



In-Service Training Log – Linden

Date: 1.31.23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			KL comp quiz
.25	Maddy K			MM semi-annual review

Make up Date	Initial	EE ID	Last Name
	KB		Bauch, Kia
	A		Cox, Alice
	MH		Hetchler, Maria
	MM		Johnson, Natalie
			Kalu, Festus
	DL		Lepley, Deanne
	SM		Mafi, Sommer
			McKnight, Kyla
	CR		Rice, Colette
	JS		Sales, Jill
	ES		Sandstrom, Erin
	AS		Sims, Aija

Make up Date	Initial	EE ID	Last Name
		LP	Stacken, Laura
		ET	Tieszen, Ellie
		WY	Yang, Lisa
		RY	Yekaldo, Ralph

Make Up Date	Initial	EE ID	Admin Staff
	MK		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff



Competency Tracking Form Linden Site

Participant: Kathy L

Annual Service Span:

Annual Meeting Date: _____ Date Assigned to Lead: _____ Quiz Due: _____

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

*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
	KB	Bauch, Kia
	 	Cowherd, Katina
	AK	Cox, Alice
	MH	Hetchler, Maria
	 	Hiland, Lindsay
	NO	Johnson, Natalie
		Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
	SM	Mafi, Sommer
		McKnight, Kyla
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin

Date Completed	Initials	Full Name
	AS	Sims, Aija
	LS	Stacken, Laura
	ET	Tieszen, Ellie
	WY	Yang, Lisa
	RY	Yekaldo, Ralph

Date Uploaded to LMS: _____

Staff: _____

Date: _____



Service Recipient: Kathy L

Service Span: _____

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerumenex and Omnipaque. Staff ensure they are aware of Kathy's allergies prior to working with her. Medication Allergies? <input type="checkbox"/> No <input checked="" 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: Epilepsy- Tonic clonic and cluster seizures. Staff will monitor for seizure activity and ensure they are trained on her protocol prior to working with her.
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Dysphagia- Dr. ordered NPO order. Staff are aware of this order prior to working with her.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral Palsy, Spastic Quadriplegia, Edema, Kyphoscoliosis, Osteoporosis, history of UTI's Staff will report any concerns regarding her chronic medical conditions to her team DNR/DNI? <input type="checkbox"/> No <input checked="" 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: Has seizure PRN- takes buccally. All other meds- passed via g-tube followed by water flush. Medication will be passed by a trained medication passer. Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable brief, mat table, hooyer lift or track system. Staff ensure Kathy is not twisted during transfers. Staff will monitor for signs of UTI's. All concerns will be reported to Kathy's team.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At high risk of falls and injuries due to chronic medical conditions. Staff ensure Kathy's lap belt and shoulder straps are fastened in her chair.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in the community <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: NA
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: NA
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: books, music, arts and crafts, her family, having staff approach her where she can see them, having personal space when needed	

Lead Review Completed: _____

Staff: _____

Date: _____



Service Recipient: Kathy L

Service Span: _____

Important for: being repositioned, her oxygen protocol, her seizure protocol, her NPO order

Likes: music such as Johnny Cash and Elvis, Books such as Dr. Seuss and Rhyme books, being in the recliner, helping when it is needed, quiet environments, arts and craft activities and people watching

Dislikes: large crowds, loud environments, music that is too loud or rock music, being touched without warning

Communication Style: Body language, facial expressions, eye-gazing

Learning Style: routine and repetition, understands short verbal phrases paired with physical cues

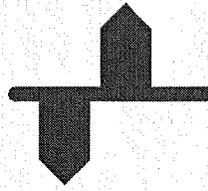
Lead Review Completed: _____

PAI-Linden Team Meeting

1/31/2023



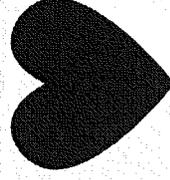
Welcome



Sign In



Introductions



A moment of gratitude

Agenda

- Welcome
- Site-Specific Updates
- Agency-Wide Updates
- Policy and Procedure Review
- Employee Handbook Review
- Competency Reviews
- Semi-Annual and CSSP Reviews

Wrap Up



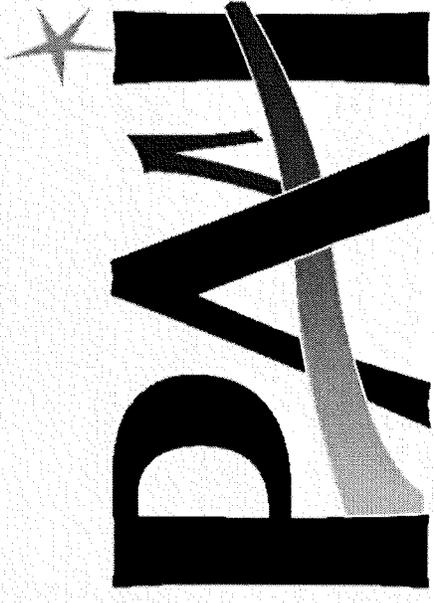
Site-Specific Updates

Kathy L - Returning 2/9 in Wild 2



Agency-Wide Updates

Cortney will be moving into the role of Director of Commerce and Parkway effective 2/13/23.



Kathy L

Competency Reviews

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Semi-Annual Reviews

Matt M

Outcome 1: Two times per week, Matt will press a MAC switch to indicate he would like to visit another program area 80% of all trials over the next 6-months.

Outcome 2: Daily, Matt will participate in an activity at the table for 5 minutes or longer 75% of all trials over the next 6-months.



Wrap Up

Thoughts and feedback on new All-Staff

Agenda

Objectives

Suggestions for continued improvement

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

Any final thoughts?



