In-Service Training Log – Linden

Date: 2.7.23

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Maddy K			End of day- getting participants ready Music therapy- Engaging participants- more than one staff
.5	Kia B			GB comp quiz

Make up Date	Initial	EE ID	Last Name
	LB		Bauch, Kia
			Cox, Alice
	MH		Hetchler, Maria
			Johnson, Natalie
	FK		Kalu, Festus
	DL		Lepley, Deanne
	M		Mafi, Sommer
			McKnight, Kyla
	CR		Rice, Colette
			Sales, Jill
	B		Sandstrom, Erin
	AS		Sims, Aija

Make up Date	Initial	EE ID	Last Name
	YS		Stacken, Laura
	ET		Tieszen, Ellie
	LY		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: Gary Bayne   **Annual Service Span: Jan 23 – Jan 24**

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.

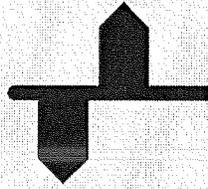| Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
	KB	Bauch, Kia		Ef	Tieszen, Ellie
	AC	Cox, Alice		MY	Yang, Lisa
	MH	Hetchler, Maria		Ry	Yekaldo, Ralph
		Johnson, Natalie			
	FK	Kalu, Festus			
	MK	Kessler, Madeline			
	DL	Lepley, Deanne			
	SM	Mafi, Sommer			
		McKnight, Kyla			
	CR	Rice, Colette			
	JS	Sales, Jill			
	ES	Sandstrom, Erin			
	AS	Sims, Aija			
	LS	Stacken, Laura			

Date Uploaded to LMS: _____

PAI-
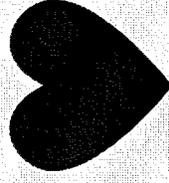# Linden/Oakdale
Team Meeting

2/7/2023
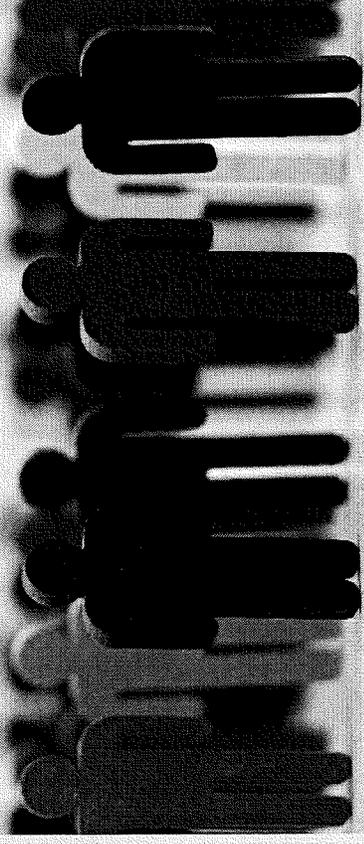
Welcome

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

End of the day- Staff in the designated room are responsible for getting on jackets/hat/mittens. Staff that are bussing should not have to get participants ready as they are getting them.

Music therapy- we need to be engaging participants for the full session. There should be more than one staff assisting with the session.

Competency Reviews

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: Gary is diagnosed with Epilepsy. His seizure protocol is to dial 911 immediately.
Choking/ Specialized Diet: × No ☐ Yes	Describe Supports: Gary has a bite sized diet to prevent choking & staff encourage Gary to eat slowly.
Chronic Medical Conditions: × No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes Insipidus, Gastric Ulcers, Migraines, Osteoarthritis, Paraplegia, CervicalSpinal Stenosis, & history of Hypothermic Episodes DNR/DNI? × No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: × No ☐ Yes	Describe Supports: Gary receives meds orally in soft foods. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*

Personal Cares: x No ☐ Yes	Describe Supports: **Gary utilizes a disposable brief & the in-ceiling track system. Gary cannot be twisted or turned during his personal cares. Gary can assist in rolling with ASL prompts.**
Mobility/Fall Risk: x No ☐ Yes	Describe Supports: Gary is unable to bear weight & had limited limb & trunk control.
Community Support: x No ☐ Yes	Describe Supports: 1:1 in the community x Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: x No ☐ Yes ☐ N/A	List & Describe Supports: Gary is deaf & staff can assist him by ensuring he can see them when addressing him & using signs he understands.
Behavior Support: x No ☐ Yes	List & Describe Supports: Gary is diagnosed with Intermittent Explosive Disorder but symptoms have not been noted in recent years.
Unsupervised time while at PAI?	x No ☐ Yes

Important to: Family, friends, housemates, group activities & familiar staff	
Important for: To have his needs met & caregivers that are knowledgeable of his communication style	
Likes: Food, painting & crafts, time to relax	
Dislikes: Being thirsty, pain & discomfort, & not having enough to eat	
Communication Style: ASL, gestures & eye gazing	
Learning Style: Repetition, visual, & hand-over-hand	

Semi-Annual Reviews

John Doyle

Outcome 1: Three times a week, John will press a MAC switch to communicate with staff or peers in 85% of trials over the next 6-months.

Outcome 2: Daily, John will accept hand over hand or hand under hand assistance from staff, for **30seconds or longer,** to participate in an activity with his peers **80%** of all trials over a 12-month period.

Outcome 3: Daily, John will choose between two sensory/fidget items, with one verbal prompt from staff, in 80% of the trials over a 12-month period.

Tracy Thomas

Outcome 1: Daily, Tracy will verbally greet a peer or staff, with up to two verbal prompts from staff, 80% of trials over the next 6-months.

Outcome 2: Twice a week, Tracy will independently complete a word or number puzzle or matching activity, with up to two verbal prompts from staff, in 85% of 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?

Staff: Maddy Kessler	**PAI**	Service Recipient: Gary B
Date: _____		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: ☐ 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 - Seizure Protocol to call all	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Bite size - Staff encourage him to eat slowly	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes, Ulcers - Migraine Osteoarthritus, Paraplegia, Cervical Spinal Stenosis, history of hypothermic episodes	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally - soft food	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable breif, track system, can not be twisted or turned - Can assist in rolling	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight - limited limb + trunk control	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: Deaf - assist by ensuring he can see them when addressing him + using signs he understands	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent explosive disorder - not noted in recent years	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family, friends, housemates, group activities, familiar staff

Important for: Having needs met, caregivers that know his communication

Likes: food, Painting + crafts, time to relax

Dislikes: Being thirsty, Pain or discomfort, not having enough to eat

Communication Style: ASL, gestures + eye gazing

Learning Style: Repetition, visual, hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: _Kia L. Bause_	![PAI logo]	Service Recipient: _Gary Bayne_
Date: _____		Service Span: _____

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: **Gary is diagnosed with Epilepsy. His seizure protocol is to dial 911 immediately.**	
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: **Gary has a bite sized diet to prevent choking & staff encourage Gary to eat slowly.**	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: **Autism, Diabetes Insipidus, Gastric Ulcers, Migraines, Osteoarthritis, Paraplegia, Cervical Spinal Stenosis, & history of Hypothermic Episodes**	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: **Gary receives meds orally in soft foods.**	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: **Gary utilizes a disposable brief & the in-ceiling track system. Gary cannot be twisted or turned during his personal cares. Gary can assist in rolling with ASL prompts.**	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: **Gary is unable to bear weight & had limited limb & trunk control.**	
Community Support: ☒ No ☐ Yes	Describe Supports: **1:1 in the 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: **Gary is deaf & staff can assist him by ensuring he can see them when addressing him & using signs he understands.**	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: **Gary is diagnosed with Intermittent Explosive Disorder but symptoms have not been noted in recent years.**	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to:
Family, friends, housemates, group activities & familiar staff

Important for:
To have his needs met & caregivers that are knowledgeable of his communication style

Likes:
Food, painting & crafts, time to relax

Lead Review Completed: _____

Dislikes:
Being thirsty, pain & discomfort, & not having enough to eat

Communication Style: ASL, gestures & eye gazing

Learning Style:
Repetition, visual, & hand-over-hand

Staff: Alice L. Cox
Date: 2/7/23

PAI

Service Recipient: Gary B
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: ☐ 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 - Call 911 immediately
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size diet, encourage to eat slowly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Ulcer, Paraplegia, Diabetes, Migraines, Osteoarthritis, Hypothermia, Spinal Stenosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally in soft foods Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Brief, track system, will assist rolling by ASL prompts
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unable to bear weight, limited trunk + limb control
Community Support: ☒ No ☐ Yes	Describe Supports: Protect + Serve ☒ 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: Deaf - uses some ASL
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent Explosive Disorder

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
Family, friends, familiar staff, group activities

Important for:
Have his needs met, caregivers who understand + communicate with him

Likes:
Food, Painting, Crafts, Time to Relax

Dislikes:
Being thirsty, Pain, Discomfort, Not enough food

Communication Style:
ASL, Gestures, Eye Gazing

Learning Style:
Repetition, Visual, Both

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Mania H

Date: 2/7/23

PAI

Service Recipient: Gary Bayne

Service Span: _____

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: diagnose ephilepsi
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: has bit size, eat slowly reminder
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes, Gasteric Ulcares, Migrains, Paraplegia, cervical spinal, histo **DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: recives meds orally in soft food **Daily medication at PAI?** ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposible brife, silling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: enable bare weight
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 ☒ 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: Gary Deaf, Staff ensure he can see, using signs he understand
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: diagnose with Intermittent Explosive

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family, Friends, housemates, group activities, staff

Important for: to have his need met & caregiver are knowledgeable of his Communication

Likes: Food, Painting & Craft, time to relax

Dislikes: Being thirsty, Pain discomfort

Communication Style: ASL, gestures, eye gazing

Learning Style: Repitition, visual, hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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: Seizure Protocol, did 911

Choking/Specialized Diet: ☑ No ☐ Yes
Describe Supports: Encourage to eat slowly

Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A
List & Describe Supports: Autism, Epilepsy, Autism, Diabetes (aspirin), Paraplegia, Hypothermic episodes
DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*

Medication: ☑ No ☐ Yes
Describe Supports: recieve meds via oral foods.
Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*

Personal Cares: ☑ No ☐ Yes
Describe Supports: Disposal briefs, incontinent bowel, bladder, and nurse order, needs assistance

Mobility/Fall Risk: ☑ No ☐ Yes
Describe Supports: Unable to bear weight.

Community Support: ☑ No ☐ Yes
Describe Supports: Lil 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: Deaf needs staff assistance w/ sign he understands

Behavior Support: ☑ No ☐ Yes
List & Describe Supports: Intermittent explosive disorder. Has a support to react to

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: family, friend, grp activity, familiar staff

Important for: Care givers knowledgeable with his communication style.

Likes: foods, painting & crafts, time to relax

Dislikes: Being thirsty, pain & discomfort w/

Communication Style: ASL, gestures & eye gazing

Learning Style: repetition, visual & HoH

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: _Deanne Lepley_   **PAI**   Service Recipient: _Cary Bayne_
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: ☑ 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: diagnosed w/Epilepsey Seizure protocol call 911 immediately
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Cary has bite sized diet to prevent choking. Encouraged to eat slowly
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes Inspidus, Gastric Ulcers Migranes, Osteoarthritis, paraloga, cervical Skenosis history of hypothermia & seizures **DNR/DNI?** ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Recvs meds orally on soft SofTs **Daily medication at PAI?** ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable brief + incelins track system Cannot be twisted or turned during cares
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Unable to bear weight + limited limb + trunk control
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 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: Cary is deaf. Staff ensure he can see them when addressing him + using signs he understands
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: diagnosed w/ intermittent explosive disorders but symptoms have not been noted in recent years

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:	Family, Friends, housemates
Important for:	have needs met + Caregivers that knowledgeable on comm. style
Likes:	food, painting + crafts, time to relax
Dislikes:	Being thirsty, pain & discomfort, not having enough to eat.
Communication Style:	ASL, gestures + eye gazing
Learning Style:	Repetition, visual + hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Sommer	Date: 2/7/23

PAI

Service Recipient: Gary B

Service Span: _____

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

Category	List & Describe Supports	
Allergies: ☐ No ☐ Yes ☒ N/A	NA	**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: epilepsy, protocol to call 911 immediately	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized diet to prevent choking, staff encourage	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, diabetes insipidus, gastric ulcer, paraplegia	**DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Orally in soft foods	**Daily medication at PAI?** ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Britl track system, cant be twisted	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: limited limb/trunk control	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: deaf, make sure gary can see you when addressing him	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: intermittent explosive disorder, no symptoms in years	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:	Family, friends, housemates, group activities
Important for:	or needs met/caregivers that know comm style
Likes:	or food painting and crafts
Dislikes:	thirsty, discomfort, enough to eat
Communication Style:	ASL, eye gazing
Learning Style:	repatition, visual, hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Colette Rice

Date: 2.7.23

PAI

Service Recipient: Gary Bayne

Service Span: _____

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, Protocol call 911	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite size diet, Encouraged to eat Slowly	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Gastric ulcers, migraines	**DNR/DNI?** ☑ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: orally soft foods	**Daily medication at PAI?** ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: disposable briefs, in ceiling track Cannot be twisted or turned System during	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unable to bear weight cares. limited limb + trunk Control	
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 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: Gary is deaf, using ASL he understands	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: diagnosed w/ intermmitent Explosive disorder not seen in years.	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:
family, friends, housemates

Important for:
To have his needs met, knowlegable of his Communication Style

Likes:
food Painting, crafts, time to relax

Dislikes:
Being thirsty pain discomfort

Communication Style:
ASL, gestures & eye gazing

Learning Style:
Repitition, visual, hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAI

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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 na	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 - Dial 911	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite sized diet, encourage to eat slowly	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: autism, Diabetes Insipidus, gastric ulcers, migraine, osteoarthritis, paraplegia, stenosis aspire, hypothermia	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: orally Receives meds in soft foods	Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief, in ceiling track, cannot be twisted, can help roll ASL prompts	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: unable to bear weight, limited trunk control	
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 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: Gary is deaf, make sure he can see staff giving signs he understands	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent Explosive Disorder	

Unsupervised time while at PAI? ☑ No ☐ Yes

family, friends, housemates

Important to: family, friends, housemates, group activities & familiar staff

Important for: having needs met, communication style

Likes: food, painting + crafts, time to relax

Dislikes: being thirsty, pain+discomfort + not having enough
to eat

Communication Style: ASL, gestures, eye gazing

Learning Style: Repetition, visual, hoh

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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 – PROTOCOL – DIAL 911	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: BITE SIZE / EAT SLOWLY	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: AUTISM, ULCERS, DIABETES INSIPIDUS, MIGRAINES CERVICAL SPINE STENOSIS	**DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: MEDS ORALLY IN SOFT FOODS	**Daily medication at PAI?** ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, IN-CEILING TRACK ASSIST W/ ROLL USING ASL PROMPTS	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: UNABLE TO BEAR WEIGHT, LIMITED TRUNK CONTROL	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: DEAF, SIGNS HE UNDERSTANDS,	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: INTERMITTENT EXPLOSIVE DISORDER	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: FAMILY / FRIENDS, HOUSEMATES, ACTIVITIES

Important for: NEEDS MET, COMMUNICATION STYLE

Likes: FOOD, PAINTING, CRAFTS, RELAXING

Dislikes: THIRSTY, PAIN, DISCOMFORT, NOT ENOUGH TO EAT

Communication Style: ASL, GESTURES, EYE GAZING

Learning Style: REPETITION, VISUAL, HOH

Lead Review Completed: _____

Staff: _____

Date: _____

PAI

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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, I immediately dial 911.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized diet, encourage to eat slowly.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, epilepsy, diabetes insipidus, gastric ulcers, migranes, osteoarthritis, parapalegic, cervical spinal stinosis.	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: orally in soft foods	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, in ceiling track, he cannot be twisted or turned during cares. gary can assist with ASL prompts.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: cannot bear weight, has limited limb and trunk control.	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: ensure gary can see you when communicating.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: intermitent explosive disorder	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, friends, group mates, group activities and familiar staff

Important for: having needs met, and caregivers who are knowledgable of his communication style.

Likes: food, painting, crafts, time to relax

Dislikes: being thirsty, pain/discomfort, not having enough to eat.

Communication Style: ASL gestures, eye gazing

Learning Style: repetition, visual, hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAI

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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. Call 911	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized diet to prevent choking & staff encourage	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes insipidus, Gastric ulcers, Migraines, Osteoarthritis, Paraplegia, Cervical spinal Stenosis	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Meds orally in soft foods	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brief & track system. twisted or turned No during personal cares	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unable to bear weight & had limited limb & trunk control.	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the 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: deaf & staff can assist him by ensuring he can see them when addressing him & using signs he understands.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent Explosive disorder but symptoms have not been noted in recent years.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family, friends, housemates, group activities, & familiar staff
Important for: To have his needs Met & caregivers that are knowledgable of his communication style
Likes: Food, Painting, & crafts, time to relax
Dislikes: being thirsty, pain & discomfort &, not having enough to eat
Communication Style: ASL, gestures, eye gazing
Learning Style: repetition, visual, & hand-over-hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

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: gary has epilepsy protocall call 911	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: gary has a bite size diet to prevent choking	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, diabetes insipidus, gastic ulcers	**DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: gary recieves meds orally in soft foods	**Daily medication at PAI?** ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gary utilizes brief and trunk system cannot be twisted	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: gary is unable to bear weight limited limb and trunk control	
Community Support: ☒ No ☐ Yes	Describe Supports: lil 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: is deaf and staff will ensure he can see them and address him using signs	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: gary is diagnosed with intermitte explosive disorder but symptoms have not been noted	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Family friends house mates familiar staff

Important for: to have his needs met and caregiver

Likes: foods, pantry, alot time to relax

Dislikes: being thirsty, pain discomfort not having enough to eat

Communication Style: ASL gestures eye gazing

Learning Style: repetition visual hand over hand

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Lisa Yang	**PAI** Service Recipient: Gary Bayne
Date: _____	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: ☐ 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: Gary is diagnosed w/ Epilepsy. Seizure protocol is to dial 911 immediately.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite sized to prevent chocking. Encourage to eat slowly.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Autism. Diabetes Insipidus. Gastic Ulcers. Migraines. Osteoarthritis. Paraplegia DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Receives meds orally in soft foods Daily medication at PAI? ☑ No ☐ Yes *Trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief. Inceiling track. Cannot twisted or turned during personal care. Assist rolling w/ASL.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Unable to bear weight. Limb & trunk control.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the 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: Deaf & staff can assist him by ensuring he can see them when addressing him & using signs he understands.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Intermittent Explosive Disorder but symptoms have not been noted in recent years.

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to: Family. Friends. house mates. group activities. & familar staff.
Important for: Needs met. cargiver that are knowledgeable of communication
Likes: Food. Painting. craft time relax.
Dislikes: Being thirsty. pain & discomfort & not having enough to eat.
Communication Style: ASL, gestures & eye gazing.
Learning Style: Repetition, visual. & hand over hand.

Lead Review Completed: _____

Cervical Spinal Stenosis, & history of Hypothermic Episodes.

Staff: RALPH YEVALD

Date: 1-7-2023

PAI

Service Recipient: GARY Boyne

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: ☐ 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: diag nosed of Epilepsy. Has Seizure Dail 911
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite size prevent choking
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Diabetes Es.pidus, Gastri Ulcers, margains, osteoathrities DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Gary receives meds orally in soft Food) Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Gary utilizes 4 desposable brief and thin ceiling Track system. Gary can not be Twisted or Turned during personal cares
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Gary unable To bear weight and Limited Limb and Trunk Control
Community Support: ☑ No ☐ Yes	Describe Supports: 1 : 1 ☑ 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: Gary is deaf and Stavf
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Explosive disorder but Symptoms have not been noted in recent years
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Family, Friends housmates, group activities	
Important for: To have his meds and caregivers That are knowledgeable	
Likes: Food, Painting and crafts Time To relax	
Dislikes: Being Thirsty, Pain and discomfort having not tenoughts is At	
Communication Style: ASL, eye gazing	
Learning Style: TCE Feedron visual - hand over hand	

Lead Review Completed: _____

Staff: _____

Date: _____

PAH

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____