



In-service Training Log – Parkway

Date:

2.7.2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.75	Kennedy Norwick Jessica Gunderson			Site updates Agency updates RM Comp Quiz

Make up Date	Initial	EE ID	Name
2-7	CS		Cindi Stucky
	NA		Susan Gaines
	JG		John Gebhardt
2/7	AG		Andrea Green
2-7		MH	Monse Hernandez
	DS		Donna Storm
	NK		Nikki Kereluk
	DR		Dainaja Ranson

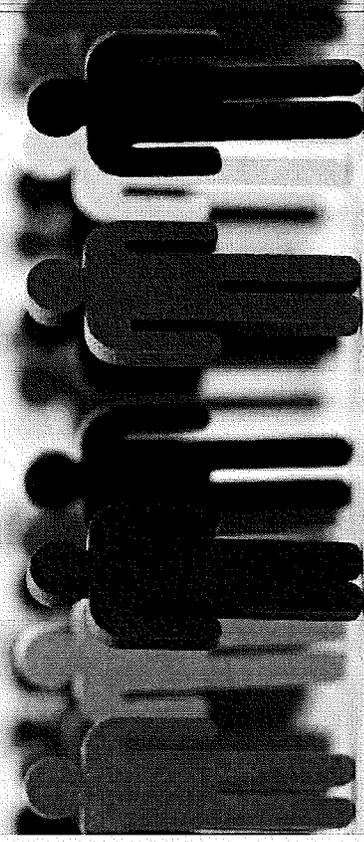
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
	← TB		Tyler Bongard
3-6-23	KP		Kathy Peng

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

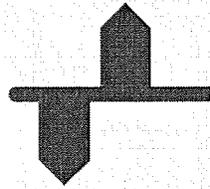
Other Attendees			

PAI-Parkway Team Meeting

Date: 2/7/2023



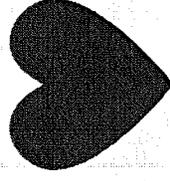
Welcome



Sign In



Introductions

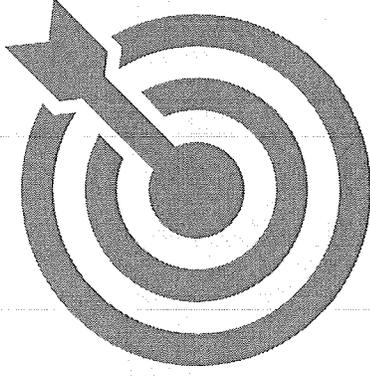


A moment of gratitude

Agenda

Welcome
Site-Specific Updates
Agency-Wide Updates
Development Updates
Competency Reviews

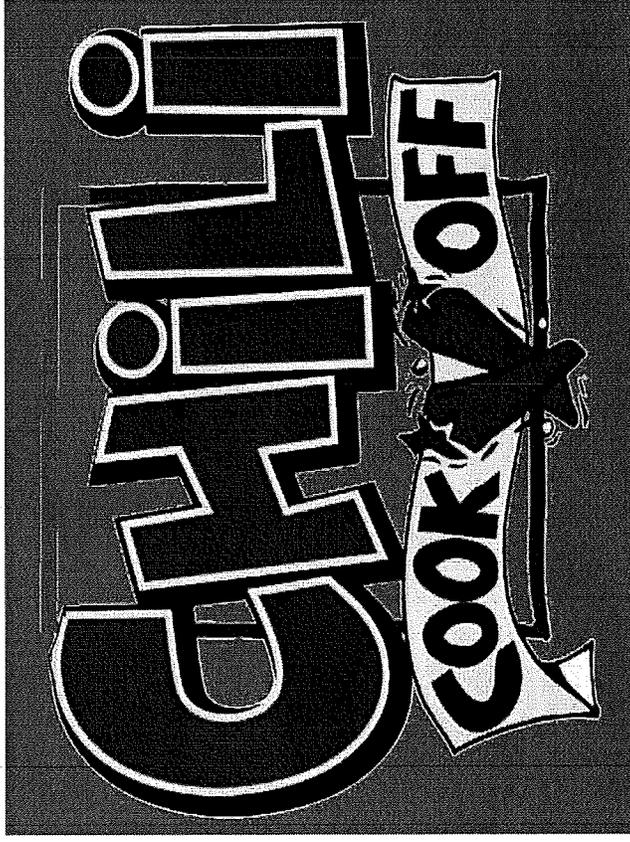
Wrap Up



Site-Specific Updates

-Attendance

**-Chili cook off
(invite admin and
other sites)**



Agency-Wide Updates

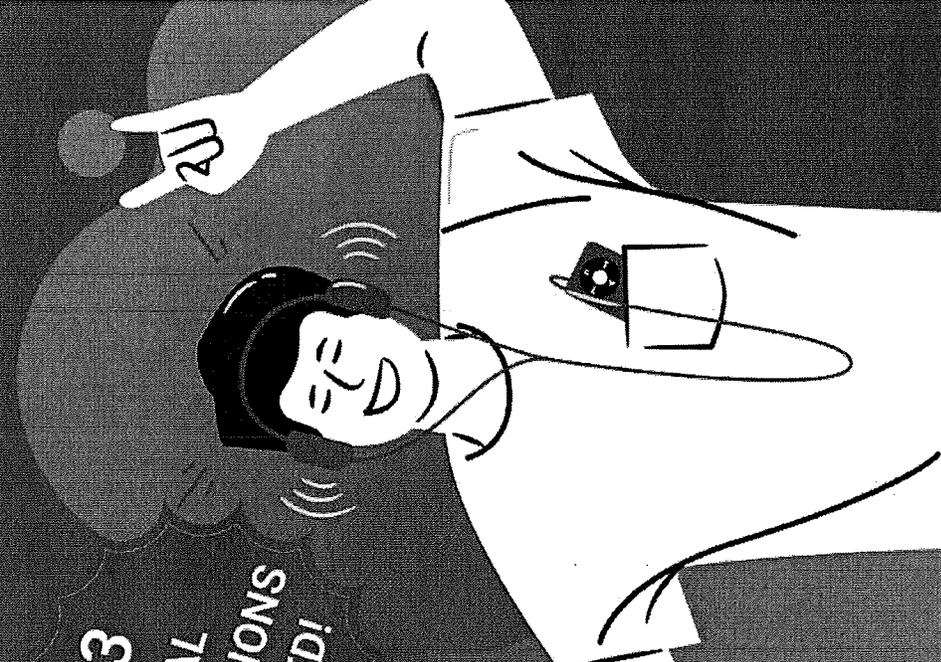
**-New staff: Pamala Davis,
Room rotation tomorrow**

-1st Aid/CPR tomorrow

**-Linden Valentines
Day Photobooth**



Development Updates



23
TOTAL
SUBMISSIONS
RECEIVED!

NEW NAME HERE!

Rename the COCR!

Round One: Voting

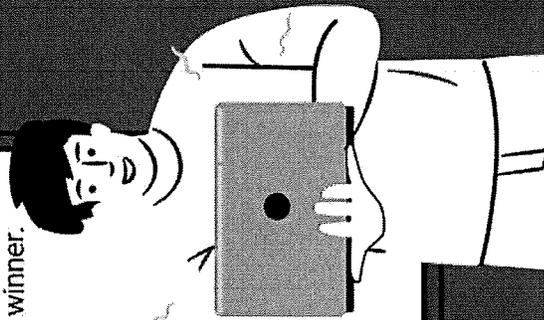
Get your votes in by Monday,
February 13!

Thank you to ALL PARTICIPANTS!

After Round 1

01

After round one ends, senior management will tally the results and select the winner.



02

Once a winner is chosen, we will let everyone know the results of the contest!

Winner

01

We will contact the winner soon after the competition ends.



02

The winner will receive a \$25 gift card of their choosing. Even better, their submission will become the new face of the CCR!

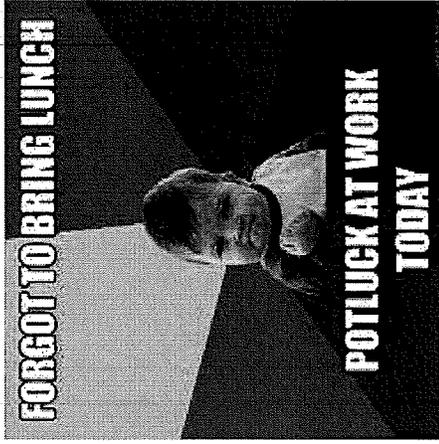
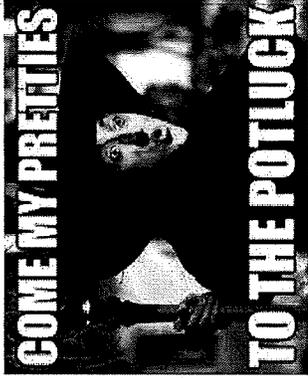
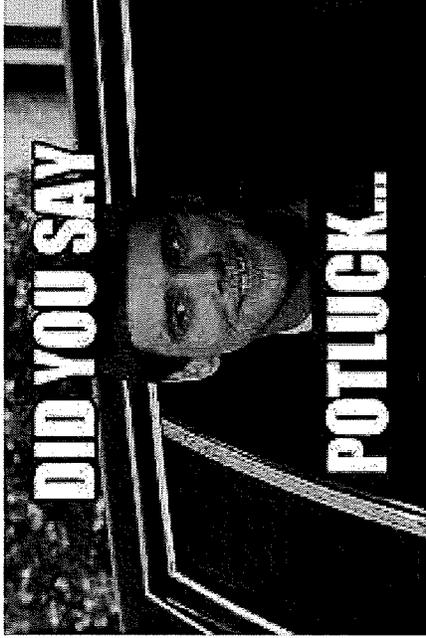
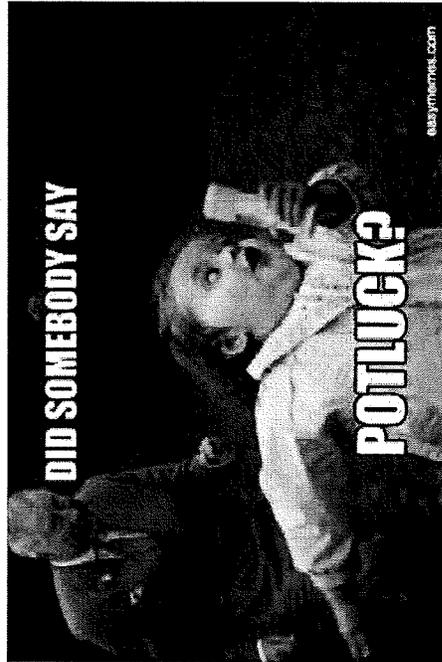
Competency Reviews

Richard McDole



Tomorrow: 1:45-2:45

Potluck!



Wrap Up

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

Any final thoughts?





Competency Tracking Form

Participant: RM

Annual Service Span: Jan 23 - Jan 24

Annual Meeting Date: 1/1/23 Date Assigned to Lead: 1/30/23

Competency Quiz Due for all Staff: 2/7/23

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
	NA	Susan Gaines
	JG	John Gebhardt
2/7	AG	Andrea Green
	JG	Jess Gunderson
2-7	SG	Sandy Greenly
2-7	MH	Monserrat Hernandez
2/7	NK	Nikki Kereluk
		Kennedy Norwick
2-7	DP	Dan Popp
2-7	RS	Renee Schmidt
2-7	NS	Nancy Snyder
2/7	KS	Dolly Stein
	DS	Donna Storm
2-7	CS	Cindi Stucky

Date Completed	Initials	Full Name
	DT	Dave Turner
	AW	Anna Wrich
	DY	Doua Yang
	DR	Dainaja Roman
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
2/7/23	TB	Tyler Bongard
3-6-23	KA	Kathy Perry

Date Uploaded to LMS: _____

Staff: Kathy Perry
 Date: 3-6-23



Service Recipient: Richard M. Dole
 Service Span: 1/23-1/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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>Tonic/clonic controlled 2 meds. Seizure protocol qll to any seizure</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized 2 spoon, ensure cheeks well ground meat. Staff assist to feed spoon liquids. Alternate food 2 liquids offer 32 of thickened liquids. Remind to sit straight of food back</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Low/High temps, hernia protocol, high tolerance for pain hypertension, osteoporosis, dermatitis, CP</u>	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: <u>assist 2 meds</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>assist 2 transfer, urinal, + clean up</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses wheelchair, ensure all straps are on staff assist to move chair. 1 person transfer with belt + verbal instructions</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has ID band + medical alert supervision all times assist 2 w/c</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>Blind - assist 2 obstacles - staff assist in crowded areas hearing - speak slowly + clearly toward (R) side</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Important to: <u>Music, friends, visiting other rooms, conversations, outings wrestling, music/pet therapy, independence, schedule choices</u>		
Important for: <u>Be as indep. as possible, fluid intake, balanced meals being social + engaged in act.</u>		
Likes: <u>listening to music, choices, solving problems, enjoying people of facts, routine, playing piano, singing, food related outings</u>		
Dislikes: <u>last min. changes, being corrected, bad weather/ weather extremes others doing things for him that he can do himself</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>Verbal instructions, modeling, repetition</u>		

Staff: Dave Turner



Service Recipient: Richard McVole

Date: 2/6/23

Service Span: January 23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>No Allergies</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Richard is aware of his seizures + is accepting of staff assistance, Richard's seizures are controlled by medications. Richard's last reported seizure was on 7/14/15.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Richard is accepting of staff assistance during meals. Richard may tilt his head back which increases his risk of choking. Richard has mechanical soft diet with thickened liquids.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Hypertension, Osteoporosis, Dermatitis.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Richard would need assistance if pm vertigo med was needed.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Richard needs assistance with cares. Richard stands + pivots + sits on toilet + then uses a urinal.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Due to blindness, seizure disorder, + other chronic medical conditions Richard is at risk for falling + requires support with mobility. Staff will remind Richard to use grab bars + will assist with propelling his</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Richard is legally blind and has has hearing loss in his left ear. Staff will assist Richard in propelling his chair as needed + or provide verbal reminders (about) objects in his path. Staff will speak slowly + clearly in his right ear.</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Richard requires supervision, however Richard does get 5 minutes of bathroom privacy + up to 5 minutes on the work floor.</u>	
Important to: <u>Music, friends, visiting rooms, conversations, outings, wrestling, Music therapy, schedule, independence</u>		
Important for: <u>staff to thicken liquids, Make sure Richard is included, keep his environment safe + free of obstacles, Managing unexpected changes opportunities for socialization</u>		
Likes: <u>Music, making choices, solving problems, playing piano, singing, food outings + outings going to other sites.</u>		
Dislikes: <u>Last minute changes, being corrected, weather extremes, people doing things for him that he can do himself.</u>		
Communication Style: <u>Communicates verbally + responds to verbal prompts</u>		
Learning Style: <u>Richard learns best through clear verbal communication</u>		

Staff: TYLER BONGARD
 Date: 2/7/23



Service Recipient: RICHARD MCDOLE
 Service Span: JAN '23 - JAN '24

Outcomes:

Outcome #1:

Outcome #2:

Communication Style: VERBALLY, RESPONDS TO VERBAL PROMPTS

Learning Style: THROUGH CLEAR VERBAL COMMUNICATION

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NKA</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>AWARE OF SEIZURES - ACCEPTS STAFF ASSISTANCE. CONTROLLED BY MEDICATION. LAST SEIZURE 7/14/15</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NEEDS STAFF ASSISTANCE DURING MEALS</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MECHANICAL SOFT DIET + THICKENED LIQUIDS</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>HAS HYPERTENSION, OSTEOPOROSIS & DERMATITIS</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>WOULD NEED ASSISTANCE IF PRN VERTIGO MED WAS NEEDED</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NEEDS ASSISTANCE W/ CARES - STANDS, PIVOTS, SITS ON TOILET & USES URINAL</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>DUE TO BLINDNESS & SEIZURE DISORDER - REQUIRES SUPPORT W/ MOBILITY - PROPEL CHAIR AS NEEDED</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MODEL PEDESTRIAN SAFETY & PROVIDE ^{PHYSICAL} SUPPORT</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>LEGALLY BLIND, HEARING LOSS IN LEFT EAR. PROPEL CHAIR AS NEEDED/VERBAL PROMPTS (OBSTACLES IN PATH)</u>
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>REQUIRES SUPERVISION BUT HAS 5 MIN BATHROOM PRIVACY/5 MIN ON WORK FLOOR</u>
Important to:	<u>MUSIC, FRIENDS, VISITING ROOMS, CONVERSATIONS, DANCING, WRESTLING</u>
Important for:	<u>THICKENED LIQUIDS, BEING INCLUDED KEEPING ENVIRONMENT FREE OF OBSTACLES, MANAGING UNEXPECTED CHANGES</u>
Likes:	<u>MUSIC, PLAYING PIANO, SINGING, DANCING, GOING TO OTHER SITES</u>
Dislikes:	<u>LAST MIN. CHANGES, BEING CORRECTED, WEATHER EXTREMES, PEOPLE DOING THINGS FOR HIM HE CAN DO HIMSELF</u>



Staff: Donna Vans



Service Recipient: Richard McDole

Date: 2/7/23

Service Span: Jan 23 - Jan 24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <p style="text-align: center;">no known allergies</p>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>Aware of seizures. Accept staff assistance. Controlled by medications. 7/11/15 - last seizure</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs staff assistance during meals. mechanical soft diet w/ thickened liquids.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Hypertension, osteoporosis, kya</u>	DNR/DNIR <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>need assistance if vertigo (prn) was needed.</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance. stands, pivot then use urinal.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>due to blindness / seizure, risk of falling. Remind to use bars, assistance w/ wheelchair</u>	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>legally blind, hearing loss (left ear), staff will assist with chair, verbal cues of objects. speak slowly & clearly (right ear).</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>requires supervision, 5 min of privacy & work from</u>	
Important to: <u>music, friends, visiting rooms, conversations, outings, wrestling</u>		
Important for: <u>thickened liquids, feels included, environment safe / free of obstacles, managing unexpected changes.</u>		
Likes: <u>music, playing piano, singing, outings, going to other sites.</u>		
Dislikes: <u>last minute changes, being corrected, weather extremes, people doing things for him when he can do it.</u>		
Communication Style: <u>verbally, responds to verbal prompt</u>		
Learning Style: <u>clear, verbal communications.</u>		

Staff: Cindi Stucky
 Date: 2-7-23



Service Recipient: Richard McDole
 Service Span: Jan 23-24

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: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input 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>aware of seizures</u> <u>accepts staff assistance</u> <u>Controlled by meds</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs staff assistance for meals</u> <u>thickened liquids - mechanical soft</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Hypertension</u> <u>dermatitis</u>	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: <u>would need assistance for vertigo med.</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>needs assistance w/ cares</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Do to blindness + seizure disorder, needs assistance</u>	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>legally blind</u> <u>hearing loss in left ear</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Requires supervision</u> <u>5min in restroom + workflow</u>	
Important to: <u>music, friends, visiting rooms, out in q</u> <u>wrestling</u>		
Important for: <u>thicken liquids, included, environment safe</u> <u>managing unexpected changes</u>		
Likes: <u>music, piano, singing, out in q</u> <u>+ other sites</u>		
Dislikes: <u>last min changes, being corrected</u>		
Communication Style: <u>verbally - verbal prompts</u>		
Learning Style: <u>clear verbal communication</u>		

Staff: Morse H.



Service Recipient: Richard M.

Date: 1-7-23

Service Span: Jan 23-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: Aware, accepts staff assistance - Last 7-14-15	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assist during meals. mechanical soft	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension, dermatitis osteoporosis	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: PRN - if needed	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: needs assistance, stands.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Blindness - Risk of falling - hand assist	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind - hearing loss in left ear - verbal reminders - speak slow and clearly	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 5 minutes work/bathroom	
Important to: music, friends, visiting rooms, outings, wrestling		
Important for: Thick it, inclusion, safe, managing changes		
Likes: music, piano, singing, outings, other sites		
Dislikes: changes, corrected, bad weather, no independence		
Communication Style: verbal, verbal prompts		
Learning Style: clear verbal communication		

Handwritten marks on the left margin: a vertical line, a heart, and a checkmark.

Handwritten initials 'do' with a circular arrow below it.

Lead Review Completed: _____



Staff: Renee Schmitt



Service Recipient: Richard Dole

Date: 2/7/23

Service Span: Jan 23 - Jan 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: accepting of S last seizure 7/14/15 aware of seizure medication controlled	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: mechanical soft diet thicken liquids staff assist during meals	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: dematitis OSisto prosis hypertension	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: need assistants for PRN (veridigo)	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 stand privoid sub use vrial	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires assistant in standing	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: staff will assist propelling chair as need speak soft slow legally blind hearing loss Left ear in Right ear	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 5 min bathroom Privacy & 5 min work floor	
Important to: music friends visiting room conversations cutting wrestling		
Important for: managing unexpected change staff to thicken liquids feelss included keep environment safe		
Likes: music piano singing cutting other sites		
Dislikes: lg min change being corrected weather extremes		
Communication Style: Verbal verbal prompts		
Learning Style: clear verbal communication		

Staff: 1 Amy Snyper



Service Recipient: Richard McDole

Date: 2-7-23

Service Span: 1/23 - 1/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: Aware of seizures, accepts staff assistance controlled by meds - (last 7-14-15)	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance, mechanical soft diet, thickened liquids	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hypertension, osteo _____ dentures	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: Needs assistance if PRN is needed	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: Needs assistance, stands, pivots, sits, uses urinal	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Blinded/seizures = at risk, needs support, remind to use grab bars	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind, hearing loss in left ear, staff pushes chair as needed staff speak slowly & clearly	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: None	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 5 mins of bathroom privacy - 5 mins on work floor	
Important to: music, friends, visiting rooms, conversations, activities, wrestling		
Important for: Staff to ^{managing changes} thicker liquids, feeling included, environment safe		
Likes: music, piano, singing, activities, site visits		
Dislikes: changes, being corrected, weather extremes		
Communication Style: Verbal, verbal prompts		
Learning Style: clear verbal communication		

Lead Review Completed: _____

Staff: Daniel P



Service Recipient: Richard M

Date: 2/7/23

Service Span: 1/23 - 1/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
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Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Is aware of his seizures and accepts staff assistance Last seizure was 7/14/15. Controlled by meds
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Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff assistance during meals. Mechanical soft diet with thickened liquids
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Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension, Osteoporosis, and dermatitis	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
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Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Would need assistance if Vintiga med was needed	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
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Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs assistance with cares. Stands and pivots by toilet
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Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: due to blindness Richard is at risk to fall Staff will offer assistance
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Community Support: <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
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Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind and has hearing loss in left ear Staff speak slowly and clearly in right ear
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Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
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Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Requires supervision has 5 minutes alone time in bathroom and
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Important to: music, friends, visiting rooms, conversations, outings, wrestling

Important for: thickened liquids, feeling included, safe environment, and managing unexpected changes

Likes: music, playing piano, singing, outings, and visiting other sites

Dislikes: last minute changes, being corrected, weather extremes, Not being independent

Communication Style: Verbally communicates

Learning Style: Verbal communication, repetition

Staff: Donna Strom



Service Recipient: Richard McSole

Date: 2-7-23

Service Span: Jan 23-24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: aware of and except assistance controlled by meds 7-4-17	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assistance at meals thick it for liquid 3 sold to one liquid when feeding	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hyper osteo Derm	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: would need assistance for PNR vertigo	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: needs assistance with cares stands and pivots	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: due to se use grab bars assistance	
Community Support: <input type="checkbox"/> No <input checked="" 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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Bilateral hearing loss on <u>R</u> ear staff assist w/ chair speak slowly and loud into <u>R</u> ear	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervisor 5 min in Bathroom or work floor	
Important to: music friends visit Room conversations wrestling		
Important for: thick it his liquids Feels included safe environment managing unexpected changes		
Likes: music piano singing outings going to other sites		
Dislikes: last min changes being told no people doing things he can do himself		
Communication Style: verbal prompts		
Learning Style: clear verbal communications		

Staff: Sandy Greenly
 Date: 02-07-2023



Service Recipient: Richard McDole
 Service Span: 01-23/01-24

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 checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: Aware of seizures except staff help with seizure control by medication 7-14-15 - lost seizure.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs staff assistance during meals mechanical soft diet w/ thickened liquids.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hypertension, osteoporosis, demitrus.	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: Need assistance if vertigo med was needed	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: Need assistance, stands pivots and uses urinal.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Due to blindness + seizure if at risk - remind him to use grab bars and assist him w/ care.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will monitor	<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: staff speak slowly into right ear. legally blind + hearing loss in left ear. assist in propelling his chair as needed.	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: _____	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires supervision - 5 min bathroom privacy 5 min alone time on work floor	
Important to: music, friends, visiting rooms, conversations, eating, wrestling.		
Important for: staff to thicken his liquids, making sure Richard feels included, keeping environment safe, managing unexpected changes		
Likes: music, playing piano, singing, eating - govt to other		
Dislikes: last minute changes being reverted, weather, excessive people doing things for him		
Communication Style: verbally - + responds to verbal prompts		
Learning Style: clear verbal communication		

Staff: Dainah Ranem



Service Recipient: Richard McDuke

Date: 2/7/2023

Service Span: Jan 23 Jan 24

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>NO KNOWN Allergies</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>He is aware of his seizures. He accepts his seizures.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Richard needs help eating food, he has thicker liquid.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Hypertension, dermatitis,</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>needs assistance if PRN is needed</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assistance with cares he stands on pivots</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>DO TO blindness, he is a Fall risk.</u>	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>he is legally blind and hearing lost in his left ear. Staff will remind him of objects in the way. Staff will speaking slowly in ear.</u>	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: <u>He has five minutes in the Bathroom an on work floor.</u>	
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 	
Important to: <u>music, Friends, visiting rooms. conversation outing and wrestling</u>		
Important for: <u>Staff to thicken his liquids. make him feel included. keeping the environment safe.</u>		
Likes: <u>MUSIC, playing piano singing. outing an other site</u>		
Dislikes: <u>last minute changes, Being corrected, weather extremes</u>		
Communication Style: <u>verbally an</u>		
Learning Style: <u>clear communication</u>		

Staff: John Gebhardt



Service Recipient: Richard McDole

Date: 2/7/23

Service Span: 1/2023 - 1/2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NKA	Medication Allergies? <input type="checkbox"/> No <input 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: He is aware of seizures controlled by Medication Last one on 7-14-15. Staff aware.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs assistance during meals, soft diet - Mechanical	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Has Hypertention, Osteoporosis, Dermq.	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: Needs assistance if PRN med is ever needed.	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: Needs assistance with cares.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Risk of Falling due to poor vision, uses his wheelchair.	
Community Support: <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	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally Blind. Hearing Loss - <u>Left Ear</u> . Staff can move his chair as needed.	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: Speak slowly to him and speak by his right ear for better hearing	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Up to 5 minutes only unsupervised	
Important to: Music, Friends, visiting, Talking, Outings Wrestling.		
Important for: Staff to Thicken all Liquids. Keep him safe Make sure to manage any changes.		
Likes: Music, Piano, Singing, Outing, Visit other sites		
Dislikes: Being corrected, sudden changes, Extreme Weather		
Communication Style: Verbal.		
Learning Style: Verbal, Clear communication		

Staff: ANDREA GREEN
 Date: 2/7/25



Service Recipient: Richard M.
 Service Span: 1/23/1/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: aware & accepts help controlled by meds last 7/2015	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff assistance during meals thicken liquids	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension dermatics	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: PLN - Vietgo	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, stand pivot stand sit on toilet	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Remind to use grab bars	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind & hearing loss in left ear. Verbal reminders of path. speak into right ear.	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 6 min bathroom & work floor	
Important to: music, friends, visiting rooms, conversations, outings		
Important for: thicken liquids, feeling included, safe free of obstacles managing changes		
Likes: music, piano, singing, outings other sites		
Dislikes: last minute change be corrected, weather exchange do things he can		
Communication Style: Verbal Responds Verbal		
Learning Style: Verbal communication		

Staff: Kathryn Stern



Service Recipient: Richard Medole

Date: 1/1/23

Service Span: 1/23 - 1/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: He's aware of his seizures. Controlled by medication last seizure 7/14/15	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs staff assistance during meals, mechanical soft and thickened liquids	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension, osteoporosis, dermatitis	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: PRN - vertigo med	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: stands/pivots on toilet/uses urinal	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Due to blindness, needs help in community	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Due to blindness, needs help 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: legally blind, hearing loss in left ear staff help propel his chair, verbal reminders of objects	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 5 minutes alone in bathroom/work floor	
Important to: music, friends, visiting rooms, conversations, outings, wrestling		
Important for: thickened liquids, feeling included, safe environment, managing unexpected changes		
Likes: music, playing piano, singing, outings, visiting other sites		
Dislikes: last minute changes, being corrected, extreme weather		
Communication Style: verbal, responds to verbal prompts		
Learning Style: clear verbal communication		

Lead Review Completed: _____

Staff: Anna Wnch
 Date: 2/7/2023



Service Recipient: Richard McDOTE
 Service Span: 1/23 - 1/24

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 checked="" type="checkbox"/> N/A	List & Describe Supports: NO Allergies	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: aware / accepts assistance. Controlled, last-7/14/15	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: full assistance. Mech. soft thickened liq.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension. osteoporosis Dermatitis.	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: PRN PRN for vertigo Needs assistance.	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: stand @ bar - pivot, uses urinal	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: requires assistance w/ propeling chair remind to use grab bars.	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: legally blind. hearing loss @ ear. Provide verbal reminders. assist as needed.	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervision @ all times *5 mins in bathroom and work floor.	
Important to:	music, friends. visiting rooms. convo. outings wrestling.	
Important for:	Dietary needs. being included. safe, obstacle free. managing changes.	
Likes:	music, piano, singing, outings. other sites.	
Dislikes:	last min. changes. being corrected. people doing things for him	
Communication Style:	Verbal.	
Learning Style:	Clear Verbal Communication	

Staff: Mikki KerehukService Recipient: Richard MiddleDate: 2/7/23Service Span: 1/23 - 1/24

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input 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: aware of. accepts assistance. controlled by meds. (7/14/15)	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: thick liquids, staff assist. mechanical soft	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: hypertension, osteoporosis, dermatitis	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: assistance for PRN	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: assistance, stand → pivot, urinal.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: at risk for falling. (blind) assist w/ propel chair * grab bar	
Community Support: <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
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: blind. hearing loss in left ear. propel chair and verbal reminders	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: -	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 5 min work floor / bathroom	
Important to: music, friends, visiting, conversations, outings, wrestling,		
Important for: thicken liquids, inclusion, environment safe managing changes.		
Likes: music, piano, singing, outings, visiting PAI sites.		
Dislikes: last minute changes being corrected, extreme weather.		
Communication Style: verbal.		
Learning Style: clear verbal communication		

Lead Review Completed: _____

