



In-service Training Log – Parkway

Date:

12/6/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Jess Gunderson and Kennedy Norwick			Misc Building, Development and Admin updates
.25	Dave Turner			SB competency quiz

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
12/7/22	SG		Susan Gaines
	JGS		John Gebhardt
	AG		Andrea Green
	MH		Monse Hernandez
	DS		Donna Storm
	NK		Nikki Kereluk
	EM		Elizabeth Mizeur

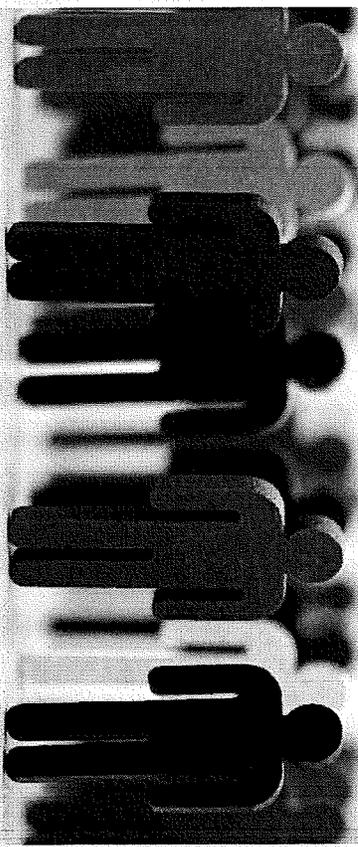
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
	KP		Kathy Perry
2/1/23	TBS		Tyler Bongaro

Make Up Date	Initial	Manager/Admin
		Kmetz, Kevin
	KN	Norwick, Kennedy
	JG	Gunderson, Jessica

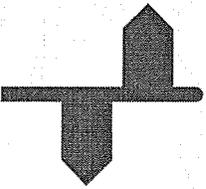
Other Attendees		
		SA

PAI-Parkway Team Meeting

Date: 12/6/2022



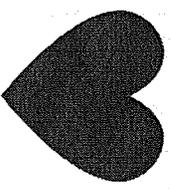
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

Welcome

Site-Specific Updates

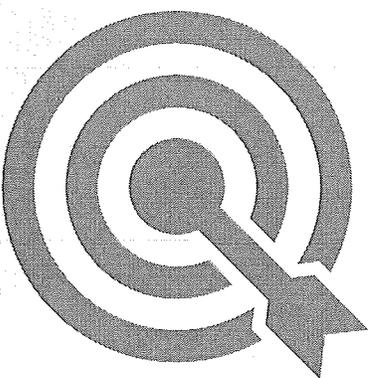
Weely Autism Minute

Agency-Wide Updates

Development Updates

Competency Reviews

Wrap Up



Site-Specific Updates

- Food and toy drive
- Washer
- Outcome pages stay in outcome book
- Jessica and Lindsay back next week
- Missed All-Staff make-up
- November perfect attendance
- Holiday party: Date/Time/activity/food



Agency-Wide Updates

Flu Drawing Details:

- \$100 gift card
- December 30th last day to enter
- Drawing held January 6th

Hired new Employment Specialist:

- Starting Monday
- Will be officing out of Parkway

Open Enrollment Paperwork Due

12/9/2022

- Hand in to Jess by Friday AM

Be a Flu Fighter for your family, friends and community by following four simple steps:

- 1. Get a Flu Shot**
 - Everyone age 6 months and older should get a flu shot each year
- 2. Mask Up**
 - While the CDC does not specifically recommend people wear masks to protect against the flu, those who have not been vaccinated against COVID-19 should consider wearing a mask in public areas
- 3. Wash your Hands**
 - Using soap and water, wash your hands for 20-30 seconds
 - Use hand sanitizer when you cannot wash your hands immediately
- 4. Get Plenty of Rest**
 - If you have been diagnosed with the flu, stay home for at least 24 hours after your fever is gone without the aid of Tylenol

Weekly Autism Minute

Respecting and Protecting Dignity of Those We Support:

Among the most important human needs is the desire for respect and dignity. That need doesn't change when a person has a disability.

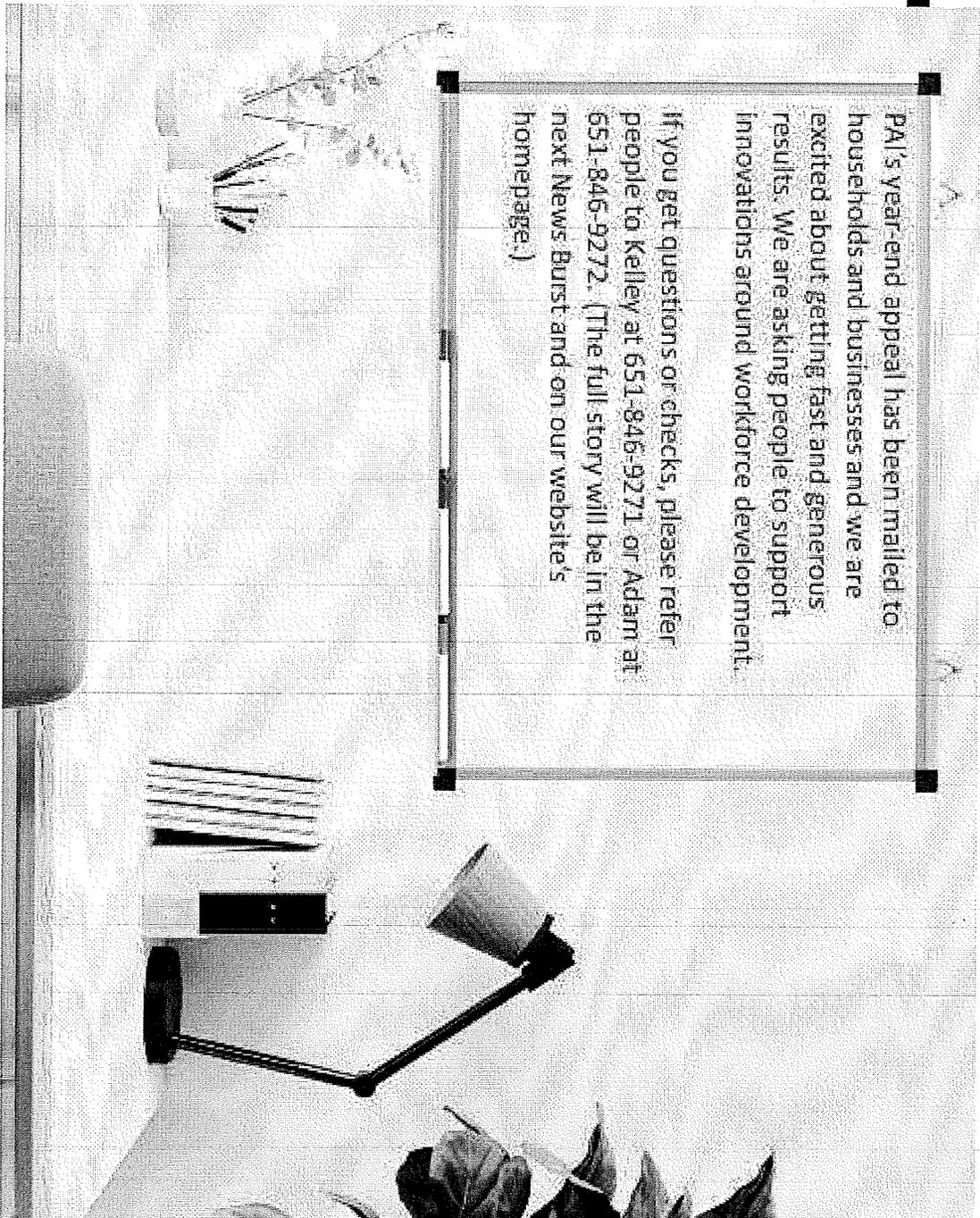
What can we do?

- Respect privacy
- Respect the right to make choices
- Treat everyone with dignity

**R
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PA's year-end appeal has been mailed to households and businesses and we are excited about getting fast and generous results. We are asking people to support innovations around workforce development.

If you get questions or checks, please refer people to Kelley at 651-846-9271 or Adam at 651-846-9272. (The full story will be in the next News Burst and on our website's homepage.)

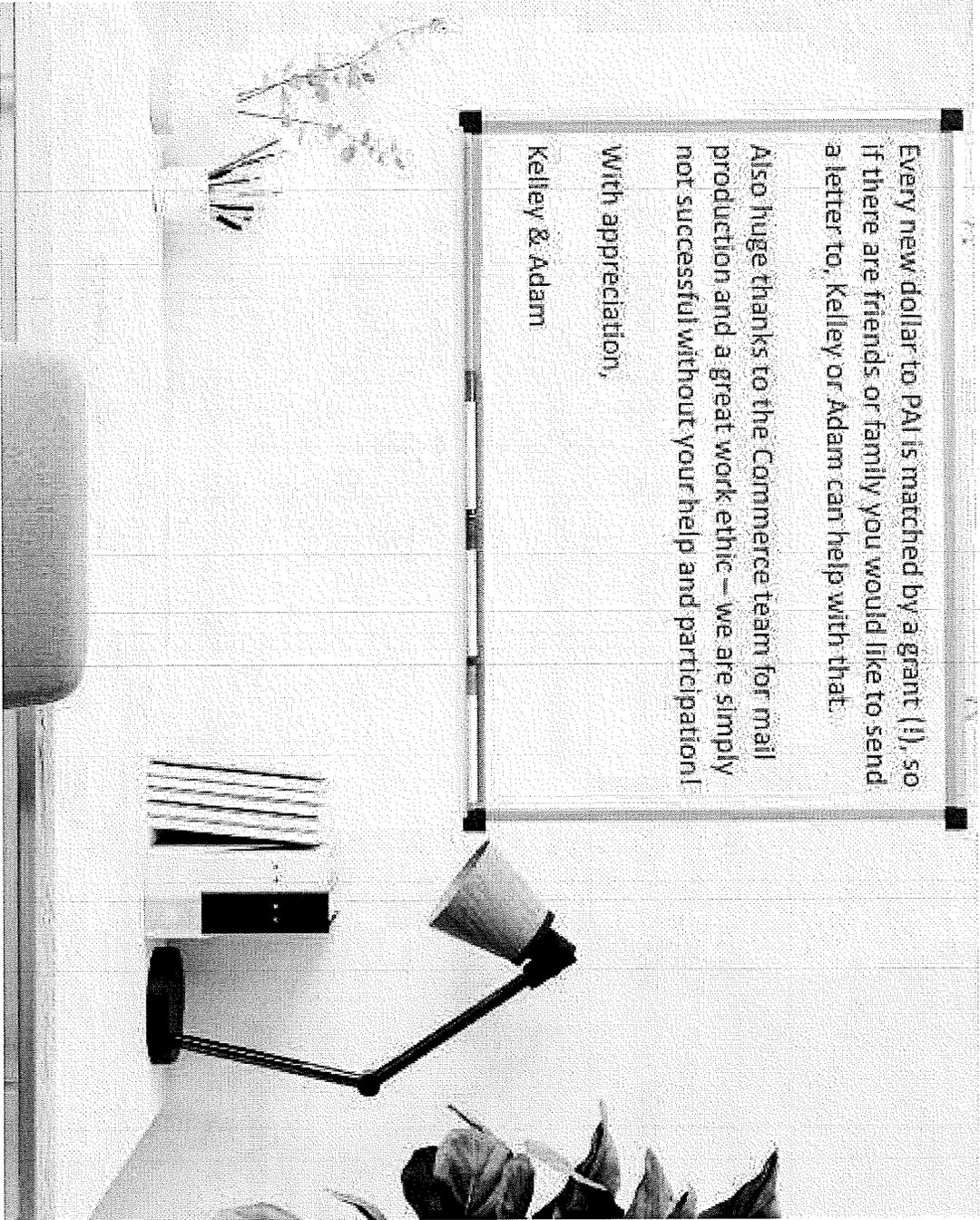


Every new dollar to PAI is matched by a grant (!), so if there are friends or family you would like to send a letter to, Kelley or Adam can help with that.

Also huge thanks to the Commerce team for mail production and a great work ethic – we are simply not successful without your help and participation!

With appreciation,

Kelley & Adam



Shannon Buschmann

Competency Reviews

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies **NO TYLENOL**	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>* Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Call 911 if seizure lasts longer than 10 minutes.	
Choking/ Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff ensure that Shannon's food is cut into quarter-size pieces. Staff assist Shannon by giving her one bite of food at a time while verbally encouraging her to "chew each bite". Staff will keep their hand close to Shannon's cup to prevent her from throwing it and will seat her at least one arm's length away from others during meal time.	



Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Shannon requires full assistance in the bathroom.	

Mobility/Fall Risk:

No Yes

Describe Supports:

Staff will walk next to Shannon and hold her hand if needed. Staff provide verbal prompts and reminders to "watch your step" and "walk slowly". When a handrail is available, staff will place Shannon's hand on the rail and instruct her to "hold on". If Shannon falls to her knees quickly, staff will check for knee injuries. If she is inside the building, she may walk on her knees. If she is in the community, staff will offer her a hand to hold and help her to standing by saying "1, 2, 3, stand". Staff may also place a wheelchair near her and ask her if she wants to "take a ride". Shannon can climb up into the wheelchair on her own. Staff will apply the brakes and hold the chair as Shannon sits or stands. For longer distances (such as going for a walk outside and/or going on long outings), staff will push Shannon in a wheelchair. If Shannon is having trouble bearing wait, staff may use a hooyer lift in the bathroom:

Community Support:

No Yes

Describe Supports:

Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs

Will use a wheelchair in the community.



Sensory Support:

- No
- Yes
- N/A

List & Describe Supports:

Shannon enjoys having a fippie at all times. Staff will make sure that the fippie is soft and will not cause injury if it were to hit her.



Behavior Support:

No Yes

List & Describe Supports:

- **Self-injurious behaviors:** If Shannon begins to bite herself, staff will verbally direct her to "stop" and will place a flat hand between her hand and mouth if needed. If Shannon hits herself with an object, staff will remove the object and say to Shannon, "please do not hit yourself". Staff may offer her a sensory item to keep her hands busy, a recliner to relax in or involve her in an activity. If Shannon appears upset, staff will try to determine the cause and eliminate the source of her frustration. If Shannon is not feeling well as evidenced by temperature, skin color, or crying, staff will offer her a place to lie down and will contact her residential staff.
- **Property destruction:** When Shannon is destroying property, staff will ensure that Shannon has a flippie/give her something to keep her hands busy.



Unsupervised Time:	Describe Supports:
<input type="checkbox"/> No <input type="checkbox"/> Yes	No unsupervised time.

Important to: It is important to Shannon that she has her flippies, goes on walks, visits other rooms and gets to hangout in the hallway.

Important for: It is important for Shannon that she is allowed time to be in the hallway and to visit with peers. It is important for Shannon that she is encouraged to participate in activities.

Likes: Shannon likes her flippies, taking walks, time in the hallway, visiting other rooms and lunch time.

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Tomorrow: 1:45-2:45

LMS



Wrap Up

Is there information you would like to provided at next meeting?

Any final thoughts?





Competency Tracking Form

Participant: Shannon Bushmann

Annual Service Span: November 2022 – Nov 2023

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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

*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
12/7/22	SG	Susan Gaines
	JG	John Gebhardt
	AG	Andrea Green
	JG	Jess Gunderson
	MH	Monserrat Hernandez
	NK	Nikki Kereluk
	EM	Elizabeth Mizeur
	KN	Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
	SG	Sandy Greenly
	DY	Doua Yang
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
		Tyler Bongard
	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: TYLER BONGARD
 Date: 2/1/23



Service Recipient: SHANNON BUSCHMAN
 Service Span: DEC '22 - '23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: SEASONAL ALLERGIES NO TALENOL	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: CALL 911 IF SEIZURE LASTS LONGER THAN 10 MIN	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: FOOD CUT QUARTER-SIZE. ASSIST BY GIVING 1 BITE AT A TIME & VERBALLY ENCOURAGE TO CHEW EACH BITE. KEEP HAND CLOSE TO CUP & ARMS LENGTH FROM OTHERS	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNIR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: REQUIRES FULL ASSISTANCE IN THE BATHROOM	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: WALK NEXT TO, HOLD HAND IF NEEDED - "WATCH YOUR STEP" "WALK SLOWLY" 1. 2. 3. STAND. WHEELCHAIR FOR OUTSIDE/WALKS/LOBBY.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: USES WHEELCHAIR IN COMMUNITY	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: ENJOYS HAVING "FLIPPERS" AT ALL TIMES. MAKE SURE IT IS SOFT & WILL NOT CAUSE INJURY IF IT WERE TO HIT HERE	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: IF BITING/HITTING SELF - HAND BETWEEN & SAY "PLEASE! DO NOT HIT" OFFER SENSORY ITEM, RECLINER. OFFER PLACE TO LIE DOWN IF SITE DOESN'T SEEM LIKE FEELING WELL	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME	
Important to: THAT SHE HAS HER PUPPIES, GOES ON WALKS, VISITS OTHER ROOMS, & GETS TO HANG OUT IN HALLWAY.		
Important for: ALLOWED TIME TO BE IN HALLWAY & VISIT W/ PEERS. IMPORTANT THAT SHE'S ENCOURAGED TO PARTICIPATE IN ACTIVITIES		
Likes: FLIPPERS, TAKING WALKS, TIME IN HALL, VISITING OTHER ROOMS LUNCH TIME		
Dislikes: UNCOMFORTABLE CLOTHING, WAITING TO EAT, GOING BACK INTO ROOM AFTER BEING IN HALL, SAD SONGS		
Communication Style: W/ BODY LANGUAGE & VOCALIZATIONS		
Learning Style: PRACTICE & REPETITION		

Staff: Sozie Gaines



Service Recipient: Shannon Bushong

Date: 12/7/2022

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal allergies</u> <u>* NO tylenol*</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Call 911 if seizure lasts longer than 10 minutes.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff ensure that Shannons food is cut into quartersize pieces. Staff assist Shannon by giving her 1 bite of food at a time. Encouraging her to "Chew each bite"</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Shannon requires full assistance in the bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will walk next to Shannon, hold hand if needed. Staff provide verbal prompts and reminders to "Watch your step, and walk slowly"</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will use wheelchair in the community</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Shannon enjoys having a flippie at all times. Staff will make sure that flippie is soft, and not cause injury.</u>	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If Shannon begins to bite herself staff will verbally direct her to "stop" place a flat hand and mouth if needed. When Shannon is destroying property, staff will ensure that Shannon has a flippie give something to keep hands busy.</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Unsupervised time.</u>	
Important to: <u>Shannon that she has her flippies, goes on walks, visits other rooms, and gets to hangout in the hallway.</u>		
Important for: <u>Shannon that she is allowed time to be in the hallway, and to visit with peers. It is important for Shannon that she is encouraged to participate in activities.</u>		
Likes: <u>allowed time to be in the hallway, visit peers. Encouraged to participate in activities. flippies, talking walks, lunch time.</u>		
Dislikes: <u>Uncomfortable clothes, going back into the room after being in the hallway. Sad songs, and when she has to wait to eat.</u>		
Communication Style: <u>Non-verbal. Communications w/ body language & vocalizations</u>		
Learning Style: <u>practice, and repetition.</u>		

Staff: Kathy Perry
 Date: 12-6-22



Service Recipient: Shannon Buschmann
 Service Span: 11/22-11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal - No tylenol</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Call 911 if 10 min or longer</u> <u>Hx of seizures @ PRN</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>quarter sized - 1 bite @ time - encourage to chew thoroughly</u> <u>keep cup out of reach</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assist Brief</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk next to & hold hand/verbal prompts of calls to knees quickly for bumps - walks on knees in building. apply brakes & hold w/c - w/c for distance</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>will drive out of suburb</u> <u>w/c in community</u> <u>staff assist</u>	Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>enjoy having a flippy - coat - ensure it is soft</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - if bites self verbally direct to stop + place hand in front of mouth. offer sensory item. If not feeling well lay down</u> <u>when destroying property give flippy</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO</u>	
Important to: <u>flippy, goes on walks, visit other rooms, hang in hallway</u>		
Important for: <u>allow time to be in hall & visit 2 peers</u> <u>Encourage ac</u>		
Likes: <u>flippy, walks, hallway, visiting rooms</u>		
Dislikes: <u>Doesn't get what wants, bad songs, going back to room & being in hall</u>		
Communication Style: <u>non-verbal</u> <u>Body language, facial expressions</u> <u>Vocalizations</u>		
Learning Style: <u>repetition - practice</u>		

Staff: Dana Yang



Service Recipient: Shannon Buschmann

Date: 12/6/22

Service Span: 11/22 - 11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: season allergies *NO Tylenol*	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call all if seizures last longer than 10mins	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff ensures eat quarter pieces, 1 size per time, chew each bite. Keep hand close to shamoy cup	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk next to shamoy + hold hand if needed, check knee injuries if fell. may walk on knees. apply brakes + provide wheel chair for far distance	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will use a wheelchair in community.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: enjoying a flippy at all times. soft & cause no injury.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: begin to bite herself, verbal to stop. use hand in front of mouth to stop. offer sensory items. offer place to lie down.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no	
Important to: Have her flippy, goes on walk, visit rooms & hang in hallway		
Important for: allowed to in the hallway & visit peers. Encourage to participate in activities		
Likes: flippy, walks, hallways, tv		
Dislikes: when she doesn't get what she wants, uncomfortable clothing, going back into room after hallway.		
Communication Style: non-verbal, vocalizations		
Learning Style: practices & repetition		

Staff: Sandy
 Date: 12/06/2022



Service Recipient: Shannon Bushmuck
 Service Span: Nov 22 - Nov 23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: NO Tylenol Seasonal allergies	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 seizure last 10 min or longer	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: ^{quarter} staff - food cut bite size - at a time encourage to feed herself.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in bathroom	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: provide wheelchair/seat belt ^{needed} staff walk next to ^{shannon} may walk on her knees (later) Verbal prompts - falls to knees 123 - stand. ^{Apply brace} sit/stand.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair in community.	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: enjoys slippy all times - (soft)	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bites herself - staff direct to stop / when not feeding well - ^{placing} glove in front of her mouth to stop.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	
Important to: Has her slippys, walks, visits other rooms & hang out in hallway.		
Important for: - allowed time to visit in hallway to visit encourage activities		
Likes: slippys, walks, lunch time		
Dislikes: - Does not like when uncomfortable clothing, seat songs, wait to eat.		
Communication Style: - non verbal - communicates		
Learning Style: Practice & Repetition		

Staff: Donny Supler
 Date: 12-6-22



Service Recipient: Shannon B
 Service Span: NOV 22 - NOV 23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal, no hygiene Tylenol</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>call 911 if seizure lasts 10 minutes or longer</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>quarter size pcs, staff encourages chewing I bite at stime</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full assistance in bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk next to, hold hand, verbal prompts, if she falls, check knees, I as stand, wheelchair in community</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheel chair in community</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>has flippy at all times, zippers</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>biting herself, staff directs to stop, place hand in front of mouth, offer sensory item, cries when she hears music,</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO unsupervised time</u>	
Important to: <u>Has flippies, walks, visits other rooms, hang out in hallway</u>		
Important for: <u>encourage participation time to be in hallway, visit with peers</u>		
Likes: <u>Flippies, walks, visiting, lunch time</u>		
Dislikes: <u>Not getting her way, ^{waiting no eat} uncomfortable clothing, songs ^{she}</u>		
Communication Style: <u>Non verbal, comm w/ body language & vocalizations</u>		
Learning Style: <u>Practice → repetition</u>		

Staff: Renee Schmitt
 Date: 12/6/22



Service Recipient: Shannon Bushmann
 Service Span: NOV-22 NOV 23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal Allergies No tylenol Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Call 911 10min or longer History of Seizures
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will cut quarter size 1 bite at time
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assist full assist in bathroom
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Falls to knee Check for bruise provide verbal prompts wide gate well long
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair staff support <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Flippy soft not to cause injury
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bite self staff redirect place hand in front of mouth
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO UNSUPERVISED TIME
Important to: Flippy goes on walk visit and in hallway	
Important for: avoid line in hallway and participate	
Likes: flip walk time in hallway visiting	
Dislikes: sad song not get her way	
Communication Style: No verbal Body language Vocalizations	
Learning Style: practice and repetition	

Staff: ANDREA GREEN
 Date: 12/6/22



Service Recipient: Shannon B
 Service Span: 11/2022 - 11/2023

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal</u> <u>NO tyred!</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Call 911 10min or longer (history of)</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Cut in quarter pieces</u> <u>stay close to cup</u> <u>encourage to chew & swallow</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>full assistance</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk next to hold hand</u> <u>will walk on knees</u> <u>verbal prompts</u> <u>wheelchair for outings</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wheelchair in community</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>flipy at all times needs to be soft but likes zipper</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bite herself</u> <u>verbal prompts</u> <u>hand in front of mouth</u> , sensory item to keep hands busy	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	
Important to: <u>flipy, walks, visit other rooms & hallway</u>		
Important for: <u>visit w/ peers hallway time.</u>		
Likes: <u>flipy, walks, hallway, lunch time</u>		
Dislikes: <u>not getting her way sad songs, waiting for lunch</u>		
Communication Style: <u>none verbal, body language.</u>		
Learning Style: <u>practice</u>		

Staff: Anna Wrich
 Date: 12/6/2022



Service Recipient: Shannon B. Buschmann.
 Service Span: 11/22 - 11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal - *NO tylenol*	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 if longer than 10 mins.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: quarter size - one bite at a time. Prompts to fully chew. may throw food/drink.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full support in bathroom.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk w/ her, verbal prompts. (wheel chair, check for knee injury - may drop to knees. in comm.)	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will use wheelchair	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: enjoys flippy. staff make sure flippy is soft. Likes zippers, seatbelts, etc.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Verbal Prompts when biting self. Put hand between. offer sensory item.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None.	
Important to: flippy. walks. visiting. hanging in hallway.		
Important for: time in hallway. encourage participation.		
Likes: flippys, walks, visiting, lunch time.		
Dislikes: not getting what she wants, waiting, ^{uncomfortable clothes} sad songs		
Communication Style: non verbal - body lang. Vocalizations.		
Learning Style: practice. repetition.		

Staff: Cindi Stucky
 Date: 12-6-22



Service Recipient: Shannon Bushman
 Service Span: Nov 22-23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies *NO Tylenol*	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 if seizure lasts longer than 10min.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food cut into quarter pieces, staff assists her by giving her 1 bite @ a time.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires full assistance in bathrm	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will walk next to her + hold hand. provide wheelchair	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will use wheelchair in community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Shannon enjoys her flippers	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bites herself - redirect her	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none	
Important to: flippers, walks, visits other rooms visits hallway		
Important for: allowed time to visit in hallway w/peers		
Likes: flippers - walks - hallway - lunchtime		
Dislikes: uncomfortable clothing - sad song		
Communication Style: non-verbal, vocalization, body language		
Learning Style: practice + repetition		

Staff: Kathryn Stein
 Date: 12/6/22



Service Recipient: Shannon Buschmann
 Service Span: NOV 2022 - NOV 2023

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies *NO Tylenol*	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 if seizure last more than 10 minutes.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: quarter sized pieces. Verbal reminders "Chew each bite"	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair in community. Walk with her + hold her hands. Verbal reminders to "watch your step" "walk slow"	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses wheelchair in community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: uses a "flippie" at all times.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Staff use flat hand/verbal prompt if she bites herself. Remove objects if she hitting herself with. offer sensory item to keep her hands busy	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NO unsupervised time	
Important to: flippies, walks, visits other rooms, spends time in hallway		
Important for: time in the hallway, visit with peers, being encouraged to participate		
Likes: Lunch, flippies, walks		
Dislikes: Not getting what she wants, uncomfortable clothing, sad songs waiting to eat		
Communication Style: Nonverbal- body language, vocalizations		
Learning Style: Practice, repetition		

Staff: Monse H
 Date: 12-6-22



Service Recipient: Shannon B.
 Service Span: Nov 22 - 2023

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal - No tylenol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 if last longer than 10 minutes - No PRN	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food cut up- one bite at a time - "Chew Slow"	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Walk next to - provide verbal prompts - Check for injuries	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wheel chair	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Having a flippy - Her coat zipper - Exp.	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bite - flat hand held below in front of mouth - keep busy	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None.	
Important to: flippys, walks, Room visits,		
Important for: Hallway time, visiting, participation		
Likes: flippys, walks, Lunch time, Room visit		
Dislikes: uncomfortable clothing, music		
Communication Style: non-verbal, Body Language		
Learning Style: Practice & Repetition		



Staff: Liz Mizeur
 Date: 12/6/22



Service Recipient: Shannon Buschmann
 Service Span: NOV 22 - NOV 23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: seasonal allergies NO tylenol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: call 911 if last longer than 10 min	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: cut into quarter size pieces. Give her one bite of food at a time	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Shannon requires full assistance in BR	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk next to Shannon + hold hand if needed. Provide verbal prompts and reminders	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: use wheelchair in the community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: enjoys flippie at all time. Make sure flippie is soft	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: place flat hand b/w her hand and mouth sensory items to keep hands busy	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time	
Important to: has flippies, goes on walk, visit other rooms		
Important for: allowed time to be in hallway + visit w/ peers.		
Likes: flippie, taking walks, lunch time		
Dislikes: uncomfortable clothing, sad songs		
Communication Style: non verbal, body language + vocalizations		
Learning Style: practice + repetition		

Staff: Nikki Kereluk



Service Recipient: Shannon B

Date: 12/6/22

Service Span: 11/22 - 11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies *No Tylenol*	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Call 911 if it lasts > 10 min. (History)	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Quarter size pieces. 1 bite at a time. "Chew" - keep hand near cup → throwing	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance (hoyer if needed)	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: hold hand if needed - verbal prompts. Fall to knees - check injuries. wheelchair in community	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wheelchair	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: uses her fippee at all times → make sure it is soft	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - bites self. "stop" and place hand in front. sensory activity to replace	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NONE	
Important to: fippees, walks, visits rooms, hallway time		
Important for: hallway time, visiting w/ peers. encourage participation		
Likes: fippees, walks, visits, hallway, lunch		
Dislikes: uncomfortable clothes, sad songs, wait to eat		
Communication Style: non-verbal, body language, vocal.		
Learning Style: practice and repetition		

Staff: Daniel P
 Date: 12/6/22



Service Recipient: Shannon B
 Service Span: 11/22 - 11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal Allergies * NO Tylenol *	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Call 911 if more than 10 minutes	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Cut into bite size pieces. Staff give 1 bite at a time verbally encourage to chew. At least arms length away from peers during lunch time	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: NA	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full assistance in bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walks but unsteady at times. Uses chair and sometimes uses hand rail	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Will use wheelchair in community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Uses flippy to self stim	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: bites arms at times. Staff off a sensory item to keep hands busy. Property destruction Shannon will tear other's coats off reals	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time	
Important to: flippers, walks, visits, hanging out in hallway		
Important for: time in hallway, encourage to participate in activities		
Likes: flippers, walks, time in hallway, lunchtime		
Dislikes: when doesn't get what she wants, uncomfortable clothing		
Communication Style: verbal nonverbal, vocalizations, body language		
Learning Style: repetition		

Staff: John Gebhardt
 Date: 12/6/22



Service Recipient: Shannon Bushman
 Service Span: 11/22 To 11/23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal Allergies,</u> <u>NO TYLENOL,</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>call 911 for seizures over 10 minutes</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>cut food to 1/4 size pieces, Assist her by giving her one bite at a time, staff hold her cup</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>N/A</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She requires full assistance in Bathroom</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff walk next to Shannon and assist</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Will use wheel chair in community</u>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>She enjoys flippie at all times for sensory</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>If Shannon bites herself, staff will verbally direct her to stop and place flap</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised times,</u>	
Important to: <u>Her Flippies, walks, visiting rooms</u>		
Important for: <u>Allow time in hallway encourage her to participate in activity</u>		
Likes: <u>Flippies, walks, eating, visiting,</u>		
Dislikes: <u>she does not like when she does not get what she wants</u>		
Communication Style: <u>Non verbal, uses vocals & body language</u>		
Learning Style: <u>Practical and repetition</u>		

Staff: Donna Stan
 Date: 12-6-22



Service Recipient: Shannon Bushmann
 Service Span: Nov 22-23

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal NO tylenol	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: all 10min or longer	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff cut in ^{quarta} size. reminders to eat slow. may throw cup	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Full support in Bathroom	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk next to her verbal prompts. if she falls check for bruises. wheel chair for long distance "Seat Belt"	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will use a wheel chair in community	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Flippy "coat" likes the zipper part.	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Block w/ hand if she is biting.	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 0	
Important to: has her flippys - walks - visit other rooms hanging in hallway		
Important for: able to hang out in hallways		
Likes: lunch time		
Dislikes: loud sad songs -		
Communication Style: non verbal - body language vocalization		
Learning Style: Practice repetition		

