



Staff: Corney Kelly  
 Date: 1/3/2022



Service Recipient: Cathy Turbes  
 Service Span: December 2022 to 2023

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet, honey thicken liquids, eats quickly, and will put non-food items in mouth, remind to slow down, wait 30 seconds between bites, may have a pillow behind her shoulders to sit up straight, uses mother care spoon, scoop plate, and a regular cup.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipation, CP, GERD, Kyphosis, Neurogenic bladder, Osteoporosis, PICA, Neuropathy, sclerosis, susceptibility to sunburn -record eliminations in comm. book, give time on toilet, report concerns home, no sitting by window for more than 5 minutes and needs spf 30 sunscreen outside	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes meds crushed in food	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wears briefs, needs staff assistance with changing brief and with cleaning, may need to sit for 5 minutes. Cathy benefits from bringing her backpack with to the restroom as a transitional item.	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can walk and may ask for a staff's hand when navigating obstacles. Also utilizes a wheelchair with a safety belt. Cathy uses a wheelchair to board and un-board the bus, but transfers to a seat once on the bus. Can propel her wheelchair for short distances with her feet. May sit in recliner with feet elevated.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Vision- adjust items for Cathy to look at/watch and ensure she is able to visually track them	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB- biting hand/wrist and hitting self, redirect and evaluate for unmet needs or pain/illness Physical Aggression- Hitting and pushing, access for unmet needs, only 1 staff assist at a time, give her a few minutes before reapproaching- after doing this 3 times, give her alone time until she approaches staff	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> relaxing in recliner w/feet up, preferred people, routine, being offered choices, and time to sort poker chips.		
<b>Important for:</b> Staying physically active, using communication skills, engaging in social and community activities.		
<b>Likes:</b> Music, playing games, dancing, arts and crafts, and bowling.		
<b>Dislikes:</b> being rushing, being left alone, not being able to change clothes when she wants to, and when staff are not familiar with her cares and routines.		
<b>Communication Style:</b> Communicates using vocalizations, pictures, facial expressions, body language, and reaching/pointing.		
<b>Learning Style:</b> Role modeling, hand over hand assistance, verbal directions, and routine and repetition.		

Lead Review Completed: OK

Staff: Maurita Sweeney



Service Recipient: Cathy Turbes

Date: 1/31/2023

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>listed on MAR</u>	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>mothercare Pureed, Honey thickened liquids. Spoon scoop plate. Eats quickly reminders to slow down. Wait 30 seconds between bites. Pillow behind her.</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation, CP, GERD, neurogenic bladder, osteoporosis, PICA, scoliosis, sunburn risk, neuropathy</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency* - report concerns.
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Meds crushed in food</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Full assist changing, cleaning, may need to sit for up to 5 minutes. BRMS back pack as transitional item</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can walk - may use wheel chair for safety (belt) transfers to seat on bus. May sit in recliner with feet elevated</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Vision - adjust items so she can visually track them.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - bites hand, wrist, hits self. Redirect and evaluate for unmet needs, Pain illness - give time alone when SIB</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Relaxing in recliner with feet up time to sort chips, Preferred Pepp &amp;</u>		
Important for: <u>staying active, using social skills social activities</u>		
Likes: <u>MUSIC, Games, Arts, Crafts, bowling.</u>		
Dislikes: <u>rushing - being left alone - not being able to change clothes when she wants to.</u>		
Communication Style: <u>vocalizations, pictures, body language</u> <u>Painting</u>		
Learning Style: <u>HOH, Verbal directions, routine + repetition.</u>		

Staff: Mari BF



Service Recipient: Kathy

Date: 1-3-23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: On pureed diet heavy textures, liquids, eat quickly he will put non foods in mouth, reminded to slow down to sit upright	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: uses incontinence spec & soap pads, cough suppressant, GERD, CP, cystitis, incontinence bladder, osteoporosis, spinal neuropathy, scoliosis	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: fallen more around in food	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears bolus and needs full assistance may sit for up to 5 minutes, may eat back pack as transportation aspect	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can walk and may use for stability hands, uses safety belt can propel wheelchair at short distance can sit in wheelchair	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: vision, adjust items to make sure she can clearly hear them	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: self-injurious behavior, biting hand & hitting herself, can alter redirection, physical aggression, one staff at a time	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> relating in either select up, routines, choices, personal people, time to sub-picker steps		
<b>Important for:</b> staying active, using communication skills, engaged in social activities		
<b>Likes:</b> music, games, dancing, walking, arts & crafts		
<b>Dislikes:</b> being asked, sitting with others, not being able to change clothes when she wants to		
<b>Communication Style:</b> vocalization, pictures, reaching and pointing gestures		
<b>Learning Style:</b> role modeling, hand over hand, repeating		

Staff: Lisa Hartman



Service Recipient: Cathy Tucker

Date: 1/3/23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, honey thick liq. cuts generally, non food in mouth 30 sec situm bites / to slow down mother care spoon, scoop plate veg, cup - pillow behind back</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation, CP, GERD, PICA, osteoporosis, sclerotic, suscept. to sunburn</u> <del>by window for sunburn</del> <u>30 sec sit sunburn</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>meds crushed in food</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, assist w/ cleaning, sit for suits - back pack to restroom - transition</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can walk - transf. in wheelchair elevate feet transfer belt recliner - feet elevated</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>vision adjust so she can track them</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - hitting self / biting hand resist assess in car seat needs PA - hitting + pushing, access for car seat needs only 1 to assist - guide bus seats</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>what mg in recliner w/ feet up, preferred people, routine, offering choices, sorting poker chips</u>		
<b>Important for:</b> <u>physically active, using comm. skills social + comm. activities</u>		
<b>Likes:</b> <u>music, playing games dancing art + crafts bowling</u>		
<b>Dislikes:</b> <u>rushed left alone not able to D clothes when people are not familiar</u>		
<b>Communication Style:</b> <u>vocalizations, pictures facial expressions body lang. reaching/pointing</u>		
<b>Learning Style:</b> <u>role modeling hand overhand assistance verbal direction routine + repetition</u>		

Staff: Manda Diaz



Service Recipient: CT

Date: 1/3/2023

Service Span: 12/22 - 1/7/23



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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Purced diet, Honey thick liquids, eats fast, Reminders to slow down, wait 30sec between bites, mother care spoon scoop plate	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipation, CP, GERD, Kyphosis, Osteoporosis PICA	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: meds crushed in food	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears briefs, needs staff assistance, Take backpack for cares	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can walk, may ask for assistance, uses wheelchair to load and unload from BUS	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: vision - adjust items for cathay to look/watch	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB: may bite hit self - redirect Physical aggression: may hit or push	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>relaxing in the recliner, preferred staff, routines, being offered choices</u> <u>poker chips</u>		
Important for: <u>staying active, communication skills, social skills, community activities</u>		
Likes: <u>music, playing games, dancing, arts &amp; crafts</u>		
Dislikes: <u>Being rushed, not being able to change clothes, staff who don't know her</u>		
Communication Style: <u>communicates using vocalizations, pictures,</u>		
Learning Style: <u>role modeling, hand over hand, routine and prep</u>		

Staff: Trey Gould



Service Recipient: C.T

Date: 01/3/2023

Service Span: Dec 22 - Dec 23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed, Honey liquids, will put non-food in mouth, 30 sec between bites, mother care spoon, regular cup, scoop plate</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation, CP, Gerd, Neurogenic bladder, pica, Scoliosis, Sunburn easily</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds crushed in food</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full assistance, may need to sit for 5 minutes, Bring backpack</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can walk, may ask for a staff hand, Can propel wheelchair short distance with feet</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>vision, Adjust items to look at and visually track</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Self injurious behavior, Biting hand / wrist, Hitting and pushing</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>recliner, preferred people, choices, Power Chair time</u>		
Important for: <u>Physically Active, Comm Skills, Social Actions</u>		
Likes: <u>music, Games, dancing, Arts and Crafts, Bowling</u>		
Dislikes: <u>rushed, left alone, unfamiliar staff, not able to change clothes</u>		
Communication Style: <u>vocalizations, pictures, facial expressions, Body language, reaching</u>		
Learning Style: <u>role modeling, hand over hand, verbal, routine and repetition</u>		

Staff: Allred, Jiem-Mendes



Service Recipient: C.T.

Date: 1/13/23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mother came spoon, regular cup, Scoop plate.</u> <u>Purced diet, nonin thickened liquids, reminders to slow down.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>neurogenic bladder, <del>stroke</del> <sup>sclerosis</sup>, Pica, Neuropathy.</u> <u>Constipation, CP, GERD, Kyphosis, Osteoporosis</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Takes meds crushed in food.</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>wears briefs, needs staff assistance w/ changing + cleaning.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can walk and may ask staff for a hand. Utilizes wheelchair.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Vision-adjust items for Cathy to look at.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB-Biting hand/wrist + hitting self.</u> <u>Physical aggression.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Important to:**  
Relaxing in recliner, preferred people, being offered choices

**Important for:**  
Staying physically active, using communication skills

**Likes:**  
Music, playing games, dancing, arts and crafts, and bowling.

**Dislikes:**  
Being rushed, being left alone, not being able to change clothes.

**Communication Style:**  
Vocalizations, pictures, facial expressions, body language

**Learning Style:**  
Role modeling, hand over hand assistance, verbal, routine/repetition.

Staff: Tristen Lossing



Service Recipient: C.T.

Date: 1.3.23

Service Span: 12.22 - 12.23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: _____ Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: _____
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pursed diet, honey thick liquids, eats quickly, remind slow down, 30 secs., pillow behind shoulder, m. care spoon, scoop plate, reg. cup.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Constipation, C.P., GERD, neurogenic bladder, PICC, <del>scabies</del> sun burn easily.</u> <small>DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Crushed in food</u> <small>Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full assistance, sit for 5 mins, backpack transition</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>walk short distance, wheelchair, safety belt, self propel short distance, feet elevated in recliner</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: _____ <small><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</small>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>vision</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - Bite hand, hit self, physical aggression - hitting and pushing. 1 staff give time.</u>
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> <u>relax in recliner, routine, choices</u>	
<b>Important for:</b> <u>physically active, comm. skills, engage in act.</u>	
<b>Likes:</b> <u>music, games, dancing</u>	
<b>Dislikes:</b> <u>rushed, left alone, unfamiliar staff</u>	
<b>Communication Style:</b> <u>voc., facial expression, body lang.</u>	
<b>Learning Style:</b> <u>role modeling, H.O.H., routine &amp; rep.</u>	

Lead Review Completed: CX

Staff: Ashleigh Shirkey  
 Date: 1.3.23



Service Recipient: Cathy Turbes  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, honey thick</u> <u>scrap plate</u> <u>eats quickly, non-food items in mouth. remind reg cup.</u> <u>to slow down sit up straight. mother care scan</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation. up BERD</u> <u>neurogenic bladder. 0.5 mg of 15 Pica</u> <u>neuropathy scoliosis - flared lungs</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>crushed w/ food</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>brief full assist - sit up to 5</u> <u>mins - bring backpack to bathroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can walk with staff hand</u> <u>w/c w/ safety belt chair 10m &amp; 0. 10's for</u> <u>transfer once on-pedal in aisle out of</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>adjust items to make sure she can</u> <u>see well</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - biting hand, hitting self</u> <u>redirect &amp; evaluate in self</u> <u>hitting &amp; pushing - staff assist @ a time</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>relaxing in leisure time, preferred people making choices - sorting poker chips</u>		
<b>Important for:</b> <u>staying physically active, using communication skills - engage in social activities</u>		
<b>Likes:</b> <u>music, games, arts &amp; crafts, bowling</u>		
<b>Dislikes:</b> <u>being rushed being left alone, not being able to change clothes when she wants to.</u>		
<b>Communication Style:</b> <u>vocalizations, picture facial exp. body language, repeating, pointing</u>		
<b>Learning Style:</b> <u>role modeling, HOTI, verbal direction, routine &amp; rep.</u>		

Staff: Katrina

Date: 01/18/23



Service Recipient: Cathy Turbes

Service Span: December 2022-23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: puree, honey thick diet; eats quickly - needs reminders to slow down, 30 sec btwn bites, will put non-food items in mouth	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Constipation, CP, GERD, kyphosis, neurogenic bladder, osteoporosis, PICA, neuropathy, sclerosis, sunburn risk	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: crushed in food	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: briefs, full assist, may need to sit for 5 min - bring backpack to restroom	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Can walk - may use staff hand for navigation; wheelchair w/safety belt; wheelchair to board and unboard bus	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Vision - adjust items/ensure she can visually track them	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - biting, hitting Physical aggression - hitting/pushing, access unmet needs, 1 staff at a time give time before reapproaching	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> recliner w/feet up, preferred ppl, routine, offered choices, time to sort poker chips		
<b>Important for:</b> physical activity, communication skills, engage in social/community activities		
<b>Likes:</b> music, games, dancing, arts/crafts, bowling		
<b>Dislikes:</b> being rushed, left alone, not changing clothes when wants to, staff unfamiliar w/areas		
<b>Communication Style:</b> vocalizations, pics, facial expressions, body language, reach/point		
<b>Learning Style:</b> role modeling, hand-over-hand, verbal directions, routine, repetition		

Lead Review Completed: CK

Staff: Sara  
 Date: 1/13/23



Service Recipient: Cathy T  
 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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet honey thick liquids eat quickly while ped non food items in mouth behind to slow down 30 between bites may have pieces behind her</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>constipation CP flared kyphosis neurogenic bladder osteoporosis pica neuropathy sclerosis</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>crushed in food</u>	Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs stay Briefs &amp; cleaning may sit for 5 min Brims backpack to restroom</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can walk may need help with wheel chair on/off bus transfers to seat. propel short distance. recline feet up</u>	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>vision adjust lens to look/watch to ensure she is able to visually track them.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB biting hands Betty self redirect and evaluate for unwanted needs pain/illness. physical aggression hitting pushing</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>1 staff at this time for a min before reapplying 3x eye also</u>		
<b>Important to:</b> <u>relaxing in recliner w/ feet up. preferred people routine being offered choices poked &amp; snuggled</u>		
<b>Important for:</b> <u>physically active comm. skills social &amp; comm. activities</u>		
<b>Likes:</b> <u>music playing games doney arts crafts Bowling.</u>		
<b>Dislikes:</b> <u>Being rushed being left alone change clothes when wanted by unfamiliar staff.</u>		
<b>Communication Style:</b> <u>verbal pictures facial expressions body lang. reaching pointing</u>		
<b>Learning Style:</b> <u>role modeling hand overhand verbal routine repetition</u>		

Lead Review Completed: CK

Staff: Panis



Service Recipient: Cathy Turbes

Date: 1/29/22

Service Span: 12/22-12-23

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, honey thicken liquids, eats quickly, will eat non-edibles</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Osteoporosis</u> <u>Constipation, gerd, kyphosis, Neurogenic bladder</u>	DNR/DNI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Crushed in food</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wears disposable briefs, needs staff assistance</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Can walk (may need staff to hold hand) Also uses wheelchair</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Vision - adjust items for Cathy to look at</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>STB - biting hand/wrist and biting self (evaluate feet)</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>choices</u> <u>relaxing in recliner w/ feet up, preferred people, routine</u>		
<b>Important for:</b> <u>Being active, using communication skills, being social</u>		
<b>Likes:</b> <u>music, games, dancing, arts and crafts, bowling</u>		
<b>Dislikes:</b> <u>familiar staff</u> <u>Being rushed, left alone, not able to change clothes</u>		
<b>Communication Style:</b> <u>body language</u> <u>vocalizations, pictures, facial expressions</u>		
<b>Learning Style:</b> <u>routine &amp; repetition</u> <u>Role modeling, hand over hand, verbal directions</u>		

Lead Review Completed: CK