

Ann  
Willow



# Competency Tracking Form

Participant: Leah Detviler Annual Service Span: Oct '22 - Oct '23

Annual Meeting Date: 10/26/22 Date Assigned to Lead: 10/27/22

Competency Quiz Due for all Staff: 11/14/22

**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
	AA	Ann Alberg
	DB	Destiny Barnes
	AB	Austin Bofferding
	JB	Juan Bonilla
		<del>Lynn Champagne</del>
	SC	Sue Cullen
	NG	Nicci Gangl
4-10-23	JH	Jesse Haug
	CB	Cindy Brey-Float
	ZW	Zach Weinmann
	EH	Estell Hughes

Date Completed	Initials	Full Name
	JK	Justyn Kriel
	SV	Soua Vang
	DN	Dawn Nelson
	MP	Monti Patrick
	AR	Anneliese Robinson
	CS	LeAnn Silverness
	ST	Shelley Stover
		Leslie-Float
		Kathy Perry-Float
	ET	Jennifer Toro
	SJ	Salecia Lopez
	CB	Cindy Brey

Date Uploaded to LMS: \_\_\_\_\_

Staff: Destiny B  
 Date: 12/15/22



Service Recipient: LEAN D.  
 Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>LAZY eye - could be harder to see obstacles. STAFF cue where curbs/steps ARE.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>GLASSES FOR LAZY eye, INDEPENDENT CARE.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>MAY talk about past PCA SAYING shes NOT NICE.</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> <u>WORK, Living w/ MOM &amp; stepdad &amp; dog, fun activities IN COMMUNITY.</u>		
<b>Important for:</b> <u>Good quality life, Community</u>		
<b>Likes:</b> <u>DANCE, COOKING, MUSIC, PIZZA, VACATION, CARDS(WORK), DANCES.</u>		
<b>Dislikes:</b> <u>Old PCA JUSTINE, told what to do by peers, BREACH, SUIC.</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>Verbal &amp; demonstration.</u>		

Staff: Justyn Level

Date: 12/15/22



Service Recipient: Leah D.

Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lazy eye could make harder to see obstacles - Staff cue Leah where curbs/steps would be</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses + Lazy eye - lenses correct this Leah is able to care for glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA may talk about Justice</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
<b>Important to:</b> <u>Living with mom + stepdad + dog, fun activities in community</u>		
<b>Important for:</b> <u>good quality of life, opportunities to incorporate and work in community</u>		
<b>Likes:</b> <u>Dancing, cooking, music, pizza, vacation, work, dances</u>		
<b>Dislikes:</b> <u>Justice, told what to do by peers, bread, feeling sick</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>verbal and demonstration</u>		

Lead Review Completed: AN

Staff: Ashley Bafford

Date: 12/19/22



Service Recipient: Leah DeVille

Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:  <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye and could make hazard for her to see obstacles. Staff will cue Leah where curbs/steps may be.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Leah wears glasses, lazy eye and her lenses are to help correct this - Leah is able to cope for her glasses.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>Leah may talk about a PCA named Justice that used to work where she may say Justice isn't very nice.</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>		
<b>Important to:</b> <u>working, living with mom and stepdad, doing hobby fun activities to do in her community.</u>		
<b>Important for:</b> <u>Maintain good quality of life and continuing to have opportunities to incorporate and work in her community.</u>		
<b>Likes:</b> <u>Dancing, cooking, music, pizza, going on vacation, working on cards, going to dances.</u>		
<b>Dislikes:</b> <u>Heard PCA Justice, being told what to do by her peers, bread, and feeling sick.</u>		
<b>Communication Style:</b> <u>verbal.</u>		
<b>Learning Style:</b> <u>verbal and demonstration.</u>		

Staff: Dawn Nelson

Date: 10/15/22



Service Recipient: Leah Detweiler

Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye &amp; could make harder for her to see obstacles. Staff will cue Leah where curbs/steps may be</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Leah wears glasses she has a lazy eye and her lenses are to help correct this Leah is able to care for her glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A Leah may talk about a PCA named Justine that used to work w/ her, she may say Justine isn't very nice</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>		
<b>Important to:</b> <u>working, living w/ her mom &amp; stepdad, dog, having fun activities to do in her community</u>		
<b>Important for:</b> <u>Maintain a good quality of life &amp; continuing to have opportunities to incorporate &amp; work in her community</u>		
<b>Likes:</b> <u>Dancing, cooking, music, pizza, going on vacation, working on cards, going to dances</u>		
<b>Dislikes:</b> <u>Herald PCA Justine, being told what to do by her <del>peers</del> peers bread, and feeling sick</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>verbal &amp; demonstration</u>		

Lead Review Completed: HA

Staff: Anneliese K.



Service Recipient: Leah D.

Date: 12/15/22

Service Span: 10/2022-10/2023

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Ind.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has a lazy eye - maybe hard to identify</u> <u>obstacles</u> <u>staff cue for curbs &amp; steps</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses, lazy eye - able to care for own glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u> <u>note: mention old PCA named Justine - not nice</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>working, living w/ mom and stepdad, dog, fun activities to do in her community</u>		
<b>Important for:</b> <u>maintain good quality of life, opportunities to incorporate into work in her community</u>		
<b>Likes:</b> <u>dancing, cooking, music, pizza, going on vacation, working on cards, going to dances</u>		
<b>Dislikes:</b> <u>old PCA Justine, being told what to do by peers, bread, feeling sick</u>		
<b>Communication Style:</b> <u>verbal</u>		
<b>Learning Style:</b> <u>verbal &amp; demonstration</u>		

Lead Review Completed: AA

Staff: Estella Hughes

Date: 12.15.22



Service Recipient: Leah Detviler

Service Span: 10.22 / 10.23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>N/A</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye, could make harder for her to see obstacles. Staff will cue Leah where curbs or step might be.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Leah wear glasses she has a lazy eye, her lenses are to help correct this. Leah is able to care for her glasses.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A - Leah may talk about a PCA named Justine that used to work w/ her she may say Justine isn't very nice,</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>working, living w/ her mom, stepdad and dog Having fun activities do in her community.</u>		
<b>Important for:</b> <u>maintain a good quality of life continuing.</u>		
<b>Likes:</b> <u>Dancing, cooking, music, pizza and going on vacation.</u>		
<b>Dislikes:</b> <u>Her old PCA Justine, being told w/ to do by her peers.</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Verbal, demonstration.</u>		

Staff: Cindy Bryn  
 Date: 12-15-22



Service Recipient: Leah D  
 Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lazy eye, verbal cues to where curb or steps might be.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Wears glasses - lazy eye. Cares for own glasses.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>	
<b>Important to:</b> <u>Working, living with mom + dad stepdad. dog fun activities in community.</u>		
<b>Important for:</b> <u>Maintain a good quality life and continue to have opportunities to incorporate work in his community.</u>		
<b>Likes:</b> <u>Dancing, coloring, music, pizza, vacation, dances and working.</u>		
<b>Dislikes:</b> <u>Old PCA - Justice, being told what to do by Peers, bread, feeling sick.</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Verbal and demonstration</u>		

Staff: Jelly Su  
 Date: 12/15/22



Service Recipient: Leah Detweiler  
 Service Span: 10/22/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye and could make chadder for her to see obstacles. Staff will use lead when cuss n steps n make</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Leah wears glasses she has a lazy eye and her lenses are to help count the Leah is able to care for her glasses.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>Leah may have about a PCA named Justice that she used to walk with her she may say Justice did us nice.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Working, living w/ her mom &amp; stepdad and dog chair per activities do in her community</u>		
Important for: <u>Maintain a good quality of life and continuing to have opportunities to incorporate and work in her community</u>		
Likes: <u>dancing, cooking, music pizza going on vacation working on cards and going to dance</u>		
Dislikes: <u>her old PCA Justice, being told what to do by her parents and full size</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal &amp; demonstration</u>		

Staff: LeAnn S  
 Date: 12/15/22



Service Recipient: LeAnn Detwiler  
 Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: N/A	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent	
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None @ PAI	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Independent	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: lazy eye can make hard to see obstacles	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Staff w/ at all times	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: glasses - lazy eye abt to care self	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A & can obsess about old PCA Justice	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes N/A		
<b>Important to:</b> working, living w/ mom, dad, community		
<b>Important for:</b> quality of life, work in community		
<b>Likes:</b> dancing, cooking, pizza, cards, dances		
<b>Dislikes:</b> Justice (old PCA) told what to do bread sct		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Verbal / Demonstration		

Staff: Bullea

Date: 12-15-22



Service Recipient: Leah Detviler

Service Span: - 10-23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>NA</i>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <i>NA</i>	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>has lazy eye - could be harder to see obstacles - Cue Leah - curbs.</i>	
<b>Community Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>dan</i>	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <i>wears glasses - lazy eye glasses help with lazy eye</i>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>may talk about former PCA Justine</i>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <i>working - living w/ mom. Stepdad - dog fun activities</i>		
<b>Important for:</b> <i>good quality life - work &amp; community</i> <i>dan</i>		
<b>Likes:</b> <i>dancing. cooking. music. pizza vacation working - cards. going to dances</i>		
<b>Dislikes:</b> <i>her old PCA - Justine. being told what to do Bread. feeling sick.</i>		
<b>Communication Style:</b> <i>verbal</i>		
<b>Learning Style:</b>		

Lead Review Completed: AA

Staff: Anna Toro

Date: 12-15-22



Service Recipient: Leah Detweiler

Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <i>ind</i>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <i>NA</i>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <i>ind</i>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <i>lazy eye harder to see obstacles cue where curbs might be</i>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <i>glasses, lazy eye</i>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <i>working, living with mom + stepdad, dog, fun activity do in community</i>		
<b>Important for:</b> <i>good quality of life, opportunity to incorporate + work in community</i>		
<b>Likes:</b> <i>Dancing, cooking music, pizza, vacations, working on cards dance</i>		
<b>Dislikes:</b> <i>PCA Justine, being told what to do, bread, feeling sick</i>		
<b>Communication Style:</b> <i>verbal</i>		
<b>Learning Style:</b> <i>Verbal + Demo</i>		

Staff: M. Patrick

Date: 12/15/22



Service Recipient: Leah Detweiler

Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye and could make harder for her to see obstacles. Staff will call Leah where curbs or steps might be</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Leah wears glasses she has a lazy eye and her lenses are to help correct this. Leah is able to care for her glasses.</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>working, living with her mom and stepdad, and dog having fun activities in her community</u>		
<b>Important for:</b> <u>maintain a good quality of life and continue to have opportunities to incorporate and work in her community</u>		
<b>Likes:</b> <u>Dancing, cooking, music, pizza, sons on vacation, working on cards, and going to dances</u>		
<b>Dislikes:</b> <u>her old PCA Justine, being told what to do by her peers, bread, and feeling sick</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Verbal and demonstration</u>		

Lead Review Completed: AA

Staff: Jesse Henny  
 Date: 12-15-22



Service Recipient: Leah Detviler  
 Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: nos jozy eye = harder to see obsticals staff cue Leah where curbs/steps are	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Glasses & Lazy Eye (lenses help)	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: May talk about old PCA: Justine	
<b>Unsupervised Time:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Important to:</b> working living w/ Mom/stepdad Dog Fun activities in COMM		
<b>Important for:</b> incorporate & work in COMM,		
Maintain good quality of life & continue to have opportunities to		
<b>Likes:</b> Dancing cooking Music Pizza vacation working on Cards Dances		
<b>Dislikes:</b> Old PCA Justine told what to do by Peers bread feeling sick		
<b>Communication Style:</b> Verbal		
<b>Learning Style:</b> Verbal & demonstration		

Staff: Salecia L.



Service Recipient: Leah Detviller

Date: 12/15/22

Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>leah has a lazy eye and could make harder to see obstacles</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>leah wears glasses she has a lazy eye + independent with glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>working, living with her mom step Dad + Dog</u>		
Important for: <u>maintain a good quality of life work in her community.</u>		
Likes: <u>Dancing, cooking, music, pizza</u>		
Dislikes: <u>Her old pca Justine Being told what to do</u>		
Communication Style: <u>verbal</u>		
Learning Style:		

Staff: Zach Weimann

Date: 12-15-22



Service Recipient: Leah D.

Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ind</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>ind</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>lazy eye, cue where steps or curbs are</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses, lazy eye</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>working &amp; living with mom stepped and dog</u>		
Important for: <u>Maintain quality of life</u>		
Likes: <u>Dancing, cooking, music, pizza vacation cards dances</u>		
Dislikes: <u>Justice Being told what to do by peers Bread feeling sick</u>		
Communication Style: <u>Verbal</u>		
Learning Style: <u>Verbal inst. Demonstration</u>		

Staff: Juan Benilla  
 Date: 12-15-22



Service Recipient: Leah P  
 Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears glasses, has a lazy eye &amp; her lenses are to help correct this. Leah is able to care for her glasses</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>NA</u> <u>NA (Leah may talk about PEA named Justice that used to work with her)</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>working, living w/ her mom &amp; stepdad, &amp; enjoy having fun activities to do in her community</u>		
Important for: <u>Maintain a good quality of life &amp; continuing to have opportunities to incorporate &amp; work in her community</u>		
Likes: <u>Dancing, listening music, pizza, going on vacation, working on cards, going to dances</u>		
Dislikes: <u>Her old PEA Justice, being told what to do by her peers, bread &amp; feeling sick.</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal &amp; demonstration</u>		

Staff: Nicee Gangi  
 Date: 12/15/22



Service Recipient: Leah D.  
 Service Span: 10/22-10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports:	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leah has a lazy eye and could make it harder with obstacles</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b>		
<u>Working, living w/ mom + stepdad, her dog, having fun activities to do</u>		
<b>Important for:</b>		
<u>Maintain a good quality of life and continuing to have opp. to work</u>		
<b>Likes:</b>		
<u>Dancing, cooking, music, pizza, going on vacation</u>		
<b>Dislikes:</b>		
<u>Her old PCA Justine, being told what to do, bread, feeling sick</u>		
<b>Communication Style:</b> <u>Verbal</u>		
<b>Learning Style:</b> <u>Verbal and demonstration</u>		

Staff: Sova Vang

Date: 12/15/22



Service Recipient: Leah D.

Service Span: Oct 22/Oct 23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: IND	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Leah has a lazy eye - harder to see obstacles. Staff w/ Leah where curbs/steps might be.	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Glasses - IND cares for. (helps w/ her lazy eye to correct some vision impairment)	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: N/A Hx of talking about former PCA worker named Justine. May say Justine isn't very nice	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> in her working, living w/ mom & stepdad, dog, fun activities community.		
<b>Important for:</b> maintain good quality of life, continued opportunities to incorporate & work in her community.		
<b>Likes:</b> Dancing, cooking, music, pizza, vacation, cards		
<b>Dislikes:</b> old PCA Justine, peers telling her what to do, bread, sick, being		
<b>Communication Style:</b> verbal		
<b>Learning Style:</b> verbal instructions + visual demonstration		

Staff: Ann Albers



Service Recipient Leah Detviler

Date: 10/15/22

Service Span: 10/22 10/23

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

<b>Allergies:</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: Independent	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> No <input checked="" type="checkbox"/> Yes	Describe Supports :independent	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports :Leah has a Lazy Eye and could make harder for her to see obstacles. Staff will cue Leah where curbs or steps might be	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports : Leah wears glasses she has a lazy eye and her lenses are to help correct this . Leah is able to care for her glasses.	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports :NA NA (Leah may talk about a PCA named Justine that used to work with her she may say Justine isn't very nice)	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>		

AA

Staff: Jesse Harty  
 Date: 4-10-23



Service Recipient: Leah D  
 Service Span: 10/22 - 10/23

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports:	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>Independent</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Lazy eye - could be harder to see obstacles</u> <u>Staff cue where steps / curbs are</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses for lazy eye</u> <u>Independent care</u>	
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>May talk about past PCA saying she's not nice.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>work, living w/ Mom, step Dad &amp; Dog, fun activities in comm.</u>		
Important for: <u>good quality life, community</u>		
Likes: <u>Dance, Cooking, Music, Pizza, vacation, cards (work)</u>		
Dislikes: <u>Old PCA Justine, told what to do by peers, Bread, Being sick</u>		
Communication Style: <u>verbal</u>		
Learning Style: <u>verbal &amp; demonstration</u>		