for unmet needs, provide space
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None
Important to:	humor, socializations w/friends have familiar faces around who knows her communication style, activity involvement
Important for:	Communication balance of eating encouragement and hearing frustration/challenge w/swallowing food
Likes:	Socializing w/peers, family, music/pet therapy, outings, lol activity, jokes, sensory integration
Dislikes:	lack of attention, lack of greetings, "emotional" music, needing personal cares

Lead Review Completed: Maura Sweeney

Staff: Katrina

Date: 9/16/22



Service Recipient: Destiny S.

Service Span: August 2021-22

Outcomes:

Outcome #1 Daily, Destiny will independently clean up her area after lunch in 90% or more trials
Outcome #2: Daily, Destiny will bring her cup to the lunch table in 80% or more trials
Communication Style: Signs, pictures, gestures, body language, some ASL signs
Learning Style: routine, repetition, physical prompts, modeling cues

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: bee stings, iodine/contrast dye; Shock, Epi Pen to be admin may cause anaphylactic
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: has a nissen which puts her at risk for aspirating/choking, offer drink
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree diet ind, encourage liquids, staff will prepare/set up food
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: aortic valve disorder, intellectual disability, osteoporosis, scoliosis, Trisomy 9; Verbal, gestural and physical cues 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: takes medications orally in liquid form
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ind to use toilet but needs cares after BM or menses; sign to use bathroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: gestural prompts to avoid obstacles walks ind/navigate well in barrier free enviro; needs rail for stairs
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: observe surroundings + intervene as necessary Staff will model appropriate pedestrian/traffic safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: auditory impairment (has hearing aids, doesn't wear); visual impairment (wears 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: none

Important to:
Opportunities to help, be ind, access to pics/books/pamphlets, activities/outings

Important for:
use communication skills (gestures, pics), intake fluids through day, support in socializations

Likes:
Games (card, computer), being social, coloring, girly activities, pictures/pamphlets, outings

Dislikes:
being told "no", pictures/pamphlets being taken away, communication not understood

Lead Review Completed: Maura Sweeney

