In-service Training Log – Parkway

Date: 12/20/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

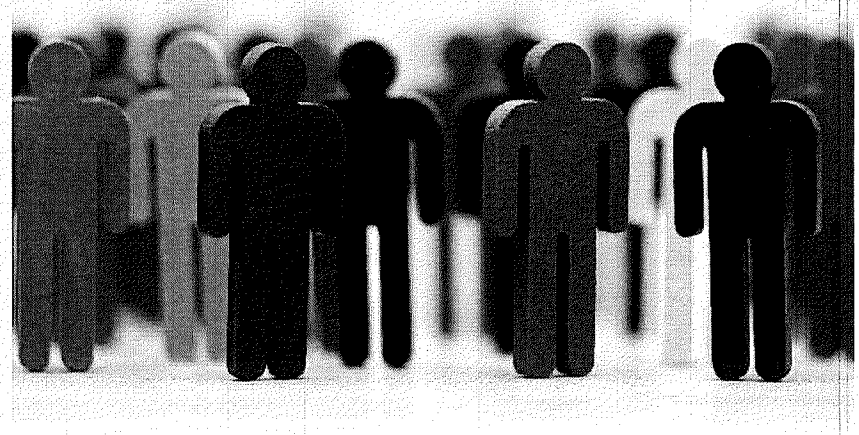
Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson			Misc Building/company updates
.25	Drea Green			RC competency quiz

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
	SG		Susan Gaines
	JG		John Gebhardt
	AG		Andrea Green
3/29/22	MH		Monse Hernandez
	DS		Donna Storm
	NK		Nikki Kereluk
	EM		Elizabeth Mizeur
Make Up Date	**Initial**		**Manager/Admin**
			Kmetz, Kevin
			Norwick, Kennedy
			Gunderson, Jessica

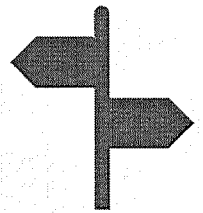
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
	JC		Jessica Carlson
	LC		Lindsay Carlson
Other *Attendees*			
	KP		Kathy Perry
2/1/23	TB		Tyler Bonard

PAI-Parkway Team Meeting

Date: 12/20/2022

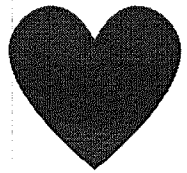


Welcome



Sign In

Introductions

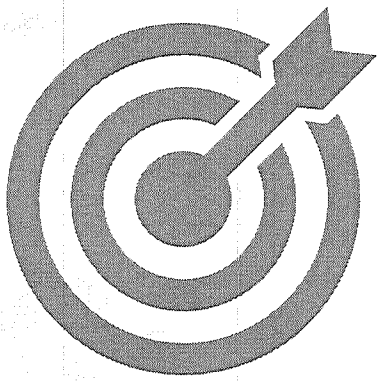


A moment of gratitude

Agenda

Welcome
Site-Specific Updates
Weely Autism Minute
Agency-Wide Updates
Development Updates
Competency Reviews

Wrap Up



Site-Specific Updates

-**Reminder:** potluck tomorrow!

-**Gift game:** bring a $20 gift if you want to participate

-**Cookie decorating on Thursday**

Santa Visit Tomorrow:

- 8:30 am –9:15 am

- 5 min visit each room

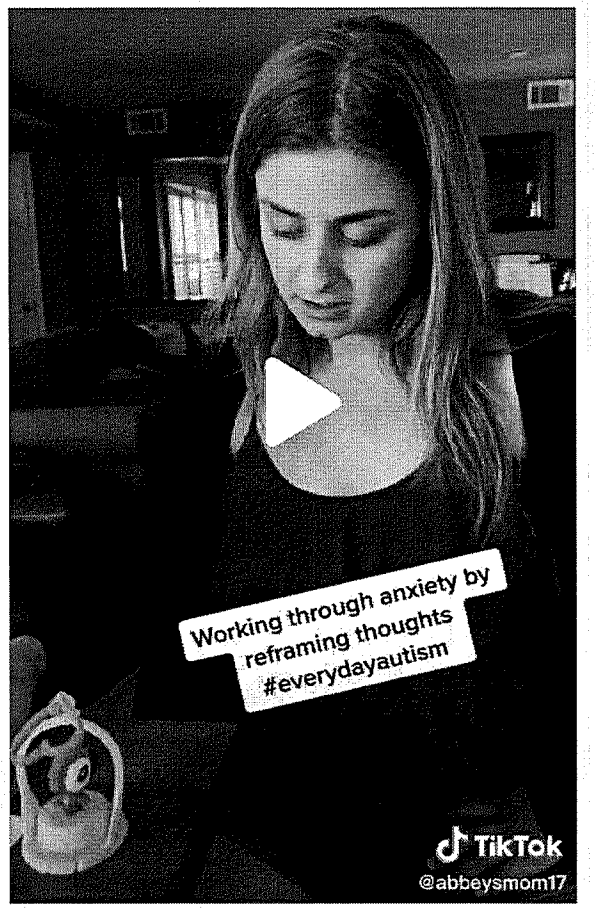
- Photo in hallway room-by-room
(Kennedy will direct each room when it's their turn)

Weekly Autism Minute

Assisting with Anxiety

- Small things may feel big

- Assist in walking through solutions



Agency-Wide Updates

- Office hours email
- Cleaning hours?

<u>Weather closer:</u>
- Radio: WCCO
- TV: WCCO
- PAI website

****IF YOU DON'T HEAR FROM JESS OR KENNEDY WE ARE OPEN****

-Covid tests are [redacted] again – please use those as needed

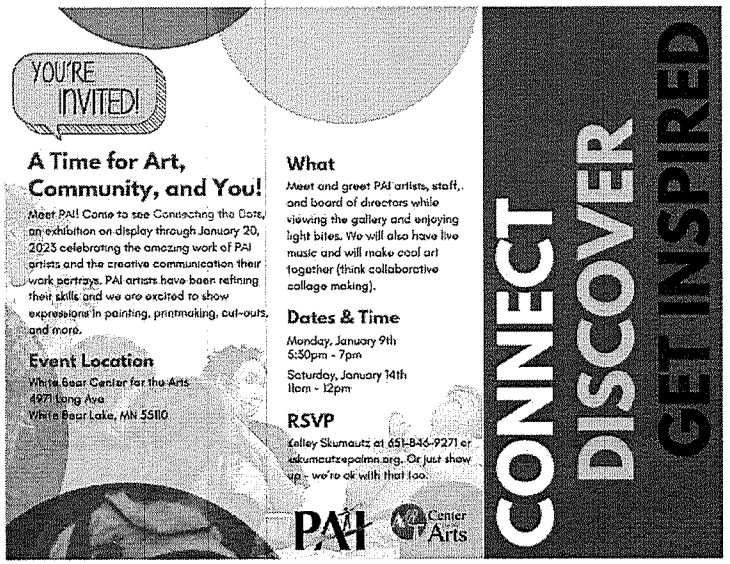
Development Updates

http://DevelopmentUpdate.html

PAI Night

This flyer will go home with participants

Jan 9th & 14th at White Bear Center for the Arts



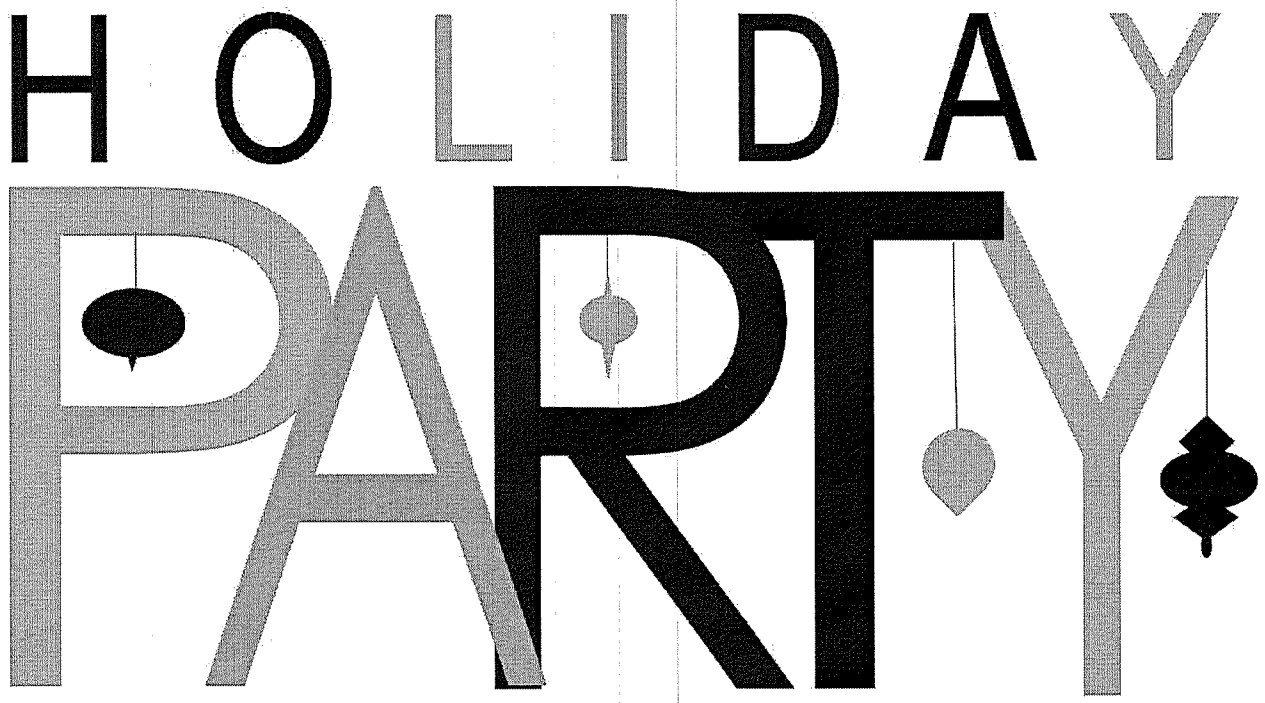
Start

11:11AM

Competency Reviews

Rory Conway

Tomorrow: 1:45-2:45



Wrap Up

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

Any final thoughts?

Competency Tracking Form

Participant: Rory Conway

Annual Service Span: __November 2022 – November 2023_____

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
	LC	Lindsay Carlson
		Susan Gaines
	JG	John Gebhardt
	AG	Andrea Green
		Jess Gunderson
3/29/22	MH	Monserrat Hernandez
	NK	Nikki Kereluk
	EM	Elizabeth Mizeur
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
	SG	Sandy Greenly
DY		Doua Yang
	JC	Jessica Carlson
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
2/1/23	TB	Tyler Bongard
1-24-23	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: Morse, H.
Date: 3-29-23

PAI

Service Recipient: Rory Conway
Service Span: Nov 22 - Nov 23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: DX - Generalized Convulsive Epilepsy	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: - Put non-food items in mouth - Sometimes needs assisting	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne - Red irritation on various areas of face	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Seizure Medication	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: incontinent - wears brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Gait Belt - unsteady when walking -	
Community Support: ☐ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: When overstimulated slaps leg/back of head	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slapping legs; Slapping head, and Biting Hands	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: Music, Going for walks, Hand manipulatives, Looking out Windows

Important for: Seizure Plan, Calm voices, not to be rushed, Respect choices

Likes: outings, parks, outdoors, sensory activities

Dislikes: waiting, Negativity

Communication Style: vocalizations

Learning Style: Gentle Reminders, physical cues

Lead Review Completed: _____

Staff: TYLER BONGARD

Date: 2/1/23

PAI

Service Recipient: RORY CONWAY

Service Span: NOV '22 - '23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: GENERALIZED CONVULSIVE EPILEPSY - 1-2 GRAND MAL SEIZURES/MONTH ON AVERAGE. HAS SEIZURE PROTOCOL. HIGH RISK OF FALLING DURING SEIZURE.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: FEEDS SELF INDEPENDENTLY - MAY TAKE LARGE BITES/OVERFILL MOUTH. MAY BE TOO TIRED/LETHARGIC TO EAT INDEPENDENTLY. DOES NOT DISPLAY CONSISTENT APPETITE.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ACNE - EXPERIENCES OCCASIONAL ACNE/RED IRRITATION ON VARIOUS PARTS OF FACE DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: OCCASIONALLY ACCEPTING OF RESCUE SEIZURE MED - MAY RESIST MEDS IF OVERSTIMULATED Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: REQUIRES (& IS ACCEPTING OF) FULL ASSISTANCE
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: LEANS TO THE RIGHT - STAFF ASSIST W/ GAIT BELT OR CHAIR (LONG PERIODS / OUTINGS)
Community Support: ☒ No ☐ Yes	Describe Supports: USES WHEELCHAIR IN COMMUNITY & STAFF DRIVE ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SENSORY SEEKING WHEN OVERSTIMULATED - MAY SHOW SEEKS BEHAVIOR, LOUD VOCALIZATIONS & RAPID MOVEMENT. SEEKS VISUAL SENSORY INPUT
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY SLAP/BITE SELF IF OVERSTIMULATED. MAY GRAB OTHERS BEFORE HAVING A SEIZURE
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO UNSUPERVISED TIME
Important to: MUSIC, GOING FOR WALKS, HAND MANIPULATIVES, LOOKING AT WINDOWS, BUS/VAN RIDES	
Important for: ASSISTANCE W/ WALKING, STAFF THAT KNOWS SEIZURE PLAN, HELP W/ DE ESCALATION, BEING GIVEN ENOUGH TIME	
Likes: HAND MANIPULATIVES, MUSIC, RAISING CANES	
Dislikes: BEING RUSHED WHEN WALKING, MOVING HIM IF HE DOESN'T WANT TO MOVE	
Communication Style: VOCALIZATIONS & BODY LANGUAGE	
Learning Style: REPETITION, MODELING, HAND / HAND	

Lead Review Completed: _____

Staff: Kathy Perry

Date: 1-24-22

PAI

Service Recipient: Rory Conway

Service Span: 11/22 – 11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Convulsive Has protocol VNS PRN - lorazepam 1-2 per mo.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized, & Cue to take 1 bite at a time Can feed self Will put inedible things in mouth
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: full assist Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full support brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfer belt all times - unsteady gait - place in chair. Staff with him all times while walking w/c for distance
Community Support: ☒ No ☐ Yes	Describe Supports: Staff support all times w/c while in comm. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: gets overstimulation - loud vocalizations
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SIB - slapping legs / head, biting hand loud vocalizations Grabbing
Unsupervised Time: ☐ No ☐ Yes	Describe Supports:

Important to: Music, walks, manipulatives, looking out window, van rides

Important for: sensory items & manipulatives, time to relax & nap, time to look out window, encourage independence

Likes: outdoors, scenery, sensory act, holding manipulatives, outings allow to walk around

Dislikes: having to wait to walk, loud vocalizations, pushing away

Communication Style: Vocalizations from happy to anxious

Learning Style: Repetition, hands on

Lead Review Completed: _____

Staff: Dave Turner
Date: 12/22/22

PAI

Service Recipient: Roly Conway
Service Span (Nov 22 - Nov 23)

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Epilepsy - 1 to 2 grand mal seizure pr month. Unsteady + weak after seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Will put non-food items in mouth. IF he does not want to eat - designated coordinator should be notified. Roly will feed himself, may take large bites. Nickel size.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Roly has PRN (VNS) swipe - should left to right. PRN medication also. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assist in bathroom. Wears brief. Can stand or use toilet.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait, on-feet, use gait belt for safety.
Community Support: ☒ No ☐ Yes	Describe Supports: use w/c in community. Unsteady gait- staff will support ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Slap legs, back of head, will bite hands loud vocalizations, rapid moves, hyperactivity. Visual likes the moon
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slap legs, loud vocalizations, bite hands, hyperactivity rapid moves
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE

Important to:
Music, walks, manipulatives, looking out doors.

Important for:
Walk with gait belt, choices when able, chances to observe + be included.

Likes:
Lights, MOON, walk, van rides,

Dislikes:
Stopping his movement,

Communication Style:
Non-verbal, going towards wants, going away from dislikes.

Learning Style:
HAND OVER HAND, verbal prompts, repetition.

Lead Review Completed: _____

Staff: Daniel P

Date: 12/20/22

Service Recipient: Rory C

Service Span: 11/22 - 11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Very tired afterwards Has seizures 1-2 grand mall per month on average
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will observe and remind small bites Feeds himself. May take large bites. and eat non food items.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Occassional Acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Has PRN for seizures (VNS) Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Rory should not walk alone Unsteady gate. Use gatebelt for safety.
Community Support: ☒ No ☐ Yes	Describe Supports: Uses wheelchair in community Unsteady gate. Can't walk alone ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Slaps back of head, Visual sensory, mod~ Slaps his legs, bites hands, loud vocalizations
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slaps legs and back of head. loud vocalizations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None

Important to:

Music, walks, manipulatives, looking out windows

Important for:

Sensory, Gate belt, choices, being able to observe and engage in activities

Likes: lights, moon, walks, music

Dislikes: being pulled in another direction of where he wants to go

Communication Style: non verbal

Learning Style: hand over hand, verbal prompts, repetition

Lead Review Completed: _____

Staff: Dana Young

Date: 12/20/22

Service Recipient: Rory Conway

Service Span: 11/22 - 11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: 1-2 seizures per month, after tired and lethargic. High risk of falling.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: can feed himself. make take large bites of food, nicked bite size. other food items in mouth. Doesn't display appetite may lose nutrition / unhealthy weight.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occassional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Have PRN for seizures. swipe / left to right of chest Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assistance in bathroom. wear briefs → sit on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady on feet, seizure disorder; use gait for safety, Never walks alone; walk on side he's leaning on. Constant pace.
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gait, can't walk alone. use wheelchair in community. wear seatbelt ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: will slap less on back of head, bite his hands, hyper activity w/ loud vocalizations & rapid move. visual sensory; likes it but can be over-stimulated
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: slap less, bite his hand, loud vocalizations, hyper activity
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None
Important to: music, walk, manipulitives, looking out window (indoors)	
Important for: sensorsy, gait belt, able to observe activities	
Likes: lights, moon, walk, music, van / car ride, anything w/ strong beat & rhythm	
Dislikes: Being pulled on, pushes things away he doesn't want	
Communication Style: non-verbal, goins towards what he wants / doesn't → away	
Learning Style: hand over hand, repitition, verbal prompt.	

Lead Review Completed: _____

Staff: Donna Storm
Date: 12-20-22

PAI

Service Recipient: Bory Conway
Service Span: NOV – 22-23

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

Allergies: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: N/A	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Convalsive Epi 1-2 Grandmal a month	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Feed himself may take large bits or non-food Items dosent have a concistent apatight	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: actner	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for Seizures swip across chest	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist in Bathroom Sit on toilet	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteadily on feet gate belt - never walk alone ever Keep a constent pass	
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gate use wheel chair in community	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Slap legs - bit hands Back of head Shows reg to loud Vocalegator	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: same ↑	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Ø	

Important to: music walks looking out windows / Doors manipulatives

Important for: ~~Other~~
give choices - observe activitys

Likes: lights moon walks car/van rides Farmer Camelon strong beat

Dislikes: ~~[redacted]~~ pulling him in the wrong way. Push things away

Communication Style:
Vocal push away or taking what he wants

Learning Style:
hand over hand Rep verbal prompt

Lead Review Completed: _____

Staff: Cindi Studley
Date: 12-20-22

Service Recipient: Rory Conway
Service Span: NOV 22-23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: generalized epilepsy 1-2 per month. Tired, unsteady,
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feed himself, may take large bites. Needs size & puts other things in mouth too. (non-food)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No on meds - has prn + veins (L to R) Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full ass. in bathrm - wears brief. Sit him on toilet.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on feet, seizure disorder use gatebelt - should never walk alone.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will model ped. safety. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Uses wc. in community
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: slap legs, bite hands, loud vocalizations, hyper activity (head (back)) visual sensory
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: slap legs, back of head, bites hands, loud vocalization
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None
Important to: music, walks, looking out windows & doors	
Important for: walk w/ gatebelt, give choices, able to watch everyone & be included.	
Likes: moon, walks, van, car rides, music (nintendo music)	
Dislikes: being pulled on - pushes things away he did want	
Communication Style: Non verbal -	
Learning Style: hand over hand, verbal prompts, repitition	

Lead Review Completed: _____

Staff: Jessica Carlson
Date: 12/20/22

PAI

Service Recipient: Rory Conway
Service Span: 11/22-11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: generalized convulsive epilepsy 1-2 grand mal per month, after seizures is tired, at risk for falling
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeds himself, may take large bits, nickel size pieces may put non-foods in mouth, nonconsistant appetite leading to unhealthy weight
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, VRN for seizures - swipe ~~across~~ across chest left to right Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs full assistance in bathroom, wears brief sit on toilet, then change brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on feet, seizure disorder, use gait belt for safety, should never walk alone, support on right side
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gait, wheel chair on outings ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: will slap legs & back of head, will bite his hands, shows hyperactivity through loud vocalizations & rapid moves, visual sensory - light, snow, moon
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: slap legs & back of head, loud vocalizations, bite hands
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to: music, walks, having manipulatives, looking out windows & doors	
Important for: offer sensory when overstimulated, walk w/ gait belt, observe activities	
Likes: lights, moon, walks, music, van / car rides, video game music	
Dislikes: being pulled on	
Communication Style: nonverbal, vocalizations, going toward what he wants & pushing away what he doesn't want	
Learning Style: hand over hand, verbal prompts, repetitions	

Lead Review Completed: _____

Staff: Mary Shafer
Date: 12-20-22

PAI

Service Recipient: Rory Conway
Service Span: 11-22 / 11-23

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: generalized Convulsive - 1-2 grand mal seizures per Month High risk of falling during seizures
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Feed himself, Nickel size bites, may put non-food items in his mouth. Let supervisor know if he doesn't eat
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: acne, DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN = for seizures - VNS swipe shoulder-down NO daily meds - Full swipe Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full assistance - Brief, sit on toilet
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: walk on side he is leaning, keep pace Unsteady gait, seizure disorder, Sit belt Don't walk alone - EVER
Community Support: ☑ No ☐ Yes	Describe Supports: uses wheelchair in community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Unsteady gait, NO walking alone
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Sleepless & back of head, lights, snow, Moon - sensitive & over stimulating bites hands, loud vocalizations & rapid moves
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: same as above ↑
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO unsupervised time
Important to:	Music, walks, looking out Windows
Important for:	offer sensory, walk w/ gait belt, choices when able observe activities
Likes:	lights, Moon, walks, Music, VW / car rides, arcade music
Dislikes:	pulled on - Go his way
Communication Style:	non-verbal, pushing away what he doesn't,
Learning Style:	hand over hand, verbal prompts, repetition

Lead Review Completed: _____

Staff: Lindsay Carlson
Date: 12/20/22

Service Recipient: Rory Conway
Service Span: 11/22-11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: generalized convulsive epilepsy 1-2 grand mal seizures/month tired, lethargic, unsteady, risk for falling
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: can feed himself, may take large bites - nickel sized may put non food items in mouth - nonconsistent appetite
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures (rns once/min across min) - full swipes Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance in bathroom. brief, sit him on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, seizure disorder - use gait belt for safety, never walk alone, hold on right side
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gait, cant walk alone, wheelchair on outings ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: will slap legs/back of head, bite hands, hyperactivity w/ vocalizations/loud noises/rapid moves - visual/sensory/mom
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: slapping legs/back of head, loud vocalizations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to:	music, walks, manipulatives, looking out windows/doors
Important for:	offer sensory when overstimulated, walk w/ gait belt, observe activities
Likes:	plants, moon, walks, music, van/car rides, video game music
Dislikes:	being pulled on
Communication Style:	nonverbal, going towards what he wants, vocalizations
Learning Style:	hand over hand, verbal prompts, hand over hand

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 12/20/22

PAI

Service Recipient: Rory Conway
Service Span: 11/22 - 11-23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: 1-2 grand mal size per month Generalized Convulsive High risk of fall after seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may take large bite unconsistant appetite unhealthy food Self Picked size may non-food item in mouth
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Occational acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: RRN-seizure VNS-Swip left to Right Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order* non-PAI-Daily
Personal Cares: ☒ No ☐ Yes	Describe Supports: Sit on toilet Full assist wears brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: not to walk alone-seizur unsteady gate gate belt Walk on Right Side
Community Support: ☒ No ☐ Yes	Describe Supports: Wheelchair during community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff with at all time
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bite hand Loud Vocalization Rapid moves Slap head hyper activites over stimulation Light Sun Moon
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bite hands Slap leg head Loud Vocalization
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to:
Sensory
Music Walks looking out windows

Important for:
Walk with gate belt Knowing h
Give Choice observe activities

Likes:
lights moon Rides walks music arcade music

Dislikes:
Being Pulled on

Communication Style:
non verbal Pulling/rush what he wants or does

Learning Style:
hand over hand Repitition verbal prompts

Lead Review Completed: _____

Staff: Andrea Green
Date: 12/20/22

PAI

Service Recipient: Rocky Conway
Service Span: 11/2022 - 11/2023

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: - 1-2 grand mal per month generalized convulsive epilepsy After seizures tired, lethargic, unsteady on feet High risk of falling during
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeds himself, may take large bites & put non food items does not display consistent appetite risk of malnutrition/unhealthy weight
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: (PRN & VNS) swipe once per minute Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance in bathroom wear brief but sit on toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait seizure disorder - gait belt for safety should not walk alone lethargy walk on leaning side (right)
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Slap legs & back of head bite hands. Show hyperactivity loud vocalizations & rapid moves. visual sensory lights, snow sun, moon
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: slap legs & back of head bite hands
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none

Important to: R
music, walks, having manipulatives, looking out window

Important for:
offer sensory when overstimulated able to observe activities
walk with gait belt. give choices when able

Likes:
lights, the moon walks, music van/car rides

Dislikes:
being pulled on R

Communication Style:
non verbal, vocalizations, going short request towards what he wants pushing away what doesn't

Learning Style:
hand over hand verbal prompts, Repetition

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 12/20/22

Service Recipient: Rory Conway
Service Span: 11/22 - 11/23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Generalized convulsion Epilepse, 1-2 grand mal seizures a month, has a VNS
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Nickel sized pieces, may attempt to put non food items in his mouth, at risk for malnutrition
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occasional acne DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Lorazepam for seizures and PRN - VNS Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance in bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait, seizure disorder, uses gait belt, should NOT WALK alone ever
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gait, uses wheelchair in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Rory will slap his legs, bite his hands, shows hyperactivity, sensitive to lights/moon/sun
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: SEE ABOVE: SENSORY SUPPORT
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NO unsupervised time
Important to: music, walks, manipulatives, windows, doors	
Important for: offering sensory when over stimulated, his gait belt, being included	
Likes: lights, moon, walks, music	
Dislikes: Being pulled to move in a direction he doesn't want to go	
Communication Style: Non-verbal, vocalizations, going towards what he wants or pushing away what he doesn't	
Learning Style: hand over hand, verbal prompts, repitition	

Lead Review Completed: _____

Staff: Liz Mizeur
Date: 12/20/22

Service Recipient: Rory Conway
Service Span: Nov 22 - Nov 23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: 1-2 seizures per month
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May take large bites of food, non food items in mouth
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: medications for his seizure swipe left - right Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance to BR + wears brief sit him on the toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on feet, use gain belt for safety can not walk alone
Community Support: ☒ No ☐ Yes	Describe Supports: unsteady gait and can't walk alone uses wheelchair in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Slap leg on back of head and his hands rapid
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slap leg and bites his hand
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: /

Important to: music, walks, looking out windows, indoors

Important for: walk w/ gait belt, gives choices if able

Likes: light, the moon, music

Dislikes: being pulled on

Communication Style: non verbal, going towards what he wants + pushing away what he doesn't

Learning Style: Hand over hand

Lead Review Completed: _____

Staff: Sandy Greenley

Date: 12/20/2022

PAI

Service Recipient: Rory Conway

Service Span: 11-12-22 - 11-23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: epilepsy 1 to 2 grand mal per month tired, lethargic - wanting to sleep, unstable on feet after seizure.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: unhealthy weight feeds himself, large bites of food. nickel size. may feel non food items in mouth. - Does not display an epetite.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: occasional acne. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NO Daily medication Has PRN on his VMS - left to right swipe Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Full, assistance in bathroom. Brief - sit him on toilet - 5 minutes.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Keep a constant ~~place when walking~~ unsteady gait. seizure disorder. use safe belt never walk alone - walk on side he's leaning on.
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will model when in community cannot walk alone - uses wheelchair - community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: slap legs + back his head. Bite his hands. shows hyper activity w/ loud vocal + moves. / lights, sun, moon.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slapping legs + Back of his head. shows hyper activity w/ loud vocal.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE.

Important to: - music, walks. having manipulatives - looking at windows and doors.

Important for: offers sensory when over stimulated - go for walks. Give choices when able, to participate

Likes: lights. moon. walks. music, car rides, video game music

Dislikes: being pulled on. where doesn't want to go. pushes things away + Towards what he wants -

Communication Style: non-verbal - vocalization -

Learning Style: hand over hand, verbal prompts. repitition

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 12/20/22

PAI

Service Recipient: Rory Conway
Service Span: 11/22 - 11/23

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

Allergies: ☐ No ☐ Yes ■ N/A	List & Describe Supports: Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: generalized epilepsy → 1-2 grand mal/month
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: feeds himself. may take large bites. nickle size pieces. * non-food items
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: acne DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: PRN - VNS ... Lorazipam Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: full assistance
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Unsteady gait. use belt for safety. Never walk alone
Community Support: ■ No ☐ Yes	Describe Supports: wheelchair sometimes ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: slap legs / back of head. bite hands. * visual sensory lights/sun/moon hyperactivity → vocalize / rapid movements
Behavior Support: ■ No ☐ Yes	List & Describe Supports: → SIB
Unsupervised Time: ■ No ☐ Yes	Describe Supports: none
Important to: music, walks, manipulatives. looking out windows.	
Important for: seizure protocol, offer sensory, walk w/ belt. give choices. inclusion	
Likes: lights, moon, walks, music, car rides, karma chameleon ~~video game~~ music	
Dislikes: being pulled on by belt	
Communication Style: non-verbal, vocalizations, gestures.	
Learning Style: hand/hand, * repetition, verbal prompts.	

Lead Review Completed: _____

Staff: Suzie James

Date: 12/20/22

Service Recipient: Rory Conway

Service Span: Nov '22 - '23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: 1-2 grand mall a month. tired. fanny durning them.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can feed self. may take large bites. need small bites. if doesn't eat let Jess know.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Fits DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: prn L to R Swipe Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full ass. in bathroom. Wears a brief.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on feet. Use gate b/c never walk alone. Right side. Const. paces
Community Support: ☒ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs • Unsteady gate. Can't walk alone. • Uses W.C. in community.
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Rory will bite hands, slap head. rapid moves, slaps legs / back of head. movement. lights / sun / moon
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slapping legs, head, loud noise.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: non-unsupervised
Important to: Walks, music, looking out windows / doors.	
Important for: Walk w/ gate belt / give Choices / Watch everyone.	
Likes: lights / moons, Car ride / music /	
Dislikes: be pulling, being man handled. pushes away	
Communication Style: non verbal, pushing away when doesn't	
Learning Style: hand over hand.	

Lead Review Completed: _____

Staff: John Gebhardt
Date: 12/20/23

PAI

Service Recipient: Rory Conway
Service Span: Nov. 2022 - Nov 2023

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has General compulsory seizures high risk of falling down.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Rory feeds himself, but may put hand foods in mouth.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Epilepsy DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Uses a VNS - PRN only. Medication for seizures Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs total assistance with cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Never left him walk by himself use gait belt for safety.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff to model pedestrian safety. - use wheelchair in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Rory will bite his hands, slap legs, and back of his head. Visual Sensories
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Slapping the back of head and hands. loud vocals.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: None unsupervised
Important to:	opening doors, walking, sensory items windows
Important for:	Able to observe (watch) activities, feeding included
Likes:	Lights, The moon, music with drum beats, videos,
Dislikes:	Being pulled away, overstimulations.
Communication Style:	Non verbal, Vocalizations, Visuals
Learning Style:	Verbal prompts, Hand over Hand.

Lead Review Completed: _____

Staff: Anna Wrich
Date: 12/20/2022

PAI

Service Recipient: Rory Conway
Service Span: 11/22 — 11/23

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

Allergies: ☐ No ☐ Yes ■ N/A	List & Describe Supports: Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: epilepsy. 1-2 grand mal a month. tired, unsteady after. — High risk of falling
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: feeds self. may take large bites. Nickle size. risk of mal-nutrition. may eat unedible items
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Acne. DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: PRN for seizures. VNS - swipe left - right over chest. Medication PRN as well. Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: full support changing brief. Sit on toilet to try to go. Holds Bar.
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: unsteady gait. use gait belt at all times. Never walk alone. walk on side he leans.
Community Support: ■ No ☐ Yes	Describe Supports: uses wheel chair in community. ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: slaps legs/head. Bites hands. Loud vocalizations. rapid moves. Likes moon, stars etc.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: See sensory support.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: none.
Important to: music, walks, windows, manipulatives.	
Important for: sensory when over stim. walk w/ gait belt. being able to observe.	
Likes: Lights, Moon, walks, car rides	
Dislikes: being directed a diff way.	
Communication Style: non verbal. vocalizations. Pushing/pulling to make choices	
Learning Style: hand/hand. Verbal prompts. Repitition.	

Lead Review Completed: _____