

Staff: Rebecca Lepley

Date: 11-1-22



Service Recipient: Olivia Moore

Service Span: Apr 22 - Apr 23

Outcomes:

Outcome #1:	Daily, Olivia will bring her nutritional supplement to the medication table + independently hold onto her syringe during her feedings for 12 months over an average of 55% or more of trials
Outcome #2:	Daily, Olivia will use an adaptive sign to indicate she needs person or care assistance in 85% of all trials over a 12 month period
Communication Style:	Vocalization, body language & gestures or facial expressions
Learning Style:	auditory, visual & kinesthetic - learns through routine

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder that is controlled w/ med. Physical ordered protocol w/ pin med. Appears still, low grade
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO to prevent chokes. Staff assist Olivia by administering g-tube feed + ensure nitew. order
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order - all nutrition via G-tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: cerebral palsy, chronic lung disease, moderate intellectual disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Olivia does not currently receive vob, scheduled meds while at PAI. Has a seizure plan
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes disposable brief + man stand while brief is being changed. Also man be assisted to mat table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walks independently - man have difficulty maneuvering uneven or icy terrain.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: :) in community.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment + mild hearing loss. Staff assist in cleaning + maintaining her glasses as needed
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Relaxing in chair or recliner, having wishes be respected by staff & caregivers, music, her keyboard
Important for:	getting out of the chair to walk, working w/ garville, staff being encouraged to be independent, her seizure protocol, dietary order
Likes:	Recliner w/ a blanket, listening to music, being read to, sushis per walls, playing the keyboard
Dislikes:	Participating in activities she does not have interest in, loud noises, not having time to relax, having to wait

Staff: Morgan B.

Date: 11/1/22



Service Recipient: Olivia M.

Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: bring nutritional supplement ~~to~~ ^{to med} table and hold ~~on~~ ^{on} to her syringe

Outcome #2: use sign to indicate needing to use bathroom

Communication Style: vocalizations, body language, gestures

Learning Style: visual, kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled w/ meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order</u>
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral palsy, chronic lung disease, intellectual disability</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure PRN, if meds, pass via G-tube</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, may stand/use mat table</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk independently</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community, physical support in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, mild hearing loss</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>none</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>
Important to:	<u>relaxing in recliner, having wishes respected, her keyboard</u>
Important for:	<u>walking, working w/ familiar staff, dietary orders</u>
Likes:	<u>recliner w/ blanket, listens to music, playing keyboard</u>
Dislikes:	<u>loud noises, having to wait, no relaxation time</u>

Staff: Jill Sales
 Date: 11-22



Service Recipient: Olivia Moore
 Service Span: April 22 - April 23

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional supplement to the medication table + independently hold onto her syringe during feedings for 12 months overall average 85% trials

Outcome #2: Daily, Olivia will use an adaptive sign to indicate she needs personal assistance in 85% trials in 12 months

Communication Style: vocalizations, body language and gestures, and facial expressions.

Learning Style: auditory, visual, kinesthetic, she learns through repetition

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>na</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder controlled by meds. Olivia hasn't had one in years but has plan.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physician order NPO to prevent choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO - all nutrition given by G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, chronic lung disease, moderate intellectual disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no current meds @ PAI. Has seizure PRN, staff to pass med via g-tube.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable briefs and catheter stand while changing, may also use mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walks independently, may difficult uneven terrain</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>vision impairment + mild depression hearing loss</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>na</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>na</u>

Important to: relaxing in chair or recliner, having wishes respected by staff, ^{keyboard} keyboard

Important for: getting out of her chair to walk, working with familiar staff, seizure protocol, dietary orders

Likes: recliner w/ blanket, listening to music, being read to, walks ^{keyboard} keyboard

Dislikes: participating in activities she does not have interest in, loud noises, not having time to relax, having to wait

Staff: Reshma K
 Date: 11/1/22



Service Recipient: Oliver Alon
 Service Span: 4/22-4/23

Outcomes:

Outcome #1:	Dhy. Oliver will bring her up fresh supplement to the kitchen table & independently hold on to her fringe dry food. Arise more often overall average or more of all trials.
Outcome #2:	Dhy. Oliver will use an adaptive sign to indicate she needs personal care assistance.
Communication Style:	Verbalization, body language & gestures & facial expressions.
Learning Style:	auditory, visual & kinesthetic. she learns by grouping.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder history, comprehensive med. care, 24 hr. seizure protocol, typical seizure - appears still, low gaze, eye to eye movement, head at rest.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NP, all unknowns etc. NGT.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>ASD, autism via NGT</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>OP chronic by disease, medical DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u> <u>in intellectual disability</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Does not receive meds at PAI, she has seizure plan</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>utilizes disposable briefs & my grandchild helps with briefs, my assistance to be not able to complete personal cares</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Walk independently but by low difficulty necessarily abfraction or 19 terraces</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>in her own community staff will provide for her safety</u> <u>in her community & appropriate resources safety</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Visual, auditory & mild hearing loss, staff assist in clearing & identifying the status of needs & ensure safety</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>self out of her chair to walk, working with female staff, get encouraged to be independent, some perfect, diet & order.</u>
Important for:	<u>relaxing & by day in a chair, long by with respect by staff and caregiver music on keyboard.</u>
Likes:	<u>relax with female staff, listening to music, being read to, SOAP for walks, physical therapy</u>
Dislikes:	<u>participating in activities she does not have interest in, loud noises, not having time to relax, being to work.</u>

Staff: Laura Stacken

Date: 10/1/2022



Service Recipient: Olivia Moore

Service Span: April 22 - April 2023

Outcomes:

Outcome #1:	Daily, Olivia will bring her Nutritional Supplement to the medication table & independently hold onto her syringe during feeding for 12 months.
Outcome #2:	Daily, Olivia will use an adaptive sign to indicate she needs Personal care assistance in 85%
Communication Style:	Vocalizations, body language, & facial expressions Gestures.
Learning Style:	auditory, visual, & kinesthetic. She learns through Routine

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder that is controlled w/ meds.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physicians ordered NPO to prevent choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order, all nutrition given via g-tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral Palsy, Chronic lung disease, mod intellectual Disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Olivia does not currently receive regularly scheduled meds.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes disposable brief & may have difficulty maneuvering unassisted or icy terrain.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walk independently may have difficulty maneuvering even on icy terrain.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment & mild hearing loss
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: by Staff & Caregivers:	Relaxing in the chair or recliner, having wishes be respected, music, her keyboard.
Important for: encouraged:	getting out of her chair to walk, working w/ familiar staff, being seizure protocols, dietary orders.
Likes:	Recliner w/ a blanket, listening to music, being read to, going for walk
Dislikes:	Participating in activities, she does not have interest in. Loud noises, not having time to relax, having to wait

Staff: Tiffany Taylor

Date: 11/1/22

UAV.



Service Recipient: Olivia Moore

Service Span: April 2022 to April 2023

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional supplement to the medication table and independently hold onto her syringe during feeding for 12 month overall average of 55% or more of all trials.

Outcome #2: Daily, Olivia will use an adaptive sign to indicate she needs personal care assistance in 85% of all trials over a 12 month period.

Communication Style: vocalizations, body language and gestures, and facial expressions

Learning Style: auditory, visual, and kinesthetic. She learns through routine.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder that is controlled with medication. Olivia has not had a seizure in years however she has a physician ordered Seizure Protocol with PRN medication. Typical seizure presents as appearing still, low gaze, eye rapidly move, and will not react to staff. -Staff are trained to seizure protocol and a trained med passer with administer PRN if needed.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: physicians ordered NPO to prevent choking -Staff assist Olivia by administering her g-tube feedings and ensuring she does not eat orally
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order, all nutrition given via g-tube -Staff are trained on g-tubes prior to working with Olivia and follow Olivia's dietary orders
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral Palsy, Chronic Lung Disease, Moderate Intellectual Disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes -Staff report concerns regarding Olivia medical conditions and visually monitor Olivia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Olivia does not currently receive regularly scheduled meds while at PAI. Olivia does have a seizure PRN prescribed as part of her seizure protocol. Should she be prescribed a med, staff pass via g-tube.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes disposable brief and may stand while her brief is being changed. May also be assisted to the mat table to complete personal cares. -Staff assist Olivia to wear clean and dry clothing
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walk independently- may have difficulty maneuvering uneven or icy terrain. Olivia will alert staff by vocalizing or becoming apprehensive when she is walking on or around terrain or obstacles that makes her feel uncomfortable.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community- staff provide physical support in the community and demonstrate appropriate pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment and mild hearing loss- Staff assist her in cleaning and maintaining her glasses as needed and ensure her safety
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA

Staff: Erin Sandstrom
 Date: 11.1.22



Service Recipient: OLIVIA MOORE
 Service Span: April 22 - April 23

Outcomes:

Outcome #1: DAILY, OLIVIA WILL BRING HER NUTRITIONAL SUPPLEMENT TO MSD TABLE AND INDEPENDENTLY HOLD HER SYRINGE.

Outcome #2: DAILY, OLIVIA WILL USE ADAPTIVE SIGN TO INDICATE SHE NEEDS PERSONAL CARES.

Communication Style: VISUALIZATIONS, BODY LANGUAGE, GESTURES, FACIAL EXPRESSIONS

Learning Style: AUDITORY, VISUAL, KINESTHETIC, ROUTINE

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>SEIZURE DISORDER - PRN MSD</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO ORDER</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO ORDER - NUTRITION VIA G-TUBE</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, CHRONIC LUNG DISEASE, MODERATE INTELLECTUAL DISABILITY</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO MEDS AT PAI, SEIZURE PRN</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>DISPOSABLE BRIEF,</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>INDEPENDENT, ASSIST ON UNEVEN TERRAIN</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>VISION IMPAIRMENT, HEARING LOSS</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Important to:	<u>RELAXING ON CHAIR OR RECLINER, RESPECTED, MUSIC KEYBOARD</u>	
Important for:	<u>GETTING OUT OF HER CHAIR, WORKING W/ FAMILIAR STAFF, INDEPENDENT SEIZURE PROTOCOL</u>	
Likes:	<u>RECLINER W/ BLANKET, MUSIC, BEING READ TO, KEYBOARD</u>	
Dislikes:	<u>PARTICIPATE IN ACTIVITIES SHE DOES NOT HAVE INTEREST IN. HAVING TO WAIT</u>	

Staff: Colette Rice

Date: 11.1.22



Service Recipient: Olivia Moore

Service Span: April 22 → 23

Outcomes:

Outcome #1: <u>Daily Olivia will bring feeding and meds to table and hold her syringe during feeding.</u>
Outcome #2: <u>Daily use a adaptive sign to indicate she needs care assistance.</u>
Communication Style: <u>vocalizations, body language, gestures facial expressions</u>
Learning Style:

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizure disorder Controlled w/ meds has not had seizures in years</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist olivia by administering g-tube and ensuring she does not eat orally</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order, nutrition given via g-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>CP, Chronic lung disease moderate Intellectual disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no pres meds @ PAI does have seizure PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>disposable brief, stand while being changed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk independently</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lil in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>vision impairment, mild hearing loss</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>relax in recliner, music, keyboard</u>
Important for:	<u>getting out of chair to walk seizure protocol, dietary orders</u>
Likes:	<u>recliner w/ blanket, music, being read to</u>
Dislikes:	<u>loud noises, having to wait, not being able to relax</u>

Staff: Shelly Nicrad



Service Recipient: Olivia Moore

Date: 11-02-2022

Service Span: 04/22 - 04/23

Outcomes:

Outcome #1: Olivia bring Nutren 1.0 to table and independently hold onto syringe during feeding.

Outcome #2: Use adaptive sign to indicate she needs personal care assist.

Communication Style: Vocalizations, Body Lang, Gestures, face exp

Learning Style: Auditory, Visual, Kinesthetic, Routine

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>seizure disorder controlled w/ meds. follow protocol.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO Order - use g-tube</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order - everything thru b-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>CP, Chronic Lung disease, Moderate Intellectual disability</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Stands, may use mat table.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Walks independently - careful on ice</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>VISION impairment, mild hearing loss.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Relaxing in recliner, music, Keyboard seizure protocol.

Important for: getting out of chair independence, dietary orders, seizure protocol

Likes: recliner w/ Blanket, listening to music, being read to, Keyboard.

Dislikes: participating in activities, loud noises, having to wait.

Staff: Emily Olson

Date: 11/1/22



Service Recipient: Olivia Moore

Service Span: 4/22-4/23

Outcomes:

Outcome #1: daily, Olivia will bring her nutritional supplement to the medication table and independently hold onto her syringe during feeding for 12 month overall average of 55% or more of all trials.

Outcome #2: daily, olivia will use an adaptive sign to indicate she needs personal care assistance in 85% of all trials over a 12-month period.

Communication Style: vocalizations, body language and gestures, and facial expressions.

Learning Style: auditory, visual, + kinesthetic (she learns through routine)

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder, controlled with medication. olivia has not had a seizure in years however she has a protocol and a PRN. (Still, low gaze, eyes rapidly move, + won't react).
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO to prevent choking - Gtube
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Npo order - Gtube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: CP, Chronic lung disease, moderate intellectual disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: doesn't currently receive regularly scheduled meds while @PAI. Does have Seizure PRN (via Gtube)
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, will stand while being changed or be assisted onto mat table for cares
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk independently - may have difficulty maneuvering uneven or icy terrain. Olivia will alert staff by vocalizing or becoming apprehensive when uncomfortable.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment + mild hearing loss - staff help clean her glasses
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: N/A
Important to:	relaxing in the chair or recliner, having wishes be respected by staff/caregivers, music, her keyboard
Important for:	getting out of her chair to walk, working with familiar staff, being encouraged to be independent, seizure protocol, dietary orders
Likes:	recliner w/ blanket, listening to music, being read to, going for walks, playing the keyboard
Dislikes:	participating in activities she dislikes, loud noises, not having time to relax, waiting

Staff: Sommer
 Date: 11-1-22



Service Recipient: Olivia M
 Service Span: April 22 - April 23

Outcomes:

Outcome #1
 Daily Olivia will bring her nutrition to the med table and indep hold onto her syringe during feeding

Outcome #2:
 Daily Olivia will use adaptive sign to indicate she needs personal care assistance

Communication Style:
 Vocalization, body lang, gestures, facial expressions

Learning Style:
 Auditory, visual, kinesthetic, learns through routine

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: controlled w/ meds, no seizure in years, typical seizure presents as being still, low gaze, eyes rapidly move
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: *NPO Staff assist Olivia by administering her g tube
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO - trained on g tubes
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes CP, Chronic lung disease, moderate intellectual disability
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: does not require meds @ PAI, does have prn for seizures
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brace, may stand, also may use med table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walks independently, may have difficulty on uneven, icy terrain
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment, mild hearing loss Staff assist in cleaning glasses
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	Relaxing in chair or recliner, music, keyboard
Important for:	getting out of chair, working w/ familiar staff
Likes:	recliner w/ blanket, listening to music, walks
Dislikes:	having to wait, relax, loud noises

Staff: Marisa Hefchler

Date: 11/01/2022



Service Recipient: Olivia Moore

Service Span: April 22 - April 23

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional supplement to the medication table hold onto her syringe during feeding

Outcome #2: Daily, Olivia will use an adaptive sign to indicate the needs personal care assistance

Communication Style: vocalizations, body language & gestures and facial expressions

Learning Style: Auditory, Visual & Kinesthetic

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder controlled with med. No had seizure in a year. Typical seizure low gaze, eye rapidly move and will not react to staff
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO to prevent choking
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order, ALL nutrition given via g-tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: cerebral palsy, chronic lung disease, intellectual disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes severe/moderate
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO meds at PAI. has seizure PRN. Pass meds prescribed via g-tube
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief & may stand while her brief being changed also may assist to the mat table
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO meds at PAI walk independently. will alert staff by vocalizing
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: vision impairment and mild hearing loss - staff assist her in cleaning & maintain glasses as needed
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Important to:	Relaxing in chair, having wishes be respected music (her keyboard)
Important for:	getting out of her chair to walk, working with familiar staff, encourage to be independent, seizure protocol, dietary order
Likes:	recliner with blanket, listening music, head to going for walk, keyboard
Dislikes:	not participate, loud noises, no relax time, waiting

Staff: Angel Cox
 Date: 11/1/22



Service Recipient: Olivia M
 Service Span: 4/22 - 4/23

Outcomes:

Outcome #1: Daily Olivia will bring her nutritional supplement to the Med take and independently hold her syringe during feeding for 12 months.

Outcome #2: Daily Olivia will use an adaptive sign to indicate she needs personal care assistance

Communication Style: Vocalizations, Body Language, Gestures, Facial Expressions

Learning Style: Auditory, Visual, Kinesthetic, Routines

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Controlled by meds No seizure in yrs. Has PRN low gaze, rapid eye movement, No reaction to dog</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians Order - NPO, G-Tube</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO, Nutrition via G-Tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Moderate Intellectual Disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Cerebral Palsy, Chronic Lung Disease</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Regular Meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses briefs, wipe stand Staff assist w/ clean</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Walks independently, may need staff assistance with vocalization hesitant</u> <u>both</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Protect and Serve</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Vision Impairment Mild hearing loss</u> <u>clean glasses</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>
Important to:	<u>Relaxing in recliner, Music, Keyboard</u>
Important for:	<u>Getting out of chair to walk, Familiar staff encourage to</u>
Likes:	<u>Recliner w/ blanket, Peaches, Walks (Be independent)</u>
Dislikes:	<u>Loud noises, not being able to relax.</u> <u>Waiting</u>

Staff: Natalie Johnson
 Date: 11-3-2022



Service Recipient: Olivia Moore
 Service Span: April 22-23

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional supplement to the med table and hold onto her syringe during feeding for 12 month overall average of 55% or more of all trials.

Outcome #2: Daily, Olivia will use an adaptive sign to indicate she needs personal care assistance

Communication Style: vocalizations, baby language and gestures, and facial expressions

Learning Style: auditory, visual and kinesthetic. She learns through routine.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure disorder that is controlled w/ med. Has seizure protocol w/ a PRN med
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order, all nutrition via g-tube
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral palsy, chronic long term moderate intellectual disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Seizure PRN
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, will stand while being changed
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walk independently - may have difficulty on leg or uneven terrain
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nil in community. Staff provide physical support and safety
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment and mild hearing loss
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to: relaxing in a chair or recliner, music, keyboard	
Important for: walking, working w/ familiar staff, encouraged to be independent seizure protocol, dietary orders	
Likes: recliner w/ blanket, listening to music, being read to, going for walks, playing the keyboard.	
Dislikes: participating in activities she does not have interest in, loud noise, not having time to relax, having to wait.	

Staff: Kylla
 Date: _____



Service Recipient: Olivia M
 Service Span: April 22 - 23

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional Supplement to the med table and independently hold onto her syringe during feeding

Outcome #2: Daily, Olivia will use an adaptive sign to indicate she needs personal care assistance

Communication Style:
Vocalizations, body language + gestures and facial expressions

Learning Style:
Auditory, Visual + Kinesthetic + Routine

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Seizures disorder controlled by meds</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Physicians ordered NPO to prevent choking</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NPO order, all nutrition given via G-tube</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Cerebral Palsy, chronic Lung Disease, Moderate Intellectual Disability</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Olivia does not currently receive reg scheduled meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Disposable brief, may stand while brief being changed may be assisted to the mat table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk independently, may have difficulty maneuvering uneven or icy terrain</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>VISION impairment + mild hearing loss glasses</u> staff assist her cleaning her
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to:
Relaxing in the chair or recliner, having wishes respected, music, her keyboard

Important for:
Getting out her chair to walk, working with familiar staff, being independent

Likes:
Recliner w/ her blanket, listening to music, being read to, going for walks

Dislikes:
Participating in activities she does not have interest in, loud noises

Staff: Maddy K



Service Recipient: Olivia Moore

Date: _____

Service Span: April 2022 to April 2023

Outcomes:

Outcome #1: Daily, Olivia will bring her nutritional supplement to the medication table and independently hold onto her syringe during feeding for 12 month overall average of 55% or more of all trials.

Outcome #2: Daily, Olivia will use an adaptive sign to indicate she needs personal care assistance in 85% of all trials over a 12 month period.

Communication Style: vocalizations, body language and gestures, and facial expressions

Learning Style: auditory, visual, and kinesthetic. She learns through routine.

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: seizure disorder that is controlled with medication. Olivia has not had a seizure in years however she has a physician ordered Seizure Protocol with PRN medication. Typical seizure presents as appearing still, low gaze, eye rapidly move, and will not react to staff. -Staff are trained to seizure protocol and a trained med passer with administer PRN if needed.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: physicians ordered NPO to prevent choking -Staff assist Olivia by administering her g-tube feedings and ensuring she does not eat orally
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO order, all nutrition given via g-tube -Staff are trained on g-tubes prior to working with Olivia and follow Olivia's dietary orders
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Cerebral Palsy, Chronic Lung Disease, Moderate Intellectual Disability DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes -Staff report concerns regarding Olivia medical conditions and visually monitor Olivia
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Olivia does not currently receive regularly scheduled meds while at PAI. Olivia does have a seizure PRN prescribed as part of her seizure protocol. Should she be prescribed a med, staff pass via g-tube.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Utilizes disposable brief and may stand while her brief is being changed. May also be assisted to the mat table to complete personal cares. -Staff assist Olivia to wear clean and dry clothing
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walk independently- may have difficulty maneuvering uneven or icy terrain. Olivia will alert staff by vocalizing or becoming apprehensive when she is walking on or around terrain or obstacles that makes her feel uncomfortable.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community- staff provide physical support in the community and demonstrate appropriate pedestrian safety skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Vision impairment and mild hearing loss- Staff assist her in cleaning and maintaining her glasses as needed and ensure her safety
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA

Lead Review Completed: MK