In-service Training Log – Parkway

Date: 11/30/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Kennedy Norwick and Jess Gunderson			Misc building updates, Development update, Autism minute, Benefits Fri.
.5	Dolly Stein			JH and JK competency quiz

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
	SG		Susan Gaines
	JG		John Gebhardt
2/22	AG		Andrea Green
	MH		Monse Hernandez
	DS		Donna Storm
4/18	NK		Nikki Kereluk
		N/A	Elizabeth Mizeur

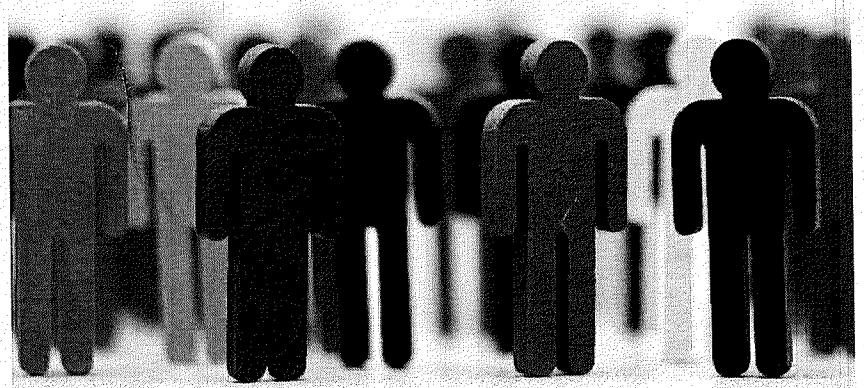
Make up Date	Initial	EE ID	Name
3/29/23	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
	KP		Kathy Perry
4/24/23	TB		Tyler Bongard

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

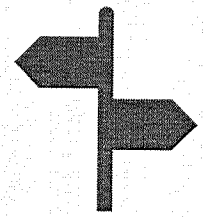
Other *Attendees*			

PAI-Parkway Team Meeting

Date: 11/30/2022

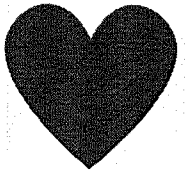


Welcome



Sign In

Introductions

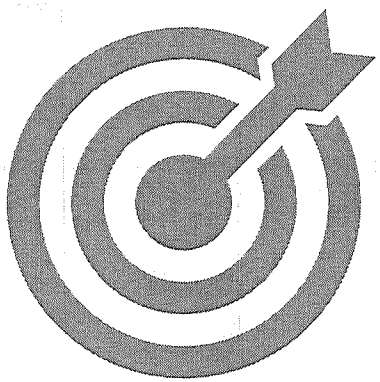


A moment of gratitude

Agenda

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

Wrap Up



Site-Specific Updates

- Fridge clean out Friday
- Art Supplies
- Flu shot drawing
- Food and toy donation
- Phones
- Shadowing feedback

Weekly Autism Minute

Review:

Hyper/Hypo sensitivities

Hyper or Hypo Sensitivities

Hyper-sensitive

- Over-reactive to stimulation.
- Tends to escape or avoid the stimulation.
- Agitated in presence of stimulation. May meltdown.
- May actually shutdown to ongoing stimulation.

Acts to Escape or Avoid

Hypo-sensitive

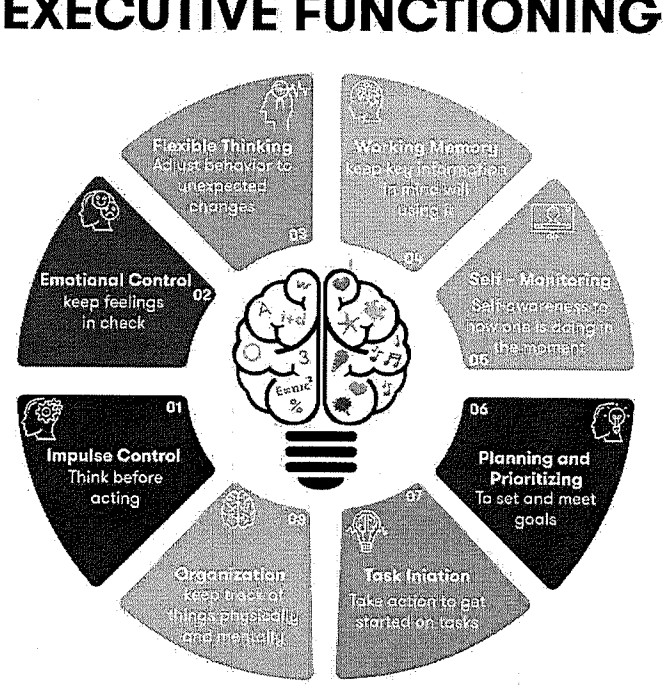
- Under-reactive to input.
- May not register low level stimulation.
- May need high intensity of stimulation.
- Will often crave and seek out the stimulation.

Actively Seeks Stimulation

Executive Functioning

Why do we need executive functioning?

- Flexible thinking
- Working memory
- Self-monitoring
- Planning and prioritizing
- Task initiation
- Organization
- Impulse control
- Emotional control



Activity

Divide into groups of 3

Choose one person to:

- Ask questions
- Answer
- Distract

What is your full name

What is your moms name

What is your house number

What is your favorite color

Discussion

Purple	Red	Blue
Yellow	Orange	White
Red	Green	Red
White	Blue	Purple
Yellow	Orange	Green

Reducing Barriers

Put your learning and experience to work:

Think of what can be done for:

1. Routine environments

and

1. Novel environments

Agency-Wide Updates

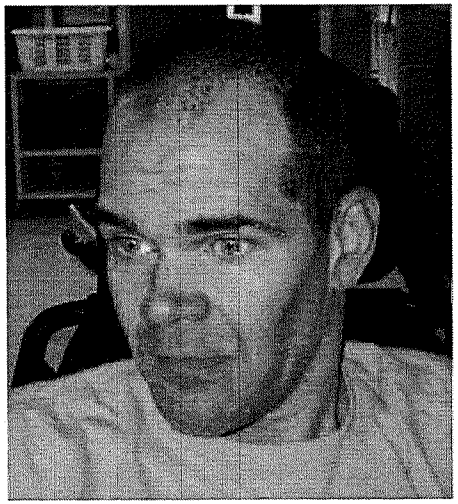
Jean and Nigh on-site Dec 2nd, 1-3 for benefits options

December LMS:

December Trainings
PAI LMS – Ombudsman Winter Alerts (0.5 Hours)
PAI LMS – Policy & Procedure - Illness Guidelines for Individuals (0.25 Hours)
PAI LMS – P&P - Reporting Maltreatment Vulnerable Adults (0.25 Hours)
PAI LMS – Van Driver Training (0.5 Hours)

Development Updates

Competency Reviews



Staff: _____

Date: _____

Service Recipient: __Joe Harnett____

Service Span: _Oct 2022 – Oct 2023_

Outcomes:

Outcome #1: Joe will make a choice once/day.
Outcome #2: Joe will visit a friend/different program room once/week.
Tracked Support: During mealtime, Joe will bring the utensil up to his mouth for the first 5 minutes.
Communication Style: Vocalizations, body gestures, and facial expressions
Learning Style: Prefers gentle reminders, verbal cues, and to observe.

[redacted]

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ■ No ☐ Yes	Describe Supports: Joe has a seizure disorder, no PRN. During a seizure, he has his eyes open, head turned sideways, jaw clicks and occasional drooling- duration 30 seconds to 1 minute and occur 6 to 10 times a month.
Choking: ■ No ☐ Yes	Describe Supports: Joe takes very hard bites when he's eating, and is at risk of breaking plastic utensils with his teeth and may swallow his food without chewing it.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Scoliosis, Harrington rod, GERD and history of aspiration pneumonia.
Medication at PAI: ■ No ☐ Yes	Describe Supports: No daily meds at PAI.

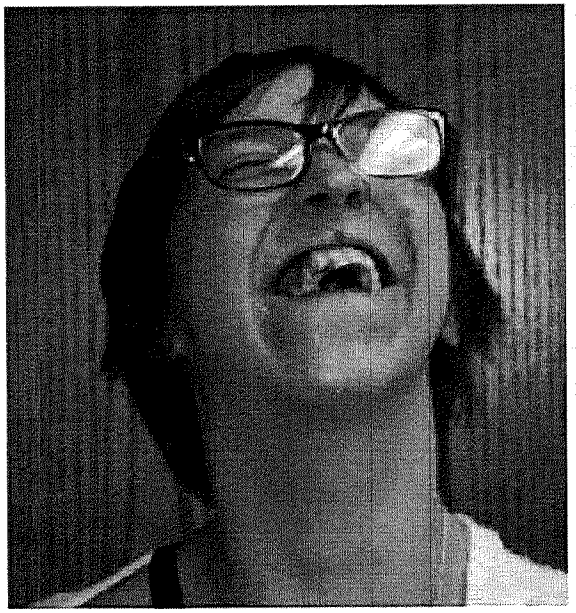
[redacted]

Personal Cares: ■ No ☐ Yes	Describe Supports: Uses arjo lift for full brief change. Trained staff are aware of his Harrington rod and are careful to transfer him without twisting or jarring. Joe may hurt others during lifts/ personal cares (biting, hitting, pulling hair).
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Joe relies on staff to move his wheelchair and needs help repositioning.
Community Support: ■ No ☐ Yes	Describe Supports: Staff stay with Joe at all times while in the community.
Sensory Support: ■ No ☐ Yes	List & Describe Supports: Tactilely defensive around his face and may make sudden movements. Joe receives botox injections to help loosen his facial muscles.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: When Joe is upset, sick has GERD he bites his hands. Staff helps verbally and physically redirects him when he's biting his hands.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: No unsupervised time.

[redacted]

Important to: Playing games, listening to music, calm environment, choices, independence, family
Important for: Choices, staff knowing his transfer/ personal cares and about his Harrington rod- no twisting, staff knowing his communication style
Likes: Sports, Minnesota Twins, sports related activities, nature
Dislikes: Loud environments, music therapy

[redacted]



Staff: Kathryn Stein

Date: _____

Service Recipient: Jessica Kreiner

Service Span: Oct 2022 – Oct 2023

Outcomes:

Outcome #1: Once per week, Jessica will pick a song to play for the room.
Outcome #2: Jessica will plan a visit with a friend in another program room twice a week.
Communication Style: Ipad, ASL, gestures
Learning Style: Gentle reminders and verbal cues. Prefers to actively engage in activities, with opportunities to contribute ideas.

[redacted]

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

Allergies: ■ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ■ No ☐ Yes	Describe Supports: In the past, seizures have been triggered by crowded or noisy events and costumes such as Halloween costumes. Jessica can indicate the onset of a seizure by pointing to her head. Calll 911 if seizure lasts greater than 5 mins or breathing problems.
Choking: ■ No ☐ Yes	Describe Supports: Staff cut her food into nickel sized pieces.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ■ No ☐ Yes
Medication at PAI: ■ No ☐ Yes	Describe Supports: Doesn't currently take any medications while at PAI.

[redacted]

Personal Cares: ☐ No ☐ Yes	Describe Supports: Staff provides Jessica with verbal reminders to use the bathroom when she arrives and after lunch. She needs assistance in the bathroom wiping and to change her brief as needed.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ■ No ☐ Yes	Describe Supports: Staff model and demonstrate how to access the community safely by following safety rules and pedestrian guidelines.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ■ No ☐ Yes	List & Describe Supports: When Jessica is excited or upset, she may tap her chest or hit her thighs, which could cause bruising. Jessica understands that her tapping may cause injury. At times, when frustrated, Jessica may pinch or squeeze someone's arm-which could lead to harm from retaliation. Jessica is accepting of staff assistance in both of these areas.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: Jessica is allowed 5 minutes of alone time in the bathroom.

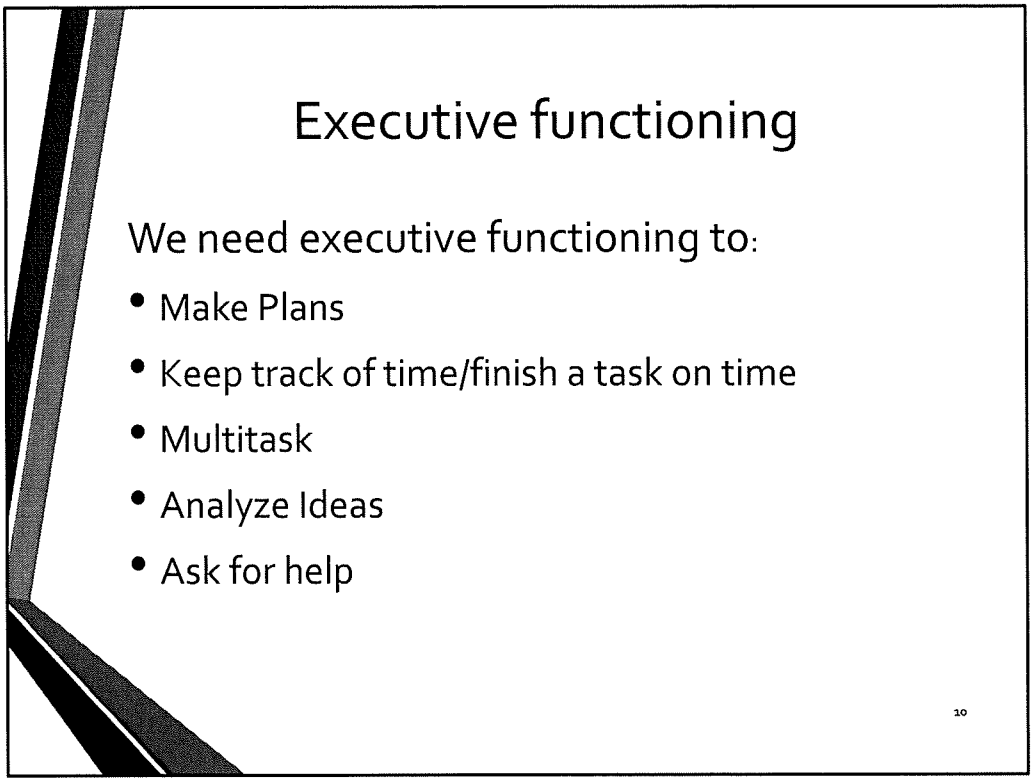
[redacted]

Important to: Justin, Music, her tablet, tiara's and accessories, dancing, friends, family.
Important for: Using her tablet to communicate, being understood, having time to type, engaging with others.
Likes: shopping, girly things, music, going to restaurants
Dislikes: Being told what to do,

Wrap Up

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

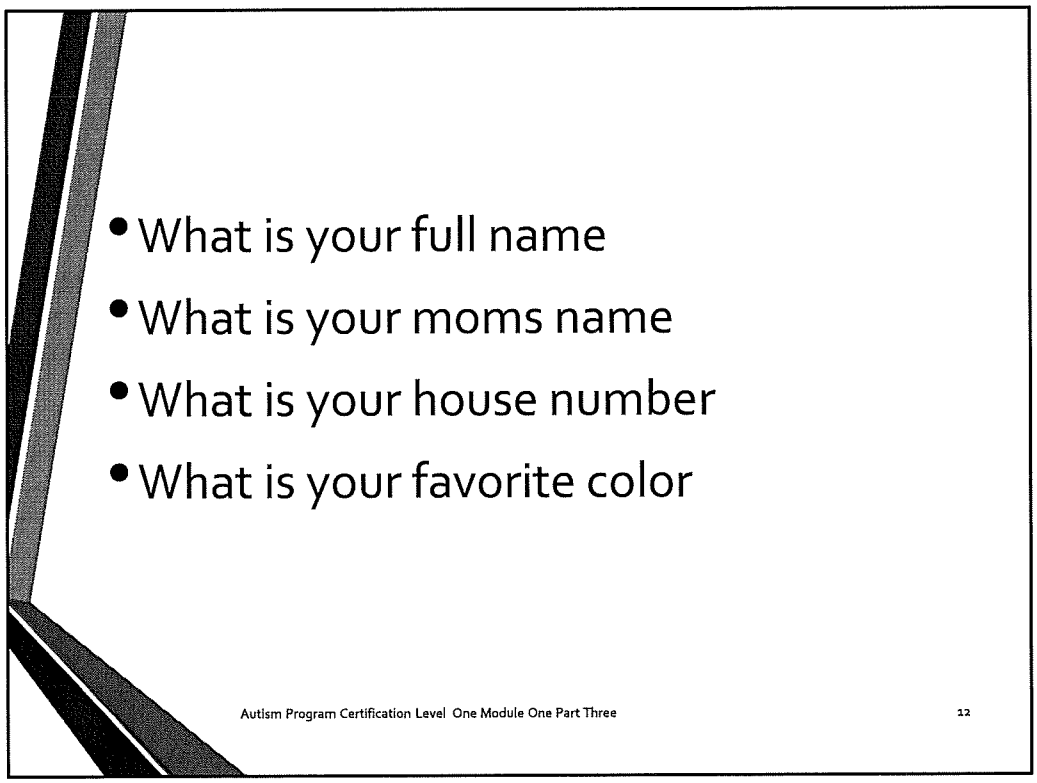
Any final thoughts?



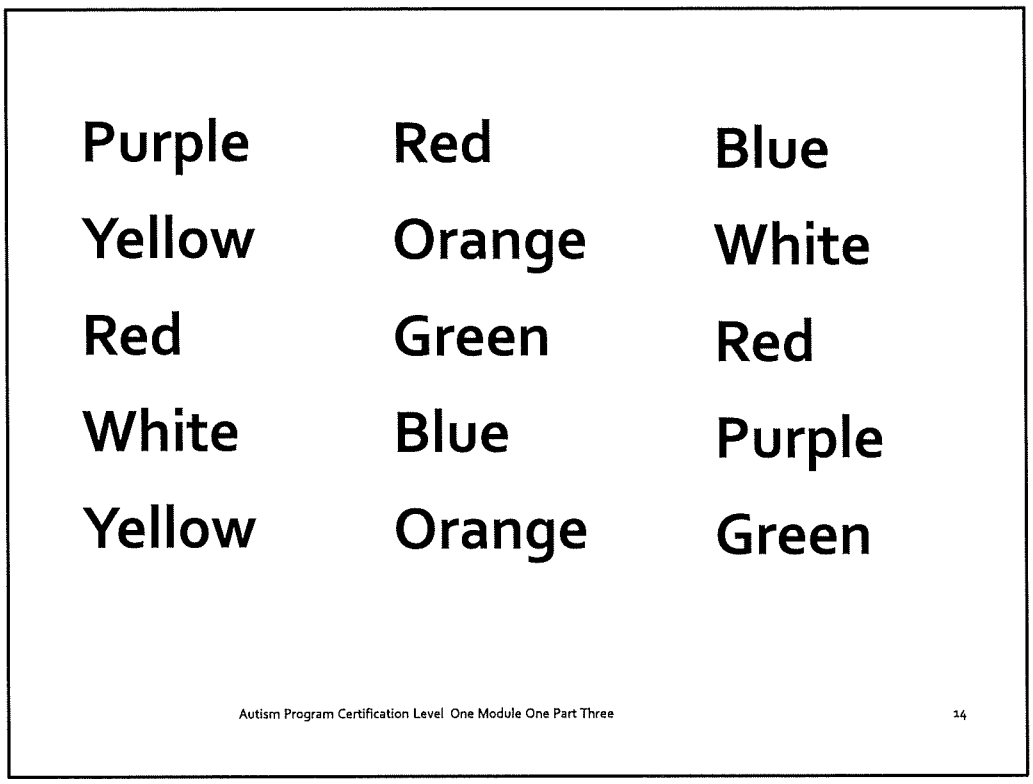
Executive functioning is one of the "internal environments" that can be affected and impact an individual's ability to communicate effectively, timely, and functionally.

Executive functions consist of several mental skills that help the brain organize and act on information. These skills enable people to plan, organize, remember things, prioritize, pay attention and get started on tasks. They also help people use information and experiences from the past to solve current problems.
Having issues with executive functioning makes it difficult to:
Keep track of time
Make plans: this is broad! "Make plans" can mean for our brain to organize and "make a plan" to say something, "make plans" to stand up, "make plans" to wave, all the way to more complex plan making that includes:
Make sure work is finished on time
Multitask
Apply previously learned information to solve problems
Analyze ideas
Look for help or more information when it is needed

(If needed – another example of how executive functioning works)
How Executive Functioning Works
Here is an example of how the process works, broken down into six steps:
Analyze a task. Figure out what needs to be done.



We will go for one minute. The questioner will as these 4 questions over and over:
What is your name
What is your moms name
What is your house number
What is your favorite color.



Instructions: Some words will pop up on the screen. Do not read the word, but say the color it is written in.

Do activity, click through words at roughly one word per second i.e. keep a brisk pace.

How was that? *let group discuss*

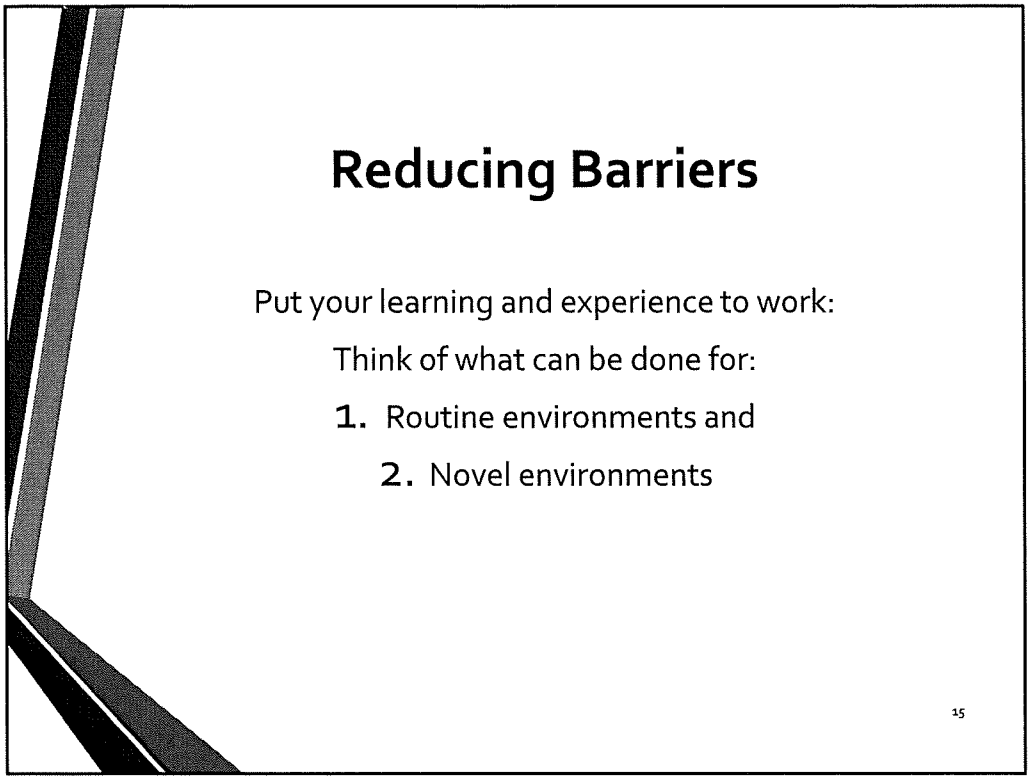
Now, I didn't do a baseline assessment of you guys, but I feel I can assume you all know your basic colors.
So this was difficult to do, even though you all have the basic skill of identifying and naming colors.

Now, lets imagine we combined these two activities. How you felt during the distractor activity, while attempting to do this activity.

This can give you insight into what it is like to have sensory processing difficulties. This was all information you knew, but it was difficult for you to get it out, and took you more time to process and respond appropriately.
Daily, our individuals are being presented with novel stimuli, and asked to work on developing new skills, all while working to process their sensory environment.

Discussion:
Reactions?
How did it feel to be the one answering and/or the one questioning?
What did you notice about your own sensitivities?
How were you able to focus –attend and plan a response?
take responses and experiences from as many, elicit feeling words as much as possible

Now imagine you are one with sensory processing issues, and the "distractor" was your daily environment.
These were simple questions that should have been easy to pull off the top of your head, and yet was difficult to do.
Implications?



Taking all of the areas we have touched on today into consideration how might you go about reducing barriers to communicating and connecting with individuals?

This can and should be done for routine transitions and transitions into novel environments.

Briefly go through the list of environmental factors and consider an individual you work with; what you know about those clients and decide what adaptations to your communication may be helpful to make.

Competency Tracking Form

Participant: Joe Harnett

Annual Service Span: __Oct 2022 – Oct 2023_____

Annual Meeting Date: __10/25/2022_____ Date Assigned to Lead: ___10/28/2022_____

Competency Quiz Due for all Staff: __11/30/2022_____

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
5 G		Susan Gaines
	JG	John Gebhardt
		Andrea Green
		Jess Gunderson
2/22		Monserrat Hernandez
4/18	NK	Nikki Kereluk
	N/A	Elizabeth Mizeur
		Kennedy Norwick
3/29/23	DP	Dan Popp
		Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
4/24/23	TB	Tyler Bongard
	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: TYLER BONGARD | PAI | Service Recipient: JOE HARNETT

Date: 4/24/23 | 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

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: SEIZURE DISORDER, NO PRN. DURING SEIZURE - EYES OPEN, HEAD SIDEWAYS, JAW CLICKS, OCCASIONAL DROOLING. DURATION 30 SEC. - 1 MIN. OCCURS 6-10X/MONTH.
Choking/ Specialized Diet: ☒ No ☐ Yes ~~N/A~~	Describe Supports: TAKES HARD BITES - MAY BREAK PLASTIC UTENSILS. MAY SWALLOW HIS FOOD W/OUT CHEWING IT.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SCOLIOSIS, HARRINGTON ROD, GERD, HISTORY OF ASPIRATION PNEUMONIA. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NO DAILY MED @ PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: USES ARJO LIFT FOR FULL BRIEF, TRAINED STAFF TRANSFER W/OUT TWISTING & JARRING. MAY HURT OTHERS DURING LIFTS/PERSONAL CARES (BITING, HITTING, PULLING HAIR)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: RELIES ON STAFF TO MOVE CHAIR & NEEDS HELP REPOSITIONING
Community Support: ☒ No ☐ Yes	Describe Supports: STAY W/ JOE AT ALL TIMES 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: TACTILELY DEFENSIVE AROUND HIS FACE & MAY MAKE SUDDEN MOVEMENTS. HE RECEIVES BOTOX INJECTIONS TO HELP LOOSEN HIS FACIAL MUSCLES.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: WHEN HES UPSET/SICK/ HAS GERD HE BITES HIS HANDS. STAFF VERBALLY/PHYSICALLY REDIRECTS WHEN BITING HANDS.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: NONE
Important to: PLAYING GAMES, LISTENING TO MUSIC, CALM ENVIRONMENT, CHOICES, INDEPENDENCE, FAMILY	
Important for: CHOICES, STAFF KNOWING HIS TRANSFER/PERSONAL CARES & ABOUT HARRINGTON ROD (NO TWISTING), STAFF KNOWING HIS COMMUNICATION STYLE.	
Likes: SPORTS, MN TWINS, SPORTS RELATED ACTIVITIES, NATURE	
Dislikes: LOUD ENVIRONMENTS, MUSIC THERAPY	
Communication Style: VOCALIZATIONS, BODY GESTURES, & FACIAL EXPRESSIONS	
Learning Style: PREFERS GENTLE REMINDERS, VERBAL CUES & TO OBSERVE	

Lead Review Completed: _____

Staff: John Gebhardt
Date: 11/30/22

Service Recipient: Joe Hartnet
Service Span: 2022-2023

Outcomes:

Outcome #1:	He will make a choice 1x daily
Outcome #2:	He will visit friend in another program room
Communication Style:	Vocals, Facial expressions, Body language
Learning Style:	Verbal reminders, To observe

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Has seizure disorder Duration 30-60 seconds
Choking: ☒ No ☐ Yes	Describe Supports: no plastic utensils
Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut up foods, mashed,
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Has Herrington Rod, Card, DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No Daily meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses Argo Lift., 2 staff assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has wheel chair
Community Support: ☒ No ☐ Yes	Describe Supports: staff stay with him
Sensory Support: ☒ No ☒ Yes	List & Describe Supports: Tactile ~~de~~sensitive on face
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: can bite his hand if anxious.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time
Important to:	Family, Being calm
Important for:	choices, knowing his communications
Likes:	Sports-MN Twins, Nature environments
Dislikes:	Load sudden noises,

Lead Review Completed: _____

Staff: Monse

Date: 2-22-23

PAI

Service Recipient: Joe

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: seizure disorder, Last about 30 sec to 1 minute
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Takes hard bites, may swallow w/out chewing
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Harrington Rod, GERD DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No daily meds. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Arjo, full brief change
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Relies on staff - wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sudden movements - Botox to loosen face muscles
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites hand when upset. Redirect.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised time
Important to:	Playing games, music, choices
Important for:	choices, personal cares, communication style.
Likes:	Sports, Minnesota twins, nature
Dislikes:	Loud environments, music therapy
Communication Style:	vocal, Gestures, facial expressions
Learning Style:	Gentle Reminders, verbal cues, observation

Lead Review Completed:

Staff: Nikki Verelut

Date: 4/10/23

PAI

Service Recipient: Joe Harnett

Service Span: Oct 22-23

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: – Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: No PRN → eyes open, head turned sideways, jaw clicks & possible drooling. 6-10 times/mo.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size – metal spoon. hard bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~[illegible] no needed~~ scoliosis, harrington rod, GERD history of aspiration pneumonia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: no meds @ PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: arjo - single - Harrington Rod - careful of transfer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Joe relies on staff to propel
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: tactilely defensive around face - sudden movements botox injections to help loosen facial muscles
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: upset/sick/GERD = bites his hands * verbally/physically redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to:	games, music, calm environment, choices, independence, family
Important for:	choices, staff knowing cares, communication style
Likes:	sports, MN Twins, sports activities, nature
Dislikes:	Loud environment, music therapy
Communication Style:	vocals, gestures, facials
Learning Style:	gentle reminders, verbal cues, observe

Lead Review Completed: _____

Staff: Kathy Perry
Date: 11-30-22

PAI

Service Recipient: Joe Harnet
Service Span: 10/22 - 10/23

Outcomes:

Outcome #1: Will make choice once a day	
Outcome #2: Will visit friend or another program room once a week.	
#3 Help feed himself	
Communication Style: Non verbal Vocalizations, facial expressions, body language	
Learning Style: gentle reminders, observation, verbal cues	

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: NO PRN - eyes open - head sideways, 30sec - 1min
Choking: ☒ No ☐ Yes	Describe Supports: a risk of breaking plastic utensils Bites hard
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis - harrington rod GERN - Hx of aspiration pneumonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: @ PAI assist if needed
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assist - brief - ARJO - do not twist may hurt others during cares - bite, hit
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff move W/C - help ⊼ NPO
Community Support: ☒ No ☐ Yes	Describe Supports: Staff stay ⊼ him all times - push W/C
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile defensive - face Gets botox to loosen muscles
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: upset - yells upset, sick, GERD bites hands - - redirect
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: NO
Important to: games, music, choices, calm environment, family	
Important for: Choices - staff knowing cares and comm. style family	
Likes: sports, TWINS, nature	
Dislikes: loud environment, music therapy	

Lead Review Completed: _____

Staff: Daniel P

Date: 3/29/23

Service Recipient: Joe H.

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

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: No PRN. During seizure has one eye open, head turned sideways, jaw clicks and occassional drooling. Duration 30 sec - 1 min abt 6-10 x month
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: takes hard bites and is at risk of biting off plastic utinsils
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Harrington Rod, GERD, and history of aspiration pneumonia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses arjo for full brief change. Trained staff aware of rod. Don't twist. May be aggressive when changing (biting, hitting, hair pulling)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Joe relies on staff to move wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will stay with Joe at all times when 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: Tactile defensive around his face and may make sudden movements. Recieves botox injections to help loosen his facial muscles.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset or sick he bites his hand. Staff verbally redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No Unsupervised time
Important to:	playing games, listening to music, calm environment, choices, independence, family
Important for:	Choices, Staff Knowing about personal cares and about his Harrington rod - no twisting, Staff Knowing his communication style
Likes:	Sports, MN Twins, sports related activities, nature
Dislikes:	Loud environments and music therapy
Communication Style:	Vocalizations, body gestures, and facial expressions
Learning Style:	Prefers gentle reminders, verbal cues, and to observe

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 11/30/22

PAI

Service Recipient: Joe Harnett
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: Joe will make a choice 1x day	
Outcome #2: Joe will vist a friend or Program Room 1x wk.	
Communication Style: Vocalization Body expression Nonverbal	
Learning Style: Gentlevemind verbal ques observe	

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: No PRN Jaw Clicks head to left di
Choking: ☒ No ☐ Yes	Describe Supports: hard bite No Plasic ytencil
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosi Harrington Rod Gerd Aspiration DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No Daily meds At PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: 2 Staff Arjo Lift full brife Change No twisting sarring
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair - Staff help Me
Community Support: ☒ No ☐ Yes	Describe Supports: Staff stay w/ Joe
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Tacktile sensitive Botox for facial muscles
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset Bite hands redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No
Important to: Being involved, Playing game Calm enviorment family choices	
Important for: Choice Transfers Harrington Rod Communication Style	
Likes: Twin, Sports related activities nature	
Dislikes: Load enviorments Music therapy	

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 11-30-22

PAI

Service Recipient: Joe Harnett
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1:
Make choice once a day

Outcome #2:
Visit a friend or room once per week

Communication Style:
Vocalizations, facial expressions, non-verbal

Learning Style:
gentle reminders, observing, verbal cues

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

Allergies: ☐ No ☐ Yes NA	List & Describe Supports:
Seizures: ☑ No ☐ Yes	Describe Supports: seizure disorder - NO PRN - eyes opened, drooling jaw clicks 6-10 times per month
Choking: ☑ No ☐ Yes	Describe Supports: hard bites, NO plastic forks/spoons
Specialized Diet: ☐ No ☐ Yes NA	Describe Supports:
Chronic Medical Conditions: ☑ No ☐ Yes	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes scolesois, Herrington rod, GERD,
Medication at PAI: ☑ No ☐ Yes	Describe Supports: NO meds at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: watch - biting, hitting, pulling hair / NO twisting Arjo lift - full brief change / when transfering
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Staff moves wheelchair, needs help repositioning
Community Support: ☑ No ☐ Yes	Describe Supports: Stay w/ Joe at all times
Sensory Support: ☑ No ☐ Yes	List & Describe Supports: tactfully defense around face - gets botox to loosen face muscles
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: upset sick or scared - bites hands - staff redirect
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: NO unsupervised time
Important to:	Games, music, choices, family
Important for:	Choices, staff knowing cues / NO twisting
Likes:	sports, Twins, nature
Dislikes:	loud, music therapy

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 11/30/22

Service Recipient: Joe Harnett
Service Span: Oct 2022-Oct 2023

Outcomes:

Outcome #1: Joe will make a choice once/day.
Outcome #2: Joe will visit a friend/different program room once/week.
Tracked Support: During mealtime, Joe will bring the utensil up to his mouth for the first 5 minutes.
Communication Style: Vocalizations, body gestures, and facial expressions
Learning Style: Prefers gentle reminders, verbal cues, and to observe.

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ■ No ☐ Yes	Describe Supports: Joe has a seizure disorder, no PRN. During a seizure, he has his eyes open, head turned sideways, jaw clicks and occasional drooling- duration 30 seconds to 1 minute and occur 6 to 10 times a month.
Choking: ■ No ☐ Yes	Describe Supports: Joe takes very hard bites when he's eating, and is at risk of breaking plastic utensils with his teeth and may swallow his food without chewing it.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ■ No ☐ Yes	List & Describe Supports: DNR/DNI: ■ No ☐ Yes Scoliosis, Harrington rod, GERD and history of aspiration pneumonia.
Medication at PAI: ■ No ☐ Yes	Describe Supports: No daily meds at PAI.
Personal Cares: ■ No ☐ Yes	Describe Supports: Uses arjo lift for full brief change. Trained staff are aware of his Harrington rod and are careful to transfer him without twisting or jarring. Joe may hurt others during lifts/ personal cares (biting, hitting, pulling hair).
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Joe relies on staff to move his wheelchair and needs help repositioning.
Community Support: ■ No ☐ Yes	Describe Supports: Staff stay with Joe at all times while in the community.
Sensory Support: ■ No ☐ Yes	List & Describe Supports: Tactilely defensive around his face and may make sudden movements. Joe receives botox injections to help loosen his facial muscles.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: When Joe is upset, sick has GERD he bites his hands. Staff helps verbally and physically redirects him when he's biting his hands.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: No unsupervised time.
Important to: Playing games, listening to music, calm environment, choices, independence, family	
Important for: Choices, staff knowing his transfer/ personal cares and about his Harrington rod- no twisting, staff knowing his communication style	
Likes: Sports, Minnesota Twins, sports related activities, nature	
Dislikes: Loud environments, music therapy	

Lead Review Completed:

Staff: Donna Storm
Date: 11-30-22

Service Recipient: Joe Harnet
Service Span: Oct 22-23

Outcomes:

Outcome #1:	make a choice once a day
Outcome #2:	pick a Friend/Room once a week
Communication Style:	Vocal body gestures facial non-verbal
Learning Style:	gentel reminders view to observe

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: no PRN eyes open - turns away - drool
Choking: ☒ No ☐ Yes	Describe Supports: hard bits - no plastic
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: Scoliosis - Harrington - Gerd DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☐ No ☐ Yes	Describe Supports:
Personal Cares: ☒ No ☐ Yes	Describe Supports: ARJo Lift no twisting or jarring - Hitting Biting hair
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff move Chair and reposistion
Community Support: ☒ No ☐ Yes	Describe Supports: ~~Stay~~ w/Joe m.p.s
Sensory Support: ☒ No ☐ Yes	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: upset - sick - Gerds Bits hands redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: ⊘
Important to:	playing games music Independence family
Important for:	choices - Harrington Rod - no twisting Staff Browsing
Likes:	nature Sports
Dislikes:	Loud environments - music therapy

Lead Review Completed: _____

Staff: Cindi Stucky
Date: 11.30.22

PAI

Service Recipient: Joe Hassett
Service Span: Oct 22-23

Outcomes:

Outcome #1:	a choice once a day
Outcome #2:	visit a friend /rm once a week Help feed himself
Communication Style:	non verbal - vocalisation facial expressions
Learning Style:	gentle reminders verbal cues

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

Allergies: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Seizures: ☒ No ☐ Yes	Describe Supports: NO PRN (6-10 X a month) does have seizures
Choking: ☒ No ☐ Yes	Describe Supports: takes hard bites & breaks plastic utensils
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: scoliosis herington rod gerd, aspiration pneumonia DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: no meds @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: argo lift - careful w/ lifting or jarring
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: relys on staff to move chair + reposition
Community Support: ☒ No ☐ Yes	Describe Supports: staff stays w/ him @ all times
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: ~~tactile~~
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: he bites his hands when sick or geld
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none
Important to:	games, music, choices, family
Important for:	Choices, herrington rod, com. style
Likes:	sports, nature
Dislikes:	loud environment, music therapy

Lead Review Completed: _____

Staff: Dave Turner

Date: 11/30/22

Service Recipient: Joe Hornett

Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1:	Joe will make a choice once daily
Outcome #2:	Joe will visit a friend in different program room x1 weekly
Communication Style:	Non-verbal Vocalizations, body gestures, facial expression
Learning Style:	Gentle reminders, verbal cues, observation

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: Joe has a seizure disorder. During seizure clenching, clicking sound.
Choking: ☒ No ☐ Yes	Describe Supports: Joe takes hard bites while eating. Will break plastic utensils when w/d
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: DNR/DNI: ☒ No ☐ Yes Scoliosis, Herrington Rod, Gerd, Aspiration/pneumonia
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No daily meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: - Joe may pull hair, bite or reach out to staff Uses RJO for full brief change. Watch for Rod- do not twist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Joe relies on staff to move w/c. Relies on staff to keep him
Community Support: ☒ No ☐ Yes	Describe Supports: ~~Alone~~ Staff will stay with Joe
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: Botox injections due to face sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset Joe will bite his hand. Staff redirect as needed
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No unsupervised time.
Important to:	Playing games, music, calm environment, independence, family
Important for:	Choices, TRANSFERS (no twisting), staff knowing communication style.
Likes:	Sports (twins), Nature,
Dislikes:	Loud environments, music therapy.

Lead Review Completed: _____

Staff: Anna Wrich
Date: 11/30/2022

PAI

Service Recipient: Joe Harnett
Service Span: 10/22 — 10/23

Outcomes:

Outcome #1: _____
Summarize Steps: will make a choice 1x daily

Outcome #2: _____
Summarize Steps: will visit another Program room 1x weekly.

Communication Style: non-verbal
vocalizations, body lang, facial exp.

Learning Style:
gentle reminders, verbal cues. observe.

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: NA
Seizures: ☒ No ☐ Yes	Describe Supports: NO PRN Jaw will click/drool.
Choking: ☒ No ☐ Yes	Describe Supports: hard bites, may break plastic.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☒ No ☐ Yes	List & Describe Supports: scoliosis. Harrington rod. GERD. asparation DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: None at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: watch out for biting hair pulling etc. Arjo. full brief change. careful of Rod in back.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: staff propels chair. assistance repositing.
Community Support: ☒ No ☐ Yes	Describe Supports: w/ Joe at all times in comm.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: tactile def. in face. gets Botox.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: when upset, sick or gerD - he may bite hands.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: none.
Important to: games, music, calm envir. family.	
Important for: Choices. Knowing Personal cares / comm. style.	
Likes: Sports, MN Twins, Nature.	
Dislikes: Loud envir. music therapy.	

Lead Review Completed: _____

Competency Tracking Form

Participant: Jessica Kreiner

Annual Service Span: __Oct 2022 – Oct 2023_____

Annual Meeting Date: __10/25/2022_____ **Date Assigned to Lead: ___10/28/2022_____**

Competency Quiz Due for all Staff: __11/30/2022_____

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
8/6		Susan Gaines
	JG	John Gebhardt
		Andrea Green
		Jess Gunderson
2/22		Monserrat Hernandez
9/13	NK	Nikki Kereluk
		Elizabeth Mizeur
		Kennedy Norwick
3/29/23	DP	Dan Popp
	RS	Renee Schmidt
		Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
		Donna Storm
		Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
		Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
4/24/23	TB	Tyler Bongard
	KP	Kathy Perry

Date Uploaded to LMS: _____

Staff: TYLER BONGARD | PAI | Service Recipient: JESSICA KREINER

Date: 4/24/23 | Service Span: OCT '22 - '23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SEASONAL Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: SEIZURES CAN BE TRIGGERED BY CROWDED/NOISY EVENTS & COSTUMES (HALLOWEEN). CAN INDICATE ONSET BY POINTING TO HER HEAD. 911 - IF SEIZURE IS LONGER THAN 5 MIN/ BREATHING PROBLEMS.
Choking/ Specialized Diet: ☒ No ☐ Yes (NA)	Describe Supports: CUT FOOD NICKEL-SIZE
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NO MED @ PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: VERBAL REMINDERS TO USE BATHROOM UPON ARRIVAL/AFTER LUNCH. NEEDS ASSISTANCE WIPING/ CHANGING BRIEF AS NEEDED
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY TAP CHEST/HIT THIGHS - REDIRECT. MAY PINCH/SQUEEZE SOMEONES ARM WHEN FRUSTRATED - ACCEPTING OF REDIRECTION
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 MIN ALONE TIME IN BATHROOM
Important to:	JUSTIN, MUSIC, HER TABLET, TIARAS & ACCESSORIES, DANCING, FRIENDS, FAMILY
Important for:	USING TABLET TO COMMUNICATE, BEING UNDERSTOOD, HAVING TIME TO TYPE, ENGAGING W/OTHERS
Likes:	SHOPPING, GIRLY THINGS, MUSIC, GOING TO RESTAURANTS
Dislikes:	BEING TOLD WHAT TO DO
Communication Style:	IPAD, ASL, GESTURES
Learning Style:	GENTLE REMINDERS & VERBAL CUES. PREFERS TO ACTIVELY ENGAGE IN ACTIVITIES W/OPPORTUNITIES TO CONTRIBUTE IDEAS.

Lead Review Completed: _____

Staff: John Gebhardt
Date: 11/30/22

PAI

Service Recipient: Jessica Kriner
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: Once a week, she pick song to play in room
Outcome #2: will plan a visit with another person Twice a week,
Communication Style: I Tablet, ASL, Gestures, body language,
Learning Style: Gentile reminders and verbal cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Has seasonal allergies
Seizures: ☒ No ☐ Yes	Describe Supports: Has seizures disorders / No PRN
Choking: ☒ No ☐ Yes	Describe Supports: cut food to Nickel sizes,
Specialized Diet: ☐ No ☐ Yes NA	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports: NA DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No Meds currently at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Provide verbal reminders to use bathroom.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: staff model and demonstrate safety when out in the community.
Sensory Support: ☒ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When she gets excited or upset, she may hit her chest or her thighs or pinch others,
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Is allowed 5 min alone in bathroom
Important to: Justin B, Tiaras, Friends, Family, Dolls, Music	
Important for: using her tablet to communicate, let her ask staff, engaging with others.	
Likes: Shopping, Girl things, restaurants, Music,	
Dislikes: Being told what to do.	

Lead Review Completed: _____

Staff: Che Monae

Date: 2-22-23

PAI

Service Recipient: Jessica

Service Span: Oct 22 -23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Loud noises - ~~ears~~ points to head to indicate
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: nickle sized pieces
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes N/A	Describe Supports: Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Reminders - ~~Assist~~ in wiping
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Tap/Hit chest when upset - may pinch others
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minutes of alone time
Important to:	Justin, Music, tablet, dancing, friends, family
Important for:	understood, time to type, engaging with others,
Likes:	shopping, music, Resturants
Dislikes:	Being told what to do
Communication Style:	IPad, ASL, gestures
Learning Style:	Gentle Reminders, cues, ideas

Lead Review Completed: _____

Staff: Nikki Kerekuk

Date: 4/18/23

PAI

Service Recipient: Jessica Kreiner

Service Span: Oct 22-23

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: seasonal	Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: history of seizures triggered by crowds/noisy events & costumes. indicates onset by pointing to head	
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: nickle size	
Chronic Medical Conditions: ☐ No ☐ Yes ■ N/A	List & Describe Supports: -	DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: no meds @ PAI	Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Verbal reminders needs assistance changing	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A	
Community Support: ■ No ☐ Yes	Describe Supports:	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ■ N/A	List & Describe Supports:	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: may tap chest/hit thighs - excited/upset frustrated - pinch/squeeze someone's arm *accepts redirection	
Unsupervised Time: ■ No ☐ Yes	Describe Supports: 5 min in bathroom	

Important to: boys, music, iPad, tiara's, dancing, friends, family

Important for: tablet, beingunderstood, time to type, engagement

Likes: shopping, girly things, music, restaurants

Dislikes: being told what to do.

Communication Style: ipad/ASL/gestures

Learning Style: gentle reminders, verbal cues,

Lead Review Completed: _____

Staff: Kathy Perry
Date: 11-30-22

Service Recipient: Jessica Kreiner
Service Span: 10/22 - 10/23

Outcomes:

Outcome #1:	Once per week will perform song or music for peers
Outcome #2:	Plan to visit peer in another room twice a week
Communication Style:	IPAD, Some Sign, gestures
Learning Style:	gentle reminders, verbal cues

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: Triggered by loud busy events. NO PRN Call 911 Halloween Costumes
Choking: ☒ No ☐ Yes	Describe Supports: Nickle Sized
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: @ PAI assist if needed
Personal Cares: ☒ No ☐ Yes	Describe Supports: Reminders to use BR, staff assist c wiping & cares
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: assist & give guidance
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When excited may tap chest or hit thighs May perch someones arm when upset & feels ignored Crying - acknowledge but don't keep - ask if need to break
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 min alone in BR
Important to:	Justin, music, IPAD, trains, dancing, family, dolls
Important for:	using tablet to communicate, being understood, engaging c others
Likes:	Shopping, music, out to eat, girlie things
Dislikes:	Being told what to do, Halloween costumes

Lead Review Completed: _____

Staff: Daniel P

Date: 3/29/23

Service Recipient: Jessica K.

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seasonal	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: In past, seizures caused by large crowds, noise, and even costumes. Can indicate an oncoming seizure by pointing to head. Call 911 if longer then 5 minutes or breathing problems	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: food cut to nickel sized pieces	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Provid reminders to use bathroom when she arrives and after lunch. She needs assistance to wipe and change brief	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: NA	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset Jessica can tap her chest or thighs which can cause bruising. At times, may pinch others which could result in retaliation. Accepting of staff help when upset	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minutes alone time in bathroom	

Important to: Justin, music, her tablet, tiaras and accessories, dancing, friends, and family

Important for: her tablet to communicate, being understood, time to type

Likes: Shopping, girly things, music, going to restaurants

Dislikes: Being told what to do

Communication Style: IPad, ASL, gestures

Learning Style: Gentle reminders and verbal cues. Prefers to actively engage in activities with opportunities to contribute ideas

Lead Review Completed: _____

Staff: Rnée Schmaltz
Date: 11/30/22

Service Recipient: Jess Kremer
Service Span: Oct 22-Oct 23

Outcomes:

Outcome #1: 1x per week Jess will choice music
Outcome #2: Plan a visit 2x week
Communication Style: IPad ASL gestures
Learning Style: gentle reminder

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: Past Crowder / Costumes 911 5+ min / breath
Choking: ☒ No ☐ Yes	Describe Supports: Nickle size Pieces
Specialized Diet: ☒ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: None at PAI
Personal Cares: ☐ No ☐ Yes	Describe Supports: Reminder to wipe / use the Bathroom 5mins alone time
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☐ No ☐ Yes	Describe Supports: Staff model & demostrat Comm / Ped safety
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hit chest or thigh Pinch / others arm
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5min in bathroom
Important to: IPad Justin music tiara dance friends family	
Important for: Use tablet Communication being understood engaging w/ other	
Likes: Shopping girly things Music Restaurants	
Dislikes: being told what to do	

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 11-30-22

Service Recipient: Jess Kreiner
Service Span: Oct 22 - Oct 23

Outcomes:

Outcome #1: Jess will pick song or movie for room once per week
Outcome #2: will plan visit twice a week in another room
Communication Style: iPad, ASL, Gestures
Learning Style: gentle reminders, verbal cues

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

Allergies: ☑ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☑ No ☐ Yes	Describe Supports: Point to head = call 911 if more than 5 minutes Past - triggered loud, COSTUMES
Choking: ☑ No ☐ Yes	Describe Supports: Nickle size bites - staff cut
Specialized Diet: ☐ No ☐ Yes NA	Describe Supports:
Chronic Medical Conditions: ☐ No ☐ Yes NA	List & Describe Supports: DNR/DNI: ☑ No ☐ Yes
Medication at PAI: ☑ No ☐ Yes	Describe Supports: No meds at PAI
Personal Cares: ☑ No ☐ Yes	Describe Supports: Verbal reminders - wipe & change brief if needed
Mobility/Fall Risk: ☐ No ☐ Yes NA	Describe Supports:
Community Support: ☑ No ☐ Yes	Describe Supports: Staff model safety
Sensory Support: ☐ No ☐ Yes NA	List & Describe Supports:
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: tap chest, hit thighs when upset, can pinch people
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 5 Minutes alone in bathroom
Important to: Justin, Music, tablet, crowns, dancing, Dolls, family, friends	
Important for: Tablet in communicate, being understood, time to type	
Likes: Shopping, girly things, Music	
Dislikes: being told what to do	

Lead Review Completed: _____

Staff: Kathryn Stein

Date: 11/30/22

Service Recipient: Jessica Kreiner

Service Span: Oct 2022 – Oct 2023

Outcomes:

Outcome #1: Once per week, Jessica will pick a song to play for the room.
Outcome #2: Jessica will plan a visit with a friend in another program room twice a week.
Communication Style: Ipad, ASL, gestures
Learning Style: Gentle reminders and verbal cues. Prefers to actively engage in activities, with opportunities to contribute ideas.

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

Allergies: ■ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ■ No ☐ Yes	Describe Supports: In the past, seizures have been triggered by crowded or noisy events and costumes such as Halloween costumes. Jessica can indicate the onset of a seizure by pointing to her head. Calll 911 if seizure lasts greater than 5 mins or breathing problems.
Choking: ■ No ☐ Yes	Describe Supports: Staff cut her food into nickel sized pieces.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ■ No ☐ Yes
Medication at PAI: ■ No ☐ Yes	Describe Supports: Doesn't currently take any medications while at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff provides Jessica with verbal reminders to use the bathroom when she arrives and after lunch. She needs assistance in the bathroom wiping and to change her brief as needed.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ■ No ☐ Yes	Describe Supports: Staff model and demonstrate how to access the community safely by following safety rules and pedestrian guidelines.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ■ No ☐ Yes	List & Describe Supports: When Jessica is excited or upset, she may tap her chest or hit her thighs, which could cause bruising. Jessica understands that her tapping may cause injury. At times, when frustrated, Jessica may pinch or squeeze someone's arm-which could lead to harm from retaliation. Jessica is accepting of staff assistance in both of these areas.
Unsupervised Time: ■ No ☐ Yes	Describe Supports: Jessica is allowed 5 minutes of alone time in the bathroom.
Important to: Justin, Music, her tablet, tiara's and accessories, dancing, friends, family.	
Important for: Using her tablet to communicate, being understood, having time to type, engaging with others.	
Likes: shopping, girly things, music, going to restaurants	

Lead Review Completed:

Staff: Kathryn Stein

Date: _____

Service Recipient: Jessica Kreiner

Service Span: Oct 2022 – Oct 2023

Dislikes: Being told what to do,

Lead Review Completed:

Staff: Donna Storm
Date: 11-30-22

Service Recipient: Jessica Kariner
Service Span: Oct-22-23

Outcomes:

Outcome #1:	song or movie pick one once a week
Outcome #2:	twice a week program room to visit
Communication Style:	Ipad ASL gestures
Learning Style:	gental reminders

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

Allergies: ☐ No ☐ Yes	List & Describe Supports: Seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: Crouded - "points to head"
Choking: ☒ No ☐ Yes	Describe Supports: Cut food into nickel size
Specialized Diet: ☐ No ☐ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: N/A DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: N/A
Personal Cares: ☒ No ☐ Yes	Describe Supports: reminds to use bathroom · assist w/Bed
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: mode - Ped
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: hit chest or thys can hurt herself - when upset
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 min in bathroom
Important to:	Justin - music - tears - friends - family - tablet
Important for:	Ask for help w/ tablet. understood having time to type
Likes:	shopping - Girly things -
Dislikes:	what to do "told"

Lead Review Completed: _____

Staff: Cindi Steeley

Date: 11-30-22

PAI

Service Recipient: Jess Kreiner

Service Span: Oct 22-23

Outcomes:

Outcome #1:	once per week pic song or movie
Outcome #2:	plan a visit twice a week in different program rm
Communication Style:	ipad - asl - gestures
Learning Style:	verbal cues gentle reminders

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: crowd - noisy, costumes - she has them pointing to head.
Choking: ☒ No ☐ Yes	Describe Supports: nickle size pieces
Specialized Diet: ☐ No ☐ Yes N/A	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes N/A	List & Describe Supports: N/A DNR/DNI: ☐ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none @ PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: verbal reminders to use bathrm + staff helps
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: staff model + demonstraight
Sensory Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: at Excited may tap her chest or thigh
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5min in bathrm
Important to:	Justin, music, tablet, tiara's, dolls, family
Important for:	tablet to communicate, encourage her to use talker engaging w/ others
Likes:	shopping, music, restaurants, girly things
Dislikes:	told what to do - halloween costumes

Lead Review Completed: _____

Staff: Dove Turner

Date: 11/30/22

Service Recipient: Jessica Kleiner

Service Span: Oct 22 - 23

Outcomes:

Outcome #1:

Once a week Jess will pick a song to play in room.

Outcome #2:

Jess will visit a friend in another program room x1 weekly

Communication Style:

IPAD, ASL, gestures.

Learning Style:

Gentle reminder, verbal cues, Actively engages in activities.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: SEASONAL
Seizures: ☒ No ☐ Yes	Describe Supports: Seizure disorder due to environment (Too loud)
Choking: ☒ No ☐ Yes	Describe Supports: Staff cut food into mikel size bites
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA — DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: No meds at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff assist with wiping. Needs assistance with baths. Verbal reminders from staff.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff model + demonstrate how to access the community safely by following rules + pedestrian guidelines.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset she may tap chest or thighs. She understands this behavior can receive i/v. She may pinch others when upset.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Jessica is allowed 5 minutes alone time in bathroom.
Important to: Justin, music, tablet, dieter, dance, family, friends, dolls	
Important for: Using tablet, being understood, having time to type, engaging with others	
Likes: Shopping, girly things, music, going to restaurants	
Dislikes: Being told what to do,	

Lead Review Completed: _____

Staff: Anna Wrich
Date: 11/30/2022

Service Recipient: Jess Kreiner
Service Span: 10/22 — 10/23

Outcomes:

Outcome #1: 1x week, will choose song to play for Room.
Outcome #2: Plan visit w/ friend in another room. 2x week
Communication Style: iPad, ASL. gestures
Learning Style: gentle reminders. Verbal cues.

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

Allergies: ☒ No ☐ Yes	List & Describe Supports: seasonal
Seizures: ☒ No ☐ Yes	Describe Supports: triggerd by loud areas, 911 for over 5 mins.
Choking: ☒ No ☐ Yes	Describe Supports: Nickle size Pieces.
Specialized Diet: ☐ No ☐ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes	List & Describe Supports: NA DNR/DNI: ☒ No ☐ Yes
Medication at PAI: ☒ No ☐ Yes	Describe Supports: none at PAI
Personal Cares: ☒ No ☐ Yes	Describe Supports: Verbal reminders. assist w/ wiping. assist w/ brief.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: model/demo Ped/comm. safety.
Sensory Support: ☐ No ☐ Yes	List & Describe Supports: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: excited or upset will hit chest or thighs.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 mins in bathroom.
Important to: family. Justin, music, iPad, tiara, dancing, Dolls	
Important for: using tablet to comm. being understood. engaging.	
Likes: shopping, music, restaurants, girly things	
Dislikes: Being told what to DO. Costumes.	

Lead Review Completed: _____