Competency Tracking Form
Oakdale

Participant: Tyrel Horning **Annual Service Span:** Oct 22 - Oct 23

Annual Meeting Date: **Date Assigned to Lead:** **Quiz Due:** 10/25/2022

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
	MBP	Basurto Poferl, Mari
	SB	Berglund, Sara
		Diaz, Amanda
	PD	Dyer, Paris
	AFM	Fierro-Montes, Alfredo
	TG	Gould, Trey
		Hartman, Lisa
	CK	Kelly, Cortney
	TL	Lorsung, Tristen
	MS	Sweeney, Maurita
	KP	Perry, Kathy
	AS	Shirley, Ashleigh
	KY	Yang, Katrina

Date Completed	Initials	Full Name

Date Uploaded to LMS: 11/8/2022

Staff: Kathy Perry

Date: 10-25-22

PAI

Service Recipient: ~~Tyrone~~ Tyrel Homing

Service Span: 10/22–10/23

Outcomes:

Outcome #1	Will answer yes or no with his adaptive sign when asked if he would like to lay down daily
Outcome #2:	Will lift arms & elbows when it is time to put his tray on daily. If does not raise arms - prompt
Communication Style:	Vocalizations & gestures, May point to what he wants. Understands short verbal directives. May vocalize
Learning Style:	routine & repetition Verbal & physical cues. Does not like scolding or authoritative tone of voice

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

Allergies: ☒No ☐Yes	List & Describe Supports: augmentin, morphine, latex. May sign No if sees balloons. Building latex free.
Seizures: ☒No ☐Yes	Describe Supports: partially complex, tonic/clonic, grand mal. Seizure Protocol & PRN - may be 30 sec - only over 30 sec reported, laughing, smiling
Choking: ☒No ☐Yes	Describe Supports: NPO Suction machine on back of W/C
Specialized Diet: ☒No ☐Yes	Describe Supports: ~~G tube~~ - G/J tube
Chronic Medical Conditions: ☒No ☐Yes	List & Describe Supports: Dandy-walker syndrome, constipation, hip spasms, hydrocephalis - shunt, Pressure ulcer, moderate intellectual disability, Depo q3m. DNR/DNI: ☒No ☐Yes
Medication at PAI: ☒No ☐Yes	Describe Supports: Via g-tube -
Personal Cares: ☒No ☐Yes	Describe Supports: Briefs, full support. Full body sling lift on 1 staff & hoyer or ceiling lift
Mobility/Fall Risk: ☒No ☐Yes	Describe Supports: Shoulder straps, lap & pelvic belt. Lap tray use railings? Staff propel - 1 staff & lift
Community Support: ☒No ☐Yes	Describe Supports: Staff with at all times
Sensory Support: ☒No ☐Yes	List & Describe Supports: N/A
Behavior Support: ☒No ☐Yes	List & Describe Supports: May bite hand/wrist, bang head, ~~pinch~~, hit, bite others, slap legs. Prolonged crying - offer 1:1 in quiet area. Assess & give PRN as needed. Accepts redirection
Unsupervised Time: ☒No ☐Yes	Describe Supports: None
Important to:	allow to express preferences, comm honored, time to relax & nap
Important for:	provide options, encourage comm, support to stay awake
Likes:	Books, pictures, elevators, bowling, flipping light switches, looking out window, Van ride, funny videos. ~~B~~ helping staff
Dislikes:	having to wait, others in personal space - ~~No pictures~~, unfamiliar staff helping him, being center of attention

Lead Review Completed: Mandy Sweeney

Staff: Mari BP

Date: 10-25-22

PAI

Service Recipient: Ty Horning

Service Span: october 22-23

Outcomes:

Outcome #1	Daily Ty will answer yes or no using adaptive signs when asked if he would like to lay down - staff ask if he would like to lay down if responds no staff will assist him in afternoon
Outcome #2:	Daily Ty will lift his arms when putting on lap tray - staff will ask Ty to lift his arms if he does so, marked achieved
Communication Style:	vocalizations, gestures, pointing, understands short verbal direction uses adaptive signs.
Learning Style:	learns through routine and repetition, also supported w/ verbal & physical cues in a repeat manner

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, morphine, & latex, receives meds as prescribed, building is latex free
Seizures: ☒ No ☐ Yes	Describe Supports: partially controlled tonic clonic seizures, has protocol & PRN clonazepam tx, smiling tongue & arm stiffening
Choking: ☒ No ☐ Yes	Describe Supports: physicians ordered NPO, has suction machine located in back of his wheelchair, for removal of saliva secretions
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Has physicians ordered diet for nutrition and fluids via g-tube (g-tube)
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy walker syndrome, constipation, Hip flexor spasms, has strap for left knee, hydrocephalus, moderate ID, pressure ulcer, [illegible] during cares — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: takes meds via g-tube, concerns communicated to residence
Personal Cares: ☒ No ☐ Yes	Describe Supports: utilizes disposable briefs, receives full support, full body sling, uses in ceiling lift, 1 person
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: At increased risk of falling due to seizure disorder and condition, uses safety belt & pelvic positioning belt & shoulder straps
Community Support: ☒ No ☐ Yes	Describe Supports: is accepting of assistance in the community, staff provide supervision, support & model pedestrian safety skills
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: May bite hand/wrist, bang head, pinch, bite, hit, yell, flail arms or legs, prolonged crying, if accepting of familiar persons
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	Allowed to express preferences, communication is honored, time to relax/naps, people watch, preferred staff, books & movies
Important for:	provided w/ options, encouraged to use communication, supported in staying awake, time to nap
Likes:	books, pictures, catalogs, videos, elevators, shelving, funny videos, flipping light switches, helping w/ ordering [illegible]
Dislikes:	Having to wait for things, others in his personal space, cares done by unfamiliar staff, not being center of attention

Lead Review Completed: Marie Sweeney

Staff: Amanda Diaz
Date: Oct. 25 2022

PAI

Service Recipient: TH
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1	Daily, Tyrel will answer yes or no using his adaptive signs when asked if he would like to lay down in the morning
Outcome #2:	Daily, Tyrel will lift his arms/elbows when staff tell him it is time to put his lap tray on
Communication Style:	Vocalizations & gestures
Learning Style:	routine and rep, verbal and physical cues upbeat tone

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Augmentin, Morphine, latex
Seizures: ☑ No ☐ Yes	Describe Supports: Tonic clonic/Grand Mal seizure has a protocol and PRN
Choking: ☑ No ☐ Yes	Describe Supports: NPO & suction located on back of his wheelchair
Specialized Diet: ☑ No ☐ Yes	Describe Supports: g-tube for nutrition and fluids
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Dandy Walker syndrome DNR/DNI: ☑ No ☐ Yes Hip Flekor spasms, Hydrocephalus w/shunt - symptoms Moderate intellectual disability
Medication at PAI: ☑ No ☐ Yes	Describe Supports: takes med via g-tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: uses disposable briefs, full support for cares full body sling left on during the day one staff Hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Increased falling due to seizure activity shoulder straps, safety belt & pelvic positioning belt while in wheelchair
Community Support: ☑ No ☐ Yes	Describe Supports: Staff ~~supp~~ provide ~~supp~~ supervision, support and practice all pedestrian safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May bite his hand/wrist, bang his head hit, pinch, or bite others, yell & have distressed vocalizations, May be offered PRN or quieter location
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: No alone time
Important to:	Allowed to express his preferences, communication honored, time to relax & nap
Important for:	given options, use communication, to stay awake, time to ~~rest~~ relax
Likes:	bowling, turning on and off lights, elevators, may give hugs, looking out windows
Dislikes:	having to wait, laying down, new staff doing cares, people in personal space, his picture taken

Lead Review Completed: Mainte Sweeny

Staff: Trey G

Date: 10/25/22

Service Recipient: Tyrel h

Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1	Daily Ty will answer yes or no using adaptive signs if he would like to lay down
Outcome #2:	Daily Ty will lift his arms and elbows when it is time to put on his lap Tray
Communication Style:	Vocalizations, Gestures, will point to what he wants
Learning Style:	routine and repetition. Verbal and physical cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augemantin, morphine and latex. building latex free.
Seizures: ☒ No ☐ Yes	Describe Supports: Partially controlled tonic/clonic Grand mal seizures. Arms stiffening and raising
Choking: ☒ No ☐ Yes	Describe Supports: physician ordered NPO. Ty has a suction machine at back of wheelchair.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Physician ordered diet for nutrition and fluids via G/J tube.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy walker syndrome, DNR/DNI: ☒ No ☐ Yes Constipation, Hip flexor spasms, moderate intellectual disability Pressure ulcer
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Takes meds via g/J tube. Concerns will be communicated to residence.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Utilizes disposable briefs, recieves full support. full body sling, in ceiling lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: increased risk of falling due to seizure disorder. accepting of full support.
Community Support: ☒ No ☐ Yes	Describe Supports: accepting of assistance in community. Staff provide supervision, support and safety skills.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may bite wrist/hand, bang his head, Pinch or bite others, yell or distressed vocalizations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	be allowed to express preference, relax/nap, people watch, books, or movies
Important for:	Options, use of communication, staying awake, Time to relax and nap
Likes:	books, elevators, bowling, funny videos, flipping light switches, stretching
Dislikes:	waiting, others in personal space, center of attention, cares with someone he doesn't know.

Lead Review Completed: Meredith Queen

Staff: Lisa Hartman

Date: 10-25-22

Service Recipient: Ty Horning

Service Span: Oct. 22-23

Outcomes:

Outcome #1 Daily, will answer Y/N using adapted signs when asked if kid like to lay down as I am. Lay down? Y do No do in pm

Outcome #2: will lift his arms/elbows when tell him it is time to put his laptray on time to put tray on & raise ask to verbally encourage

Communication Style: Vocalizations gestures points to what he wants short VERBAL directives Y/N & using adaptive signs

Learning Style: routine, repetition V + P over upbeat manner – no anther voice/scolding

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Augmentin, morphine, latex Concerns to residence
Seizures: ☑ No ☐ Yes	Describe Supports: partially controlled Tonic-clonic / ~~gen~~ Generalized PRN protocol 730 see report seizure
Choking: ☑ No ☐ Yes	Describe Supports: NPO suction machine back of w/c
Specialized Diet: ☑ No ☐ Yes	Describe Supports: g-tube for fluid + nutrition g/j tube Concerns + supply needs to home
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Dandy-Walker, constipation DNR/DNI: ☑ No ☐ Yes hip flexor spasms hydrocephalus, Mod. ID, pressure ulcer
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Med via g/j tube concerns w: non-sched. meds or supplies to residence
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable briefs - full support for cares full body sling - lift on trans. 1 staff via hoyer - calming lift + must be
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: ↑ due to seizure activity - lap tray - tailing & must be full support to move chair - straps, belts, shoulder straps
Community Support: ☑ No ☐ Yes	Describe Supports: assist. in comm. - supervision, support, ped. skills 911 in emergency
Sensory Support: ☑ No ☐ Yes N/A	List & Describe Supports: NA
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: bite wrist/hand, bang head, hit pinch others yell - will redirect & com. person - V for pain/illness - PRN as needed offer 1:1 in less stim. area
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: & unsupervised time
Important to: allow to express preferences people watch comm. is honored books to look at, socialize	
Important for: options, stay awake, time to relax + nap, use comm. skills	
Likes: looking through books & pictures, elevators, bowling, flipping lights on/off look out window videos - animated, laughing, sign	
Dislikes: having to wait, others in personal space, center of attention, pictures taken Cant tell by someone he does not know biting wrist, banging head headrest, walk etc	

Lead Review Completed: Maureen Sweeney

Staff: Maurita Sweeney

Date: October 25, 2022

Service Recipient: Tyrel Horning

Service Span: October 2022 to October 2023

Outcomes:

Outcome #1 Daily, Tyrel will answer yes or no using his adaptive signs when asked if he would like to lay down in the morning in 65% of trials until next review. In the AM, Ty will be asked if he would like to lay down. If he answers "yes" staff will assist him in laying down. If Ty answers "no" staff will help Ty lay down in the afternoon instead.
Outcome #2: Daily, Tyrel will lift his arms/elbows when staff tell him it is time to put on his lap tray in 65% of trials until next review. Staff will tell Ty its time to put on his lap tray. If Ty does not raise his arms to put on his lap tray, staff will ask him to. Staff will verbally encourage and ask Ty "can you raise them up a bit higher?" Staff will verbally thank and praise Tyrel if he puts forth effort to raise his arms higher.
Communication Style: Tyrel communicates with vocalizations, and gestures. Ty will point to a what he wants such as the window, mat table, or a peer to sit near and may vocalize to initiate communication. Ty understands short verbal directives and will answer yes or no questions using his adaptive signs.
Learning Style: Tyrel learns through routine and repetition. He is best supported with verbal and physical cues in an upbeat manner. Ty does not appreciate scolding or authoritative tones of voice.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, Morphine & Latex. Ty may use his adaptive sign for "no" if he sees balloons in the community. Tyrel will only receive medication he is prescribes. Tyrel's program building is Latex free. Concerns about allergies will be reported to the residence.
Seizures: ☒ No ☐ Yes	Describe Supports: Tyrel is diagnosed with Partially controlled Tonic Clonic/Grand Mal seizures. Ty has a physician ordered protocol and PRN. Ty's seizures present as 30 seconds or more of laughing or smiling and arms stiffening or raising, tongue may stick out, may be dazed with eyes glazed over or unresponsive. Staff are trained to seizure protocol and where to locate PRN medication. Ty may appear to have seizure activity under 30 seconds however his physician has determined that this is not seizure activity. Only activity greater than 30 seconds will be reported.
Choking: ☒ No ☐ Yes	Describe Supports: Ty has physician ordered NPO. Ty has a suction machine located on the back of his wheelchair for removal of visible secretions.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Tyrel has a physician ordered diet for nutrition and fluids via g/J tube. Concerns and supply requests are relayed to the residence.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy Walker Syndrome-staff will assist with fine motor skills and monitor for signs of stiffness, Constipation-staff will offer times to lay down and report concerns to residence, Hip Flexor Spasms-staff will offer time out of wheelchair, a pillow positioned on left footrest and use the strap on his left knee/thigh area and footrest strap, Hydrocephalus with shunt-symptoms of shunt malfunction indicated by Ty closing/squinting his eyes and banging his head, nausea or vomiting will be reported to residence, Moderate Intellectual Disability-staff will provide opportunities to develop skills and provide the highest level of structure and supervision, Pressure Ulcer-Ty is observed during cares for marks that do not fade, peeling, cracked, or bleeding skin, and repositioned every 2 hours. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Ty takes his medication via g/j tube. Concerns regarding nonscheduled medication administration or requests for supplies will be communicated to residence.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Tyrel utilizes the support of disposable briefs. Ty receives full support in completing his personal cares. He uses a full body sling that is left on during the day and transferred by one staff using a Hoyer or in ceiling lift and mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ty is at an increased risk of falling due to his seizure disorder and chronic conditions. Ty uses shoulder straps, a safety belt and pelvic positioning belt while in his wheelchair. He also has a lap tray that is used throughout the day but not required for transportation. When positioned on the mat table railings will be engaged anytime staff's body is not indirect contact with the mat table.

Lead Review Completed: _____

Staff: Courtney Kelly
Date: 10/25/2022

PAI

Service Recipient: Tyrel H
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1	Daily, answer yes or no to laying down in AM -ask in AM, honor choice, help lay down in afternoon instead
Outcome #2:	Daily, lift arms & elbows for laptop -ask, ask to raise higher, thank & praise
Communication Style:	vocal directions & gestures, pointing, adaptive signs
Learning Style:	routine & repetition, visual & physical cues in upbeat manner no scolding / authorative tones

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, morphine, latex listed on MAR, report concerns home
Seizures: ☒ No ☐ Yes	Describe Supports: Tonic/Grand mal protocol & PRN, only report greater than 30 seconds
Choking: ☒ No ☐ Yes	Describe Supports: NPO order, suction machine back of wheelchair
Specialized Diet: ☒ No ☐ Yes	Describe Supports: J/G tube / NPO - report concerns home
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Dandy walker, flexor spasms, constipation, hip flexor, pressure ulcer - time out of wheelchair, report concerns home
Medication at PAI: ☒ No ☐ Yes	Describe Supports: g/t tube, no scheduled meds @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance to mat table hoyer / in ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: increased risk - safety belts on wheelchair, assistance w/ transfers
Community Support: ☒ No ☐ Yes	Describe Supports: supervision, pedestrian safety, transportation, etc.
Sensory Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: bite/hit hand / head bang / yell / cry - redirection, PRN for pain, attention & 1:1 time
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: N/A
Important to:	preferences honored, relax & napping, people watch, books/movies
Important for:	provided options, encouraged to communicate, support in staying awake, time to nap
Likes:	pictures / catalogs, elevator, bowling, funny videos, light switches, stretching out on stomach, looking out windows, vibrations
Dislikes:	waiting, people in personal space, getting picture taken, center of attention

Lead Review Completed: Mariwa Sweeney

Staff: Paris D
Date: 10/25/22

PAI

Service Recipient: Tyrel H
Service Span: _____

Outcomes:

Outcome #1 Daily Tyrel will answer yes or no using adaptive signs when asked if he would like to lay down.
if ty answers no in a.m He will laydown in afternoon

Outcome #2 Daily Ty will raise if arms when asked to put his tray on

Communication Style:
Vocalizations, signs

Learning Style:
routine and repetition

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, Morphine and latex
Seizures: ☒ No ☐ Yes	Describe Supports: Partially controlled tonic-clonic grand mal
Choking: ☒ No ☐ Yes	Describe Supports: NPO Suction machine for removal of Secretions
Specialized Diet: ☒ No ☐ Yes	Describe Supports: g.E. j tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Dandy Walker Syndrome, Constipation, flexor Spasms
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Via g-tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: [redacted] Disposable briefs 1 person hoyer (full body sling)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lap tray, Seat belt, foot strap
Community Support: ☒ No ☐ Yes	Describe Supports: staff provide Supervision
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Give 1:1 time or pain may bite hand or others, crying or bang head
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: No unsupervised time

Important to:
Communication honored, movies, books

Important for:
having option, Staying awake for activities, nap time

Likes:
Picture books, bowling, elevators, funny videos

Dislikes:
Waiting, new people, being center of attention

Lead Review Completed: Maunda Sweeney

Staff: Katrina Y.
Date: 10/25/26

Service Recipient: Ty H.
Service Span: Oct 2022 - 23

Outcomes:

Outcome #1 Daily Ty will answer y/n using adaptive signs when asked to lay down in AM in 65% of trials
Outcome #2: Daily, Ty will lift arms when staff tells him its time to put on lap tray in 65% of trials
Communication Style: Vocalizations, gestures
Learning Style: routine, repetition; verbal/physical cues

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: augmentin, morphine, latex
Seizures: ☑ No ☐ Yes	Describe Supports: Tonic-clonic/Grand Mal seizures, physician ordered protocol + PRN
Choking: ☑ No ☐ Yes	Describe Supports: NPO; suction machine for visible secretions
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Physician ordered diet for nutrition/fluids via g-j tube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Hydrocelphalus w/shunt symptoms of shunt malfunction, mod intellect disability Dandy-Walker syndrome, constipation, hip flexor spasms
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Via G/J tube
Personal Cares: ☑ No ☐ Yes	Describe Supports: 1x w/ Hoyer or ceiling lift Disposable briefs, full support in cares, full body sling
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: pelvic positioning belt; lap tray increased risk due to seizures; shoulder straps, safety belt
Community Support: ☑ No ☐ Yes	Describe Supports: Staff model pedestrian skills, provide supervision
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: n/a
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yell/distressed vocalizations may bite hand/wrist, bang head, hit, pinch, bite others
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: no unsupervised time
Important to: express preferences, communication is honored, time to relax/nap, people watch	
Important for: provided options, uses communication, staying awake, time to relax/nap	
Likes: books w/pictures, riding elevators, bowling, action/funny videos	
Dislikes: waiting, invasion of personal space, assisted by someone he doesn't know	

Lead Review Completed: Marita Sweeney

Staff: Ashleigh Shirley

Date: October 25, 2022

Service Recipient: Tyrel Horning

Service Span: October 2022 to October 2023

Outcomes:

Outcome #1 Daily, Tyrel will answer yes or no using his adaptive signs when asked if he would like to lay down in the morning in 65% of trials until next review. In the AM, Ty will be asked if he would like to lay down. If he answers "yes" staff will assist him in laying down. If Ty answers "no" staff will help Ty lay down in the afternoon instead.
Outcome #2: Daily, Tyrel will lift his arms/elbows when staff tell him it is time to put on his lap tray in 65% of trials until next review. Staff will tell Ty its time to put on his lap tray. If Ty does not raise his arms to put on his lap tray, staff will ask him to. Staff will verbally encourage and ask Ty "can you raise them up a bit higher?" Staff will verbally thank and praise Tyrel if he puts forth effort to raise his arms higher.
Communication Style: Tyrel communicates with vocalizations, and gestures. Ty will point to a what he wants such as the window, mat table, or a peer to sit near and may vocalize to initiate communication. Ty understands short verbal directives and will answer yes or no questions using his adaptive signs.
Learning Style: Tyrel learns through routine and repetition. He is best supported with verbal and physical cues in an upbeat manner. Ty does not appreciate scolding or authoritative tones of voice.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, Morphine & Latex. Ty may use his adaptive sign for "no" if he sees balloons in the community. Tyrel will only receive medication he is prescribes. Tyrel's program building is Latex free. Concerns about allergies will be reported to the residence.
Seizures: ☒ No ☐ Yes	Describe Supports: Tyrel is diagnosed with Partially controlled Tonic Clonic/Grand Mal seizures. Ty has a physician ordered protocol and PRN. Ty's seizures present as 30 seconds or more of laughing or smiling and arms stiffening or raising, tongue may stick out, may be dazed with eyes glazed over or unresponsive. Staff are trained to seizure protocol and where to locate PRN medication. Ty may appear to have seizure activity under 30 seconds however his physician has determined that this is not seizure activity. Only activity greater than 30 seconds will be reported.
Choking: ☒ No ☐ Yes	Describe Supports: Ty has physician ordered NPO. Ty has a suction machine located on the back of his wheelchair for removal of visible secretions.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Tyrel has a physician ordered diet for nutrition and fluids via g/J tube. Concerns and supply requests are relayed to the residence.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy Walker Syndrome-staff will assist with fine motor skills and monitor for signs of stiffness, Constipation-staff will offer times to lay down and report concerns to residence, Hip Flexor Spasms-staff will offer time out of wheelchair, a pillow positioned on left footrest and use the strap on his left knee/thigh area and footrest strap, Hydrocephalus with shunt-symptoms of shunt malfunction indicated by Ty closing/squinting his eyes and banging his head, nausea or vomiting will be reported to residence, Moderate Intellectual Disability-staff will provide opportunities to develop skills and provide the highest level of structure and supervision, Pressure Ulcer-Ty is observed during cares for marks that do not fade, peeling, cracked, or bleeding skin, and repositioned every 2 hours. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Ty takes his medication via g/j tube. Concerns regarding nonscheduled medication administration or requests for supplies will be communicated to residence.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Tyrel utilizes the support of disposable briefs. Ty receives full support in completing his personal cares. He uses a full body sling that is left on during the day and transferred by one staff using a Hoyer or in ceiling lift and mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ty is at an increased risk of falling due to his seizure disorder and chronic conditions. Ty uses shoulder straps, a safety belt and pelvic positioning belt while in his wheelchair. He also has a lap tray that is used throughout the day but not required for transportation. When positioned on the mat table railings will be engaged anytime staff's body is not indirect contact with the mat table. Ty is accepting of full support in propelling his wheelchair and securing his seatbelt, positioning belt, and shoulder straps. Ty is assisted by one staff and the use of a Hoyer or in ceiling lift. In the event of an

Lead Review Completed:

Staff: Tristen Lossung

Date: 11.4.22

Service Recipient: T.H.

Service Span: Oct. 2022-23

Outcomes:

Outcome #1 Daily, he will answer yes/no using adaptive signs, when asked if he'd like to lay down in the A.M. -asked -give time -Honor comm.
Outcome #2: Daily, he will lift his arms & elbows when staff tell him it's time to put lap tray on.
Communication Style: Vocalizations, gestures, point, adaptive sign.
Learning Style: routine & rep.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, morphin, & Latex
Seizures: ☒ No ☐ Yes	Describe Supports: Partially controlled tonic clonic/Grand mal seizures. PRN, protocol.
Choking: ☒ No ☐ Yes	Describe Supports: NPO, suction machine
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nutrition & fluids via g/j tube
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy walker syndrome, constipation, flexor spasms, hydrocephalus DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Medication via g/j tube
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable briefs, full support, Hoyer/ceiling lift mat table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: shoulder straps, safety belt, and pelvic positioning belt.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community.
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Due to frustration may, bite, bang head, pinch, and/or vocalize
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None Here
Important to: Comm. honored, time to relax, and people watch	
Important for: provided options, encouraged to comm., & stay awake	
Likes: Boots, Bowling & flipping light switches.	
Dislikes: having to wait, picture taken, and being center of attention.	

Lead Review Completed: AS

Staff: Ser B

Date: 1/4/22

PAI

Service Recipient: Ty

Service Span:

Outcomes:

Outcome #1 Daily yes or no using adaptive signs to lay down in the AM.

ask Ty if he would like to lay down "yes or no"

Outcome #2: Daily Ty will left arms/elbows to put tray on. J 65%

will raise his arms to put on lap tray. say "can u raise them higher" "Thank you"

Communication Style:
Vocalizations and gestures short verbal ones yes or no signs.

Learning Style:
Routine & Rep

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Augmentin morphine latex
Seizures: ☑ No ☐ Yes	Describe Supports: partially controlled Tonic/grand mal seizures. PRN protocol
Choking: ☑ No ☐ Yes	Describe Supports: NPO suction machine back of chair.
Specialized Diet: ☑ No ☐ Yes	Describe Supports: physican order diet of nutrition fluids gtube
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: Dandy walker syndrome constipation Alex spasms. Hydrocephalus moderate Intellectual Disability. Pressure ulcer DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: meds via gtube
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable full support full body sling.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Shoulder straps safety belt pelvic belt lap tray.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the community
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Bite wrist/hand bangs head pinch or bites others clothes & stairs
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: N/A

Important to:
Communication honored time to relax people watch. Books movie 10/10 ok at

Important for:
provided options encourage to use his comm. staying awake. relax & nap

Likes:
Books bowling relaxing, music videos light switches

Dislikes:
having to wait pictures taken center of attention.

Lead Review Completed: AS

Staff: Maurita Sweeney

Date: October 25, 2022

Service Recipient: Tyrel Horning

Service Span: October 2022 to October 2023

Outcomes:

Outcome #1 Daily, Tyrel will answer yes or no using his adaptive signs when asked if he would like to lay down in the morning in 65% of trials until next review. In the AM, Ty will be asked if he would like to lay down. If he answers "yes" staff will assist him in laying down. If Ty answers "no" staff will help Ty lay down in the afternoon instead.
Outcome #2: Daily, Tyrel will lift his arms/elbows when staff tell him it is time to put on his lap tray in 65% of trials until next review. Staff will tell Ty its time to put on his lap tray. If Ty does not raise his arms to put on his lap tray, staff will ask him to. Staff will verbally encourage and ask Ty "can you raise them up a bit higher?" Staff will verbally thank and praise Tyrel if he puts forth effort to raise his arms higher.
Communication Style: Tyrel communicates with vocalizations, and gestures. Ty will point to a what he wants such as the window, mat table, or a peer to sit near and may vocalize to initiate communication. Ty understands short verbal directives and will answer yes or no questions using his adaptive signs.
Learning Style: Tyrel learns through routine and repetition. He is best supported with verbal and physical cues in an upbeat manner. Ty does not appreciate scolding or authoritative tones of voice.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Augmentin, Morphine & Latex. Ty may use his adaptive sign for "no" if he sees balloons in the community. Tyrel will only receive medication he is prescribes. Tyrel's program building is Latex free. Concerns about allergies will be reported to the residence.
Seizures: ☒ No ☐ Yes	Describe Supports: Tyrel is diagnosed with Partially controlled Tonic Clonic/Grand Mal seizures. Ty has a physician ordered protocol and PRN. Ty's seizures present as 30 seconds or more of laughing or smiling and arms stiffening or raising, tongue may stick out, may be dazed with eyes glazed over or unresponsive. Staff are trained to seizure protocol and where to locate PRN medication. Ty may appear to have seizure activity under 30 seconds however his physician has determined that this is not seizure activity. Only activity greater than 30 seconds will be reported.
Choking: ☒ No ☐ Yes	Describe Supports: Ty has physician ordered NPO. Ty has a suction machine located on the back of his wheelchair for removal of visible secretions.
Specialized Diet: ☒ No ☐ Yes	Describe Supports: Tyrel has a physician ordered diet for nutrition and fluids via g/J tube. Concerns and supply requests are relayed to the residence.
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Dandy Walker Syndrome-staff will assist with fine motor skills and monitor for signs of stiffness, Constipation-staff will offer times to lay down and report concerns to residence, Hip Flexor Spasms-staff will offer time out of wheelchair, a pillow positioned on left footrest and use the strap on his left knee/thigh area and footrest strap, Hydrocephalus with shunt-symptoms of shunt malfunction indicated by Ty closing/squinting his eyes and banging his head, nausea or vomiting will be reported to residence, Moderate Intellectual Disability-staff will provide opportunities to develop skills and provide the highest level of structure and supervision, Pressure Ulcer-Ty is observed during cares for marks that do not fade, peeling, cracked, or bleeding skin, and repositioned every 2 hours. DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Ty takes his medication via g/j tube. Concerns regarding nonscheduled medication administration or requests for supplies will be communicated to residence.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Tyrel utilizes the support of disposable briefs. Ty receives full support in completing his personal cares. He uses a full body sling that is left on during the day and transferred by one staff using a Hoyer or in ceiling lift and mat table.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ty is at an increased risk of falling due to his seizure disorder and chronic conditions. Ty uses shoulder straps, a safety belt and pelvic positioning belt while in his wheelchair. He also has a lap tray that is used throughout the day but not required for transportation. When positioned on the mat table railings will be engaged anytime staff's body is not indirect contact with the mat table.

Lead Review Completed: _____

Staff: Alfredo Tierra-Montes
Date: 11/14/22

Service Recipient: Tyrel Horning
Service Span: October 22-23

Outcomes:

Outcome #1 Daily, Tyrel will answer yes or no using his adaptive signs when asked if he would like to lay down in the morning.

In the AM, Ty will [redacted] be asked. If "yes" staff assist.

Outcome #2: Daily, Tyrel will lift his arms/elbows when staff put on lap tray.

Staff tell Ty it's time to put on lap tray. If Ty doesn't raise arms, staff ask him to.

Communication Style:

Vocalizations, Gestures, pointing, adaptive signs.

Learning Style:

Routine, Repitition, Verbal/physical cues.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Augmentin, Morphine, Latex. Concerns reported to residence.
Seizures: ☑ No ☐ Yes	Describe Supports: Partially controlled Tonic Clonic/Grand Mal. Protocol + PRN.
Choking: ☑ No ☐ Yes	Describe Supports: Physician ordered NPO. Suction machine on back of wheelchair.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: Physician ordered diet for nutrition + fluids via g/j tube.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Hydrocephalus, Moderate Intellectual Disability, Pressure Ulcer. Dandy Walker Syndrome, Constipation, Hip Flexor Spasms.
Medication at PAI: ☑ No ☐ Yes	Describe Supports: Takes meds via g/j tube. Concerns or supply requests communicated to home.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable briefs, full support, full body sling, Hoyer/ceiling lift.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Risk of falling due to seizure/chronic conditions. Shoulder straps + Lap belt.
Community Support: ☑ No ☐ Yes	Describe Supports: Ty is accepting of assistance in community. Staff provide supervision.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May yell or have distressed vocalizations. Ty may bite his hand/wrist, bang his head, pinch or bite others.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: None.

Important to: People watching, preferred staff to interact with, books + movies. Ty be allowed to express preferences, communication is honored, time to relax/nap.

Important for:

That Ty is provided with options, encouraged to communicate, staying aware.

Likes:

Looking through books w/pictures, riding elevators, bowling, funny videos.

Dislikes:

Having to wait, others in his personal space, unfamiliar staff, having picture taken.

Lead Review Completed: AS

Staff: Cindy Boy
Date: 11/4/22

Service Recipient: Tyrel H
Service Span: Oct-22/23

Outcomes:

Outcome #1 Daily, Ty will answer yes/no at least using adaptive sign when asked if he would like to lay down.

Outcome #2: Staff will tell Ty time to put on lap tray. If Ty doesn't raise arms Staff will verbally prompt

Communication Style:
Vocalizations, gestures, adaptive signs.

Learning Style:
Routine, Repetition, Verbal/Physical Cues.

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Augmentin, Morphine Later.
Seizures: ☑ No ☐ Yes	Describe Supports: Partially Controlled Tonic Clonic/Grand mal. PRN protocol
Choking: ☑ No ☐ Yes	Describe Supports: NPOS Suction machine back of Chair
Specialized Diet: ☑ No ☐ Yes	Describe Supports: Physician ordered diet via g/j tube.
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes Hydrocephalus, moderate intellectual disab. kidney, pressure ulcer. Dandy Walker Syndrome, Constipation, Hip flexor Spasms
Medication at PAI: ☒ No ☐ Yes	Describe Supports: Meds via g-tube.
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable briefs, full support, baby shower, Hoyer
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Risk of falls due to seizures, Chronic Contractions Shoulder straps, lap belt
Community Support: ☑ No ☐ Yes	Describe Supports: Staff Supervision at all times in Community.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may yell, bite hand, wrist, bang head on couch/bite pens.
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: None

Important to:
Regular watching, preferred staff to interact with, tactile movies.

Important for:
Provided with options, encouraged to communicate, staying awake

Likes:
Books, pictures, elevators, bowling, funny videos

Dislikes:
Waiting, others in his personal space, unfamiliar staff

Lead Review Completed: AS