



# In-Service Training Log – Linden

Date: 10/4/22

**NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN**

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Maddy K			Diets training- PP by TA (RN)
.5	Maddy K			LD comp quiz
.25	Maddy K			NR semi annual review

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy ✓
	KB		Bauch, Kia ✓
	MB		Bradshaw, Morgan ✓
	AC		Cox, Alice ✓
			<del>Hampton, Tony</del>
	MH		Hetchler, Maria ✓
10/5/22	UN		Johnson, Natalie ✓
	fx		Kalu, Festus ✓
			<del>Larson, Nancy</del>
	DL		Lepley, Deanne ✓
	SM		Mafi, Sommer ✓
10/5/22	KM		McKnight, Kyla ✓

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

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

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

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# Competency Tracking Form Linden Site

Participant: Larry Deckard

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.

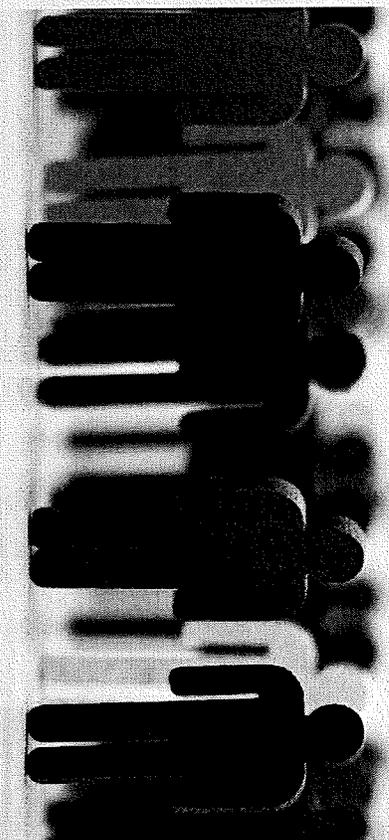
Date Completed	Initials	Full Name
	BA	Ailport, Betsy
	KB	Bauch, Kia
	MB	Bradshaw, Morgan
	AC	Cox, Alice
		<del>Hampton, Tony</del>
	MM	Hetchler, Maria
		Hiland, Lindsay
	NR	Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
		<del>Larson, Nancy</del>
	DL	Lepley, Deanne
	SM	Mafi, Sommer
	KM	McKnight, Kyla

Date Completed	Initials	Full Name
	SN	Nierad, Shelly
	EO	Olson, Emily
	CR	Rice, Colette
	JMJ	Sales, Jill
	ES	Sandstrom, Erin
		<del>Shimizu, Shigeo</del>
	LS	Stacken, Laura
10/4/22	TH	Taylor, Tiffany
	LY	Yang, Lisa

Date Uploaded to LMS: \_\_\_\_\_

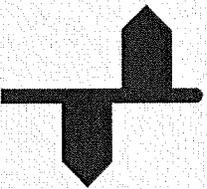
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**PAI-  
Linden/Oakdale  
Team Meeting**



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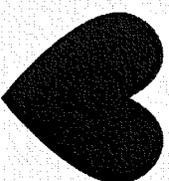
# Welcome



Sign In



Introductions

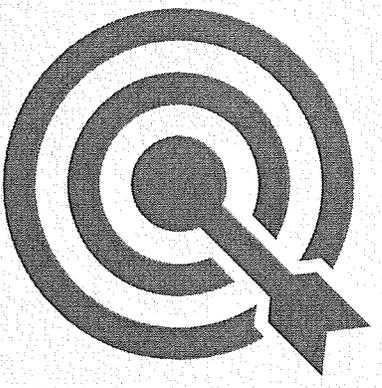


A moment of gratitude



# Agenda

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

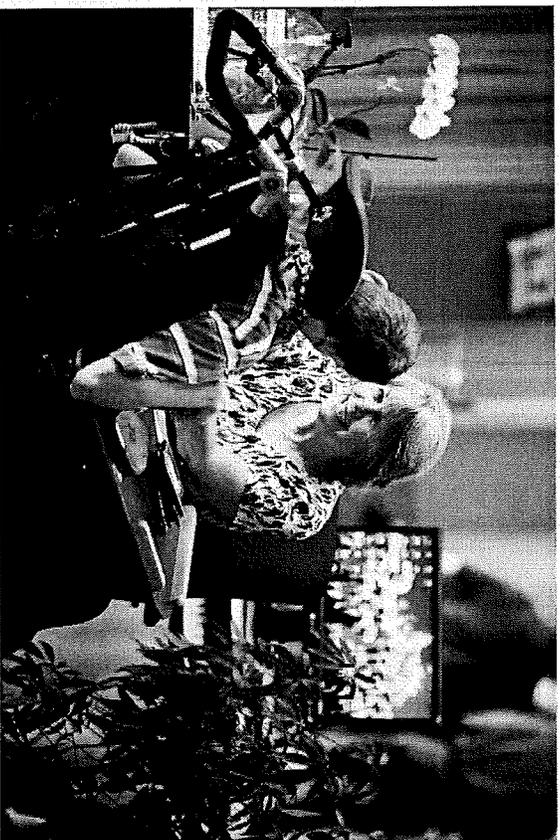


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## Site-Specific Updates

Diets and Nutrition PowerPoint- Printed off and given to Leads. Needs to be read by all staff by the end of the week.

Talk with your PS if you have any questions.



Larry Deckard

## Competency Reviews

Outcome #1: Three times a week, Larry will independently propel his wheelchair to the table for lunch

Outcome #2: Three times a month, Larry will use a new sign word or phrase with a staff

Communication Style: vocalizations, gestures, minimal modified sign

Learning Style: kinesthetic, visual, and auditory

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Perphenazine, Trilafon, and anti-psychotics -Staff are aware of Larry's allergies and will not give him medication he is allergic to
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unable to chew foods fully, may need reminders to slow down
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: regular bite-sized pieces or chopped foods -Larry's lunch is prepared and sent to PAL from his residence.



<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hepatitis B Carrier, Cerebral Palsy, Barrett's esophagus, Sliding Hernia with Reflux, Circumferential Hemorrhoids, GERD DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications requested from Larry's residence. Staff set up and pass according to prescriber's orders
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sits on the toilet and is able to transfer himself using handles on the toilet
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: If Larry has difficulty transferring, displayed by not initiating a transfer and vocalizing, his feet will be checked to see if swelling is present.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community -Staff demonstrate appropriate pedestrian safety skills
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Larry may self-induced vomiting- anxious, upset, or new environment -Staff will offer a quiet space, walk or sensory manipulative
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self induced vomiting- staff will notify Larry's residence if he is having continuous bouts



<b>Unsupervised</b> Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b> having fidgets, being in a calm environment, having his socks and shoes off when he can, and having freedom to move around.	
<b>Important for:</b> his dietary orders, medications, and his team who helps Larry advocate for himself.	
<b>Likes:</b> quiet environments, having his fidgets available, being able to move freely in his wheelchair, and going for walks.	
<b>Dislikes:</b> being in pain from his medical conditions, not feeling good, being in a hectic environment, and having to stay in one place.	

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# Semi-Annual Reviews

Nikki Reitan

New outcome: Three times a week, Nikki will press the MAC switch to indicate she would like to use the restroom in 75% of trials over the next 6-months.



## 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: Natalie Johnson  
 Date: 10-5-22



Service Recipient: Larry D.  
 Service Span: 8/22-23

Outcomes:

Outcome #1: <u>Three times a week Larry will independently propel his wheelchair to the table for lunch.</u> Summarize Steps:
Outcome #2: <u>3x a month, Larry will use a new sign word or phrase with a staff.</u> Summarize Steps:
Communication Style: <u>kinesthetic, visual, auditory</u>
Learning Style: <u>kinesthetic, vocalizations, gestures, minimal modified sign</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>Perphenazine, triafon, anti-psychotics</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>unable to chew foods fully, may need reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>regular bite-sized pieces of chopped foods</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep B carrier, cerebral palsy, Barrett's esophagus, sliding hernia w/ reflux, GERD</u> NR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds requested from Larry's residence</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet, able to transfer using handles.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If Larry has trouble transferring, staff check feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Larry may self induce vomiting - anxious, upset</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>fidgets, calm environment, socks and shoes off</u>
Important for:	<u>Dietary orders, medication, his team who helps him advocate for himself</u>
Likes:	<u>quiet environments, fidget available, move freely in wheelchair</u>
Dislikes:	<u>being in pain, not feeling good, hectic environments, having to stay in one place.</u>

Lead Review Completed: off

Staff: Kyla M  
 Date: \_\_\_\_\_



Service Recipient: Larry D.  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: 3x week  
 Summarize Steps: Larry will independently propel his wheelchair to table for lunch

Outcome #2: 3x month  
 Summarize Steps: Larry will use a new sign word or phrase with staff

Communication Style: Vocalizations, gestures, minimal modified sign

Learning Style: Kinesthetic, Visual, Auditory

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>Perphenazine, Trilafon, Anti-psychotics</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>Unable to chew foods fully, may need reminders</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces or chopped foods</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep. B Carrier, Cerebral Palsy, Barrett's Esophagus, Sliding Hernia w/ Reflux</u> <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</span>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Medications requested from Larry residence</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits on toilet, Able to transfer himself</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Larry has difficulty transferring, <sup>check feet</sup> for swelling</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in the community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Larry may self-induced vomiting-anxious</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-induced vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Having fidgets, being in calm environment

Important for: Dietary order, meds, team who helps advocate

Likes: Quiet environment, having fidgets, moving freely

Dislikes: Being in pain, not feeling good, hectic environment

Staff: Maria Fletcher  
 Date: 10/9/22



Service Recipient: Larry D.  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: Three time a week table for lunch provide him self  
 Summarize Steps:

Outcome #2: Three time a month Larry use new sign word  
 Summarize Steps:

Communication Style: Vocalization, gestures, minimal modified sign

Learning Style: visual kinesthetic, auditory

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>perphenazine, Trilaton, anti-psychotics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to chew foods fully, need reminder</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hepatitis B, cerebral palsy, sliding hernia w/REFLUX, GERD, Barrett esophagus</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Med request from Larry's residence. Staff pass</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on the toilet and able to transfer him self using handle in toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If Larry have difficult transferring</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>101</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>induced vomiting, Fidgets</u> <del>NA self included</del>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>not in residence of self induce vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>A</u>
Important to:	<u>having fidgets, being calm environment, shoes &amp; socks when he can, having freedom to move.</u>
Important for:	<u>meds, clothing order</u>
Likes:	<u>old western shows, quiet place</u>
Dislikes:	<u>new environments, not feeling well</u>

Lead Review Completed: df

Staff: Algel  
 Date: 10/1/2022



Service Recipient: Larry D  
 Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: 3x a week Angel chair to table  
 Summarize Steps:

Outcome #2: 3x a month use new sign  
 Summarize Steps:

Communication Style:  
Vocalizations, Gestures Minimal Modified Sign

Learning Style:  
Kinesthetic, Visual, Auditory

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>Per phenazone, Tril, per antipsychotics</u> Staff <u>are aware</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unable to fully chew, Reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reg Bite Size, Chopped</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>3x weekly Esophagus</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Hep B Carrier, CP, Hemorrhoids, GERD,</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Med from home</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sit on toilet able to transfer w/ hands</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sh vocalizing when transferring check feet for swelling</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect + Sign</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-induced vomiting when <sup>anxious</sup> upset</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-induced vomiting Notify <sup>house</sup> Obv Quiet space</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Freedom to move, Edgts, calm environment, socks + shoes off</u>
Important for:	<u>D-day Orders, Team Advocate</u>
Likes:	<u>Quiet environment, Edgts, Being involved Freedom to move</u>
Dislikes:	<u>Loud noises, tense environment</u>

Staff: Jill Sales  
 Date: 10-11-22



Service Recipient: Larry DeKard  
 Service Span: Sept 22 - Sept 23

Outcomes:

Outcome #1:	<u>3x week Larry will independently propel WC to table.</u>
Summarize Steps:	<u>for lunch</u>
Outcome #2:	<u>3x month Larry will use a new sign word or phrase</u>
Summarize Steps:	
Communication Style:	<u>vocalization, gestures, minimal modified sign</u>
Learning Style:	<u>kinesthetic, visual, auditory</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>penicillin, Trilafon, anti-psychotics - staff will not give</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to chew foods fully + needs reminders to slow down</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized or chopped foods. Larry's lunch is prepared + sent to PAI from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Help B carrier, CP, Barrett's esophagus, sliding hernia w/ reflux, circumferential hem Gerd DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requested from Larry's residence, set up + pass according to orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet + is able transfer himself using toilet transfer</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty transfer or not initiating, staff will check for swelling in his feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-induced vomiting - anxious, upset, new environment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self-induced vomiting - staff will notify residence if he is being anxious</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Na</u>
Important to:	<u>fidgets, being in calm environment, having no socks + shoes on when possible, moving around</u>
Important for:	<u>dietary orders, meds, team who helps advocate for him</u>
Likes:	<u>quiet environments, fidgets, being able to move freely in WC, walks</u>
Dislikes:	<u>being in pain from his med condition, not feeling well, being in hectic environment staying in one place.</u>

Lead Review Completed: at

Staff: Betsy  
 Date: 10/4/2022



Service Recipient: Larry D.  
 Service Span: 9/2022 - 9/2023

Outcomes:

Outcome #1: ~~JK w/ky~~, use sign word independently propel chair  
 Summarize Steps:

Outcome #2: JK monthly, use sign word  
 Summarize Steps:

Communication Style:  
 vocalization, gestures, manual modified sign

Learning Style:  
 Kinesthetic, visual auditory

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>Perphenazine, Trilafon, anti psychotics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unable to chew foods reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>veg bite size pieces lunch sent from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep B carrier, Cerebral Palsy DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Barretts esophagus, sliding hernia with reflux Circumferential hemmorrhoids, GERD</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds requested from home</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet + uses handles</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty transferring check feet</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/1 staff assisted</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>may induce vomiting change environment</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self induced vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>fidgets, calm environment, socks + shoes off, freedom to move around</u>
Important for:	<u>dietary orders, meds, team who helps advocates for him</u>
Likes:	<u>Quiet, fidgets, walks</u>
Dislikes:	<u>hectic environment, pain</u>

Lead Review Completed: off

Staff: Shelly Nierad  
Date: 10-04-2022



Service Recipient: Larry Deckard  
Service Span: 9/22 - 9/23

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Outcomes:

Outcome #1: <u>3x weekly - independently propel w/c to table for lunch...</u> Summarize Steps:
Outcome #2: <u>3x month, use a new sign.</u> Summarize Steps:
Communication Style: <u>vocalizations, gestures, signs.</u>
Learning Style: <u>kinesthetic, visual, auditory</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>Pharmenazine</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>pat slow</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces, chopped food.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep B carrier, CP, Hemroids / Gerd</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>follow protocol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet, transfers himself</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty transferring - check feet</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>may get anxious/upset, self induce vomiting.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induce vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>fidgets, calm environment, NO socks/shoes.</u>	
Important for: <u>dietary order, his team, medications.</u>	
Likes: <u>Quiet, fidgets, walks</u>	
Dislikes: <u>hectic environments, being in pain.</u>	

Lead Review Completed: dt

Staff: Kia L. Bauch



Service Recipient: Larry D.

Date: 10/4/22

Service Span: 9/22/23

Outcomes:

Outcome #1: 3x weekly, independently propel to lunch  
Summarize Steps:

Outcome #2: 3x a month, use a new sign  
Summarize Steps:

Communication Style:  
vocalizations, sign, gestures

Learning Style:  
Kinesthetic, visual, auditory

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>Pherazone, triafon</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>needs reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>small pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep B carrier, CP, reflux</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requested from residence</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>toilet, uses rails</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>check feet for swelling</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>anxious + will self induce vomit</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-induced vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>fidgets, calm environment</u>	
Important for: <u>medications, his team</u>	
Likes: <u>fidgets, walks, calm environment</u>	
Dislikes: <u>hectic environment, being in pain</u>	

Lead Review Completed:

Staff: Colette Rice  
Date: 10/4/2022



Service Recipient: Larry D  
Service Span: 9/22 → 9/23

Outcomes:

Outcome #1: <u>3x weekly independently propel chair for lunch</u> Summarize Steps:
Outcome #2: <u>3x a month, use a new sign</u> Summarize Steps:
Communication Style: <u>vocalizing, sign, gestures</u>
Learning Style: <u>Kinesthetic, visual, auditory</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>Pherazine, <del>XXXXXX</del></u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u><del>XXXX</del> N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <span style="float: right;">DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</span> <u>Hep B carrier, cp, gerd, hemorrhoids</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requested from residence</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>toilet, uses handles on toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>check feet for swelling</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>live in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anxious, upset, will self induce vomit</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>fidgets, calm environment</u>	
Important for: <u>medications, his team</u>	
Likes: <u>move freely, walks, calm environment</u>	
Dislikes: <u>hectic environments, being in pain</u>	

Lead Review Completed: off

Staff: Erin

Date: 10/4/22



Service Recipient: Larry P.

Service Span: 9/22 - 9/23

Outcomes:

Outcome #1: write log on weekly paper by sketch of hand.  
Summarize Steps:

Outcome #2: log with me & my sign word on phone with staff.  
Summarize Steps:

Communication Style: visual, gesture, words, signed sign

Learning Style: kinesthetic, visual & auditory

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>for phen 300, Truven, atrophy drops</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>work to dev food fully, any need remain to dev food</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>left hand fully size in drops food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hept B carrier, COPD, glaucoma, hearing aid</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>medication reported for resistance</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>self on toilet to transfer himself</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>if Larry is</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 on LG community staff Jennifer</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>upset especially in new environment</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self when uncomfortable, anxious or upset</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>high fidelity, stress &amp; show off,</u>
Important for:	<u>DI off order, advance for hand</u>
Likes:	<u>quiet person, help to first available</u>
Dislikes:	<u>high = pain for initial conditions, not feel good, but -</u>

Lead Review Completed: AK

Staff: Laura Stacken

Date: 10/4/2022



Service Recipient: Larry Deekard

Service Span: Sept 22- 23

Outcomes:

Outcome #1: 3x times a week, Larry will propel his wheelchair for lunch  
Summarize Steps:

Outcome #2: 3x times a month, Larry will use a new sign or phrase w/ staff  
Summarize Steps:

Communication Style: vocalizations, gestures, minimal mod sign.

Learning Style: Kinesthetic, visual & Auditory.

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>Perphenazine, trilepton, and Anti-psychotics</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>Unable to chew foods fully may need Assit.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>reg. bite size, chopped foods.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>HepB carrier, CP, Barrett esophagus, Sliding Hernia w/ reflux, Circumferential Hern, GERD</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds Requested Larrys Home.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits on toilet &amp; and is able to transfer himself using handles</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>If Larry has difficulty transferring, displayed by not initiating a transfer vocally, his feet.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Larry may self-induced vomiting, anxious</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self vomiting Notify house.</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Fidgets, being in a calm environment, having his socks, shoes off - freedom to move around.

Important for: Dietary needs, Med orders, Larrys team to advocate for himself

Likes: Quiet environment, fidgets, move around freely in wheelchair

Dislikes: being in pain med conditions, Not feeling good.

Lead Review Completed:     

Staff: Deanne Leplay  
 Date: October 4, 2022



Service Recipient: Larry DeClard  
 Service Span: Sept 2022  
Sept 2023

Outcomes:

Outcome #1: 3x week, Larry will independently propel his WC to table for lunch  
 Summarize Steps:

Outcome #2: 3x a month Larry will use a new sign word or phrase w/ sign  
 Summarize Steps:

Communication Style: Vocalization, Gestures, Miminant, Modified sign

Learning Style: Kinesthetic, Gestures, Visual + auditory

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>Perphenazine, Trifluon, anti-psychotics</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>unable to chew foods fully + needs reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>regular sized foods or chopped bowls. food prepared + sent from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep B carrier, cerebral palsy, genit, Barrett's esophagus</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>med req. from Larry's Residence. Staff set up + pass according to prescribers orders</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet + able to tstr himself w/ handles on toilet</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sb Larry having difficulty w/tra - swelling w/ he checked</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting, anxious, upset new environment. Staff offer a quiet place, walk</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting. Staff w/ notify Residence if he is having these bouts</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>Fidgets, calm environment, having socks + shoes off when he can</u>
Important for:	<u>dietary orders, medications, team who helps Larry advocate for himself</u>
Likes:	<u>quiet environment, fidgets available</u>
Dislikes:	<u>being in pain from his med. condition, not feeling good, being in an hectic environment</u>

Lead Review Completed: at

Staff: Sommer  
 Date: 10/11



Service Recipient: Larry  
 Service Span: Sep 22 - Sept 23

Outcomes:

Outcome #1: By weekly ma. proper chair to talk  
 Summarize Steps:

Outcome #2: By a month use a new sign w/out staff  
 Summarize Steps:

Communication Style: Vocal, gestures, minimal modify signs

Learning Style: Kinesthetic, Visual, Auditory

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>Perphenazine, anti psychotics</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unable to chew fully - Ask to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pate sized / Chopped food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hip Bi Cp, sliding hernia w/ reduc</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Geriatric</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds requested from home</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SAs on toilet, transfers using car</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Check feet if swollen if difficult transfer</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Anxious in new env. Staff offer quiet place.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting; Staff notify house</u>
Unsupervised Time: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>fidgets, calm environment, socks/shoes off</u>
Important for:	<u>Food orders, med team to help advocate</u>
Likes:	<u>Fidgets, walks, moving freely in chair</u>
Dislikes:	<u>being in pain, hectic environment, staying in</u> <u>off of zone place</u>

Staff: ERIN SANDSTROM  
 Date: 10.4.2022



Service Recipient: LARRY DEKARD  
 Service Span: SEPT. 2022 - SEPT. 2023

Outcomes:

Outcome #1: 2X A WEEK LARRY WILL INDEPENDENTLY PROPEL HIS. W/C TO THE TABLE FOR LUNCH.  
 Summarize Steps:

Outcome #2: 3X A MONTH LARRY WILL USE A NEW SIGN WORD. OR PHRASE W/A STAFF.  
 Summarize Steps:

Communication Style: VOCALIZATIONS, GESTURES, MODIFIED SIGN

Learning Style: KINETHIC, VISUAL, AUDITORY

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>TRILAFON, ANTI-PSYCHOTICS, PERPHENAZINE</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>UNABLE TO CHEW FOODS FULLY, SLOW DOWN</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>REG. BITE SIZE PIECES OR CHOPPED FOODS</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>HYP B CARRIER, CP, BARRETT'S ESOPHAGUS, HERNIA</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PASS PER ORDERS</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SITS ON TOILET, TRANSFER HIMSELF</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IF DIFFICULTY TRANSFERING ✓ FOR SWOLLEN FEET</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 IN COMMUNITY</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SELF-INDUCE VOMIT, ANXIOUS UPSET - QUIET SPACE</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SELF-INDUCED VOMITING,</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to: <u>FIDGETS, CALM ENVIRONMENT, MOVING AROUND</u>	
Important for: <u>DIETARY ORDERS, MEDS, TEAM</u>	
Likes: <u>QUIET ENVIRONMENTS, FIDGETS, MOVE FREELY IN W/C, WALKS</u>	
Dislikes: <u>BEING IN PAIN, NOT FEELING GOOD, HECTIC ENVIRONMENT HAVING TO STAY IN ONE PLACE.</u>	

Lead Review Completed: OH

Staff: Emily Olson  
 Date: 10/14/2022



Service Recipient: Larry Deckard  
 Service Span: 9/22-9/23

Outcomes:

Outcome #1:	<u>3x weekly, Larry will self-propel his wheelchair to the lunch table</u>
Summarize Steps:	<u>table</u>
Outcome #2:	<u>3x monthly, Larry will use a new sign word/phrase</u>
Summarize Steps:	<u>3x monthly, Larry will use a new sign word/phrase</u>
Communication Style:	<u>vocalizations, gestures, minimal modified signs</u>
Learning Style:	

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>Perphenazine, Triptan, anti-psychotics</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to chew fully, may need reminders to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized pieces</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hep. B, CP, Barretts esophagitis, Sliding hernia w/reflux; herniomas, GERD</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff Pass</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>sits on toilet / handle transfer</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Vocalizing/resisting, check feet for swelling</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self-induced vomiting, anxious, upset, new surroundings</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>contact house if continuous bouts</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>fidgets, no socks/shoes, calm environment, freedom to move</u>
Important for:	<u>dietary orders, meds, team that helps him advocate</u>
Likes:	<u>quiet, fidgets, moving freely, walks</u>
Dislikes:	<u>Pain / not feeling good, hectic environment, not being to freely move</u>

Lead Review Completed: JA

Staff: Morgan  
Date: 10/4/2022



Service Recipient: Lamy D.  
Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: <u>roll wheelchair to table for lunch</u> Summarize Steps:
Outcome #2: <u>sign new phrase or word with staff</u> Summarize Steps:
Communication Style: <u>Vocalizations, gestures, modified sign</u>
Learning Style: <u>visual, kinesthetic, auditory</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>anti-psychotics, perphenazine, triafon</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>unable to chew food fully</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite size pieces, chopped food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>kep b carrier, GERD</u> <u>cerebral palsy, barretts esophophagus</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds request from home</u>
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>use toilet, move himself</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>if trouble, see if feet are swollen</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>self induced vomiting, fidgets</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>notify residence of self induce vomiting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to: <u>fidgets, food, socks/shoes off</u>	
Important for: <u>meds, dietary orders</u>	
Likes: <u>old western shows, quiet places</u>	
Dislikes: <u>new environments, not feeling well</u>	

Lead Review Completed: at

Staff: Lisa Yang  
 Date: 10/4/2022



Service Recipient: Larry DeKard  
 Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: 3X Independently propel his wheelchair to the table for lunch.  
 Summarize Steps: \_\_\_\_\_

Outcome #2: 3X Month, use a new sign (an word or phase).  
 Summarize Steps: \_\_\_\_\_

Communication Style: Vocalizations, gestures, minimal modified sign.

Learning Style: Kinesthetic, visual, & auditory.

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>Perphenazine, Trilafon, anti-psychoics.</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA None</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Unable to chew food.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces, chopped food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hepatitis B Carrier, CP, Barrett Esophagus, Sliding Hernia w/reflux, Circumferential GERD</u> DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Follow Doctors orders. Prescriptions. Medications from home.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sits on toilet, transfer himself using handles.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>IF difficulty initiating a transfer? Vocalizing his feet will be close check</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self induced vomiting fidgets</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Notify residence of self induce vomiting</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>having fidgets, calm environment, sock and shoes off, freedom to move around.</u>
Important for:	<u>Dietary orders, medications, help Larry advocate</u>
Likes:	<u>quiet environment, old western, shows</u>
Dislikes:	<u>New environment, Not feeling well.</u>

Staff: Tiffany Taylor  
 Date: 10/4/22



Service Recipient: Larry Deckard  
 Service Span: 9/22-9/23

**Outcomes:**

<b>Outcome #1:</b> Three times a week, Larry will independently propel his wheelchair to the table for lunch
<b>Outcome #2:</b> Three times a month, Larry will use a new sign word or phrase with a staff
<b>Communication Style:</b> vocalizations, gestures, minimal modified sign
<b>Learning Style:</b> kinesthetic, visual, and auditory

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Perphenazine, Trilafon, and anti-psychotics -Staff are aware of Larry's allergies and will not give him medication he is allergic to
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Choking:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unable to chew foods fully, may need reminders to slow down
<b>Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: regular bite-sized pieces or chopped foods -Larry's lunch is prepared and sent to PAI from his residence.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hepatitis B Carrier, Cerebral Palsy, Barrett's esophagus, Sliding Hernia with Reflux, Circumferential Hemorrhoids, GERD DNR/DNI: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Medication at PAI:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medications requested from Larry's residence. Staff set up and pass according to prescriber's orders
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: sits on the toilet and is able to transfer himself using handles on the toilet
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: If Larry has difficulty transferring, displayed by not initiating a transfer and vocalizing, his feet will be checked to see if swelling is present.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community -Staff demonstrate appropriate pedestrian safety skills
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Larry may self-induced vomiting- anxious, upset, or new environment -Staff will offer a quiet space, walk or sensory manipulative
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Self induced vomiting- staff will notify Larry's residence if he is having continuous bouts
<b>Unsupervised Time:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
<b>Important to:</b> having fidgets, being in a calm environment, having his socks and shoes off when he can, and having freedom to move around.	
<b>Important for:</b> his dietary orders, medications, and his team who helps Larry advocate for himself.	