



Competency Tracking Form

Participant: David Lopez

Annual Service Span: March 2023-March 2024

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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

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

| Date Completed | Initials | Full Name |
|----------------|----------|----------------------|
| | | |
| | JG | John Gebhardt |
| | | Andrea Green |
| | | Jess Gunderson |
| | SG | Sandy Greenly |
| | MA | Montserrat Hernandez |
| | NK | Nikki Kereluk |
| | | Kennedy Norwick |
| | DP | Dan Popp |
| | RS | Renee Schmidt |
| | NS | Nancy Snyder |
| | KS | Dolly Stein |
| | DS | Donna Storm |
| 4-5 | CS | Cindi Stucky |

| Date Completed | Initials | Full Name |
|----------------|----------|------------------------|
| 4/5 | DT | Dave Turner |
| 4/5 | AW | Anna Wrich |
| 4/5 | DY | Doua Yang |
| 4/5 | DR | Dainaja Ranson |
| 4/5 | FD | Pamela Davis |
| | | |
| | | Leslie Bludorn |
| | | Anna Pratt (sub/float) |
| | | Josh Snodie (sub) |
| 2/20/23 | TB | Tyler Bongard |
| 4/27/23 | KP | Kathy Perry |
| | | |
| | | |
| | | |

Date Uploaded to LMS: _____

Staff: TYLER BONGARD
 Date: 4/20/23



Service Recipient: DAVID LOPEZ
 Service Span: 3/23-3/24

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input checked="" 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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>DAVID HAS A HISTORY OF SOMETIMES REASING FOOD OR WOULD ONLY WANT SOLID FOOD ONCE A DAY (NOT SEEN AT PAI). REDIRECT IF LAUGHING WHEN EATING.</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>DIAGNOSED W/ CATATONIA. MAY INVOLVE SYMPTOMS LIKE STAYING STILL OR STRANGE MOVEMENTS, LACK OF SPECIFIC & UNSUAL</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>TAKES LORAZEPAM FOR CATATONIA. GIVEN MED @ PAI 5 HOURS AFTER MORNING DOSE. COMMUNICATED THROUGH</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>INDEPENDENT IN BATHROOM W/ CLEANING COMMUNICATION BOOK. MAY REQUEST ASSISTANCE</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>HAS LOW MUSCLE TONE & ENDURANCE REQUIRING STAFF ASSISTANCE ON UNEVEN SURFACES/IN UNFAMILIAR PLACES</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>IF UPSET/AGITATED - WILL PACE/MAY HIT OR PINCH. GIVING TIMER WILL HELP HIM RELAX IF WAITING. MAY TAKE OFF RUNNING</u> | Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>HAS HISTORY OF S.I. BEHAVIORS. BRINGS HELMET TO PAI DAILY. PUT HELMET ON IF HITTING HIS HEAD. PREP FOR AGGRESSIVE BEHAVIORS</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>WILL SOMETIMES ACCEPT DEEP PRESSURE ON ARMS OR HEAD TO HELP W/ SENSORY REGULATION</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO UNSUPERVISED TIME</u> | |
| Important to: <u>FAMILY, BEING OUT IN COMMUNITY, SPENDING TIME W/ OTHERS, WATCHING MOVIES, HAVING ACCESS TO COMPUTER/IPAD</u> | | |
| Important for: <u>INDEPENDENCE, SUPPORT FOR SELF-CARE TASKS, HAS CONTINUOUS STAFF SUPERVISION, ENCOURAGEMENT TO PARTICIPATE IN ACTIVITIES W/ OTHERS</u> | | |
| Likes: <u>COMPUTER, IPAD, WATCHING VIDEOS & MOVIES, USING A DRAWING APP ON COMPUTER, SHOPPING AT GOODWILL, GOING TO LIBRARY, WALLS</u> | | |
| Dislikes: <u>CHANGES IN ROUTINE, CERTAIN TEXTURES OF FOOD. DOGS IF THEY SCARED OF</u> | | |
| Communication Style: <u>MOSTLY VERBAL. HAS USED PEC (NOT AT PAI). BILINGUAL - PREFERRED ENGLISH</u> | | |
| Learning Style: <u>PREFERS VERBAL PROMPTS - TYPICALLY NEEDS 4-5 PROMPTS TO COMPLETE A TASK OR MAKE A CHOICE</u> | | |

Lead Review Completed: _____

Staff: Pam Davis
 Date: 4/5/23



Service Recipient: David Lopez
 Service Span: March 23-March 24

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

| | | |
|--|---|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: sometimes refusing food - 1 solid food - limit to certain food textures/temperatures - only eats <u>laugh while eating - staff redirects. Eats leaves & ants - sometimes</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>catatonia - staying still fast movements; lack of speech</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>lorazepam for catatonias will receive medication she after morning dose @ home - also has PRN</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent w/ BR may request assistance w/ cleaning</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Low muscle tone and endurance requires assistance on uneven surfaces.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>if upset in community may hit or pinch staff: give timer may take off running</u> | <input checked="" type="checkbox"/> staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Sensory defensive to sound & tactile items. he sensory hitting, punching; jumping stomping - using aggressive towards staff or others</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>has a helmet, deep pressure for regulation, and has a history of property destruction</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>no</u> | |
| Important to: <u>family; outings spending time w/others; movies; ipad computer</u> | | |
| Important for: <u>independence; support; has continuous staff assistance</u> | | |
| Likes: <u>computer; videos; movies; ipad; three D shopping @ Goodwill walks</u> | | |
| Dislikes: <u>changes in routine; certain textures in food; dogs</u> | | |
| Communication Style: <u>verbal; 80% of the time; PEC system; Bill engle prefers verbal/English</u> | | |
| Learning Style: <u>verbal prompts / 4-5 prompts to make @ choice complete a task</u> | | |

Staff: John Gebhardt
 Date: 4/5/23



Service Recipient: David Lopez
 Service Span: 3/23 to 3/24

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | List & Describe Supports: NA | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: NA | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Has History of refusing to eat certain foods. He tends to laugh-redirect. Him | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Catatonia - staying still, Lack of speech. | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Has PRN too, | Describe Supports: Takes a daily med at PAI 5 hours after his AM medication | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Independent, but sometimes needs staff assistance | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Has low muscle tone and low endurance. needs assistance. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: He may pinch or hit staff. May run at times, | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: sensory defensive to sounds and tactile items | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (SIB History) | List & Describe Supports: He may seek attention by pinching, stamping, or hitting. Has a helmet | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: No unsupervised time at PAI, | |
| Important to: Family, outings, Time with others, movies, computer and iPad. | | |
| Important for: Independence and self care tasks, Participating | | |
| Likes: Computer, iPad, drawings, shopping, walks. | | |
| Dislikes: Any routine changes, Loud dogs. | | |
| Communication Style: Verbal, vocals, repeats. | | |
| Learning Style: Bilingual, Spanish & English (Prefers English) | | |

Staff: Sandy Greenly



Service Recipient: David Lopez

Date: 3-5-2023

Service Span: 3-2022 3-2029

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

| | | |
|--|--|--|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Loosh while eating. Staff - non food items only</u> <u>refusing food - only eat solid food once a day. Limit food consumption & temp. Mainly eats snacked AA1</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>catadonia, man, involve - staying still</u> <u>lack of speech</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>PRN - lorazepam for catadonia - 5 hrs after his morning dose at home</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent in bathroom - may request with cleanup</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Low muscle tone and endurance - need staff assistance when given stairs & unfamiliar places</u> | |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Will yell, hits or pinches when upset. May take off running - side effects</u> | <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Timer to help relax. Sensory deficits - pinching, jumping, stomping, hitting, sound, tactile items, uses aggressive behavior towards himself or others (staff)</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>self injurious behaviors - Bungo helmet to PAI - staff will put helmet on. Deep pressure calm stimulus to help regulation. History property destruction</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>PRN for aggressive behaviors</u> | |
| Important to: <u>family, outings, spending time w/ others, watching movies, computer & iPad.</u> | | |
| Important for: <u>Independence support for self care tasks, confused staff supervision - encourage to participate w/ others</u> | | |
| Likes: <u>computer, iPad, video, movies - 3D drawing App, shopping, library, books, coloring</u> | | |
| Dislikes: <u>change in routine, textures in food, scared of some objects</u> | | |
| Communication Style: <u>Verbal, pool system, prefers English over Spanish</u> | | |
| Learning Style: <u>verbal prompts - 4 to 5 prompts to complete a task</u> | | |

Staff: Morse H.
 Date: 4-5-23



Service Recipient: David L.
 Service Span: Mar 23 - Mar 24

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

| | | |
|--|---|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: *Refusing food *Limit food textures and temps. *Mainly snacks | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: staying still, lack of catatonia: speech, sudden movements | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: 5 hours Lerazapan @ PAI after morning. PRN | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent - Assistance w/cleaning | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low muscle tone and endurance | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: *pacing may hit or pinch staff | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: sensory defensive to sound - seeks deep pressure - pinch, jump, stamp. | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Helmet to PAI, put on if he starts to hit himself. | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: family, outings, spending time w/others/ watching movies | | |
| Important for: Independence, Staff supervision, participate in | | |
| Likes: Computer, Ipad, movies, 3D drawing app, Goodwill, walks | | |
| Dislikes: changes, routines, textures, color non-calm dogs | | |
| Communication Style: verbal (mostly) pec system - speaks Spanish | | |
| Learning Style: verbal prompts | | |

Staff: Nikki Kereluk
 Date: 4/5/23



Service Recipient: David Lopez

Service Span: 3/2023 – 3/2024

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

| | | |
|--|---|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: David has a history of sometimes refusing food or would only want to eat solid foods once a day. He would also limit himself to certain food textures and temperatures. This has not been seen at PAI. David tends to laugh while eating. Staff will redirect him to assure he does not choke. David has attempted to eat non-food items, such as leaves and ants. | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: David is diagnosed with Catatonia. Catatonia may involve symptoms such as staying still, fast or strange movements, lack of speech, and other unusual behavior. | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: David takes Lorazepam for his Catatonia. He is given his medication at PAI 5 hours after his morning dose at home. It is communicated what time it is given through his communication book. David has a PRN. | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: David is independent in the bathroom. He may request assistance with cleaning. | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: David has low muscle tone and endurance requiring staff assistance on uneven surfaces and in unfamiliar places. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If David is upset or agitated, he will start pacing and may hit or pinch staff. Giving a timer will help David relax when he needs to wait for something. David may take off running if something catches his attention. <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: David is sensory defensive to sound and tactile items. He sensory seeks of deep pressure by pinching, jumping, stomping, and hitting. If his sensory needs are not being met or if David is upset or anxious, he has a history of using aggressive behaviors towards himself and others. This has not been seen at PAI. | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: David has a history of self-injurious behaviors. David brings his helmet to PAI daily. If he starts to engage in hitting himself in the head, staff will put his helmet on for him. David is accepting of his helmet. Staff has not used the helmet at PAI. He will sometimes accept deep pressure on his arms or head to help with sensory regulation. David has a history of property destruction and physical aggression. He has a PRN for aggressive behaviors. | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: Family, being out in the community, spending time with others, watching movies, having access to the computer/iPad | | |

Lead Review Completed: _____

Staff: Kathy Perry



Service Recipient: David Lopez

Date: 4-27-23

Service Span: 3/23-3/24

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

| | | |
|--|--|--|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Hx of reg. food or only eat solids once a day. He would limit self to specific textures & temperatures. Has not been seen @ PAI. Tends to laugh while eating. Refused to assume dress not choke. Has attempted to eat leaves & ants | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Dx with catatonia symptoms staying still fast on strange movements lack of speech, & other unusual behaviors | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Takes lorazepam for catatonias. Given meds 5 hrs after AM dose at home Has PCN | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Indep. May request assist 2 cleaning | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low muscle tone & endurance. Staff assist on uneven surfaces & in unfamiliar places | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If upset or agitated he will start pacing a mag hit pinch staff. Times will help when he needs to wait for something. May take off running to something of interest | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs. |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Sensory depressive to sound & tactile stimuli. Sensory seeks of deep pressure by pinching, jumping, stomping & hitting. If sensory needs not being met or upset or anxious has Hx of aggressive behavior to self or others. Not seen at PAI. | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Hx of self-injurious behav. Brings helmet daily & hitting himself in head. Staff put helmet on. Have not used PAI. Will sometimes accept deep pressure on arms/head. Hx of property destruction & physical aggression. Has PCN | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: Family, community, time 2 others, movies, IPAD/Computers | | |
| Important for: Indep, support for self care, continuous staff supervision encouragement to participate in act. | | |
| Likes: Computers, IPAD, movies, drawing app on computer, Goodwill library walks, drawing, coloring & cutting out artwork | | |
| Dislikes: Changes in routines, certain food textures, gets scared of some dogs especially if they jump. Enjoys calm dogs | | |
| Communication Style: Mostly Verbal. Can be understood 80% of time if listener knows subject. Bilingual - prefers English over Spanish | | |
| Learning Style: Verbal prompts. Typically needs 4-5 prompts to complete task or make choice | | |

Staff: Daniel P
 Date: 4/5/21



Service Recipient: David L
 Service Span: 3/23 - 3/24

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | List & Describe Supports: <p style="text-align: center;">NA</p> | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <p style="text-align: center;">NA</p> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: History of refusing foods, Also can limit himself to certain food textures and temp. Mostly eats snacks at PAI laughs when he eats. Can eat non food items | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Drasnod with catatonia; Systems are staying still, sudden movements and lack of speech | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: lorazepam for catatonia. Given at PAI 5 hours after getting it at home | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* Also has PRN |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent in bathroom sometimes needs help with cleaning | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low muscle tone and endurance. Requiring staff assistance on uneven surfaces. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If upset David can pace and pinch staff. Give David a timer if he needs to wait | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Sensory sensitive to sound and tactile items. Sensory seeks deep pressure by pinch, jumping, stamping or hitting. Can become aggressive if sensory needs aren't met | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: History of S.I.B. Brings helmet. Staff have David wear it if he's hitting himself. Sometimes accepts deep pressure on arms or legs. History of aggression | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: NO unsupervised time | |
| Important to: Family, outings, time with others, watching movies, computer, and ipad. | | |
| Important for: independence, continuous staff supervision, encouraged to participate with others | | |
| Likes: computer, ipad, videos, drawing app on phone, walks, coloring | | |
| Dislikes: changes in routine, textures of certain foods, some dogs | | |
| Communication Style: mostly verbal but can be hard to understand. Bilingual Spanish/English | | |
| Learning Style: prefers verbal prompts. need 4-5 prompts usually | | |

Has PRN for aggression

Staff: DAINAJA RANSON



Service Recipient: David Lopez

Date: 4/5/2023

Service Span: 03/23/0324

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

| | | |
|--|---|---|
| Allergies: <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> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: sometimes refusing, solid food, certain food, textures, temps, only eats snacks @ PAI | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: has catatonia, symptoms as of staying still, lack of movements and speech | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: takes Larazepam for medical back five hours after the morning PRN | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: he is independence in restroom, might ask for help | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: David has low muscle tone in endurance he requires staff assistance in unfamiliar environment. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: he may start pacing and hitting staff giving him a timer | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Sensory defensive to sound and tactile items. Pinching, jumping, hitting, if needs out not met he will hit others. | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: David has a history of self engage in hitting, if he starts to hit his self staff will put helmet on, property destruction. | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: family, outings, spending time with others, watching movies, iPad | | |
| Important for: Independence staff supervision, encourage activities with others. | | |
| Likes: computer, iPad, watching videos, walks, coloring | | |
| Dislikes: different routine, smoke, dogs, texture of food | | |
| Communication Style: mostly verbal, understand 80%, is bilingual. | | |
| Learning Style: David prefers verbal prompts. 4-5 prompts. | | |

Staff: Renee Schmitt
 Date: 4/5/23



Service Recipient: David Lopez
 Service Span: March 23 - Mar 24

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>N/A</u> | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <u>N/A</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>History</u> <u>limit textures & temps</u> <u>Snack at PAI</u> <u>Refusing food one solid meal</u> <u>laugh while eating</u> <u>allergen non food item</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>lack of speech</u> <u>Catatonic - staying still</u> <u>fast movement</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Lorazepam PRN - Agitation Behaviors</u> <u>Daily med @ PAI</u> <u>Shraftermorin dose</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Independent mayask assist in cleaning</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>require uneven surface</u> <u>low muscle tone and endurance</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Start pacing</u> <u>make take off</u> <u>running</u> <u>pinching hitting staff</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Sensory defensive to sound & tactile items</u> <u>History of aggression</u> <u>Sensory seek for deep pressure</u> <u>pinch jump hitting</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>History of self injury behaviors</u> <u>Deep pressure</u> <u>helmet daily - hitting self</u> <u>Staff will put helmet on</u> <u>property details up with regulation</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>NO UNSU</u> | |
| Important to: <u>movies computer iPad</u> <u>family outings</u> <u>Spending time with others</u> | | |
| Important for: <u>inoculate to participate</u> <u>Independenten court</u> | | |
| Likes: <u>computer iPad movies</u> <u>using 3D Drawing App</u> <u>shipping good</u> <u>will</u> | | |
| Dislikes: <u>change in routine</u> <u>textures of food</u> <u>jumping dogs</u> | | |
| Communication Style: <u>Verbal 90% of time</u> <u>pc system</u> <u>bilingual - pro</u> | | |
| Learning Style: <u>verbal</u> <u>prompts 4 5 prompt</u> <u>to make choice</u> | | |

Staff: Nancy Snyder
 Date: 4-5-23



Service Recipient: David Lopez
 Service Span: 3/23 + 3/24

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

| | | |
|--|--|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>sometimes - (has attempted to eat ^{foods} & ^{drinks})</u> <u>refuses food, solid foods once a day, limit to textures & temps</u> <u>mainly eats snacks at PAI laughs while eating = redirect</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Cat stomach = staying still, lack of speech</u> | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Daily med @ PAI, Has PRN</u> <u>^{lorazepam} lorazepam - 5 hours after morning dose at home</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent in bathroom, may need help w/ clothing</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>low muscle tone & endurance, may need help on uneven & unfamiliar places</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>upset in community - may</u> <u>pace & hit staff, pinching</u> <u>timer to relax while waiting may run</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>sensory defensive to sound & tactile items, sensory</u> <u>seeks for deep pressure = pinching, hitting, stripping, jumping. He can</u> <u>be aggressive to himself & others (not seen at PAI)</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>self injurious behaviors helmet = if he hits himself in the head,</u> <u>(no use at PAI) pressure on arms & head. Property destruction - part</u> <u>PRN - aggressive behaviors</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: <u>family, outings, spending time w/ others, movies, computer, iPad</u> | | |
| Important for: <u>independence, self care tasks, staff supervision, participation w/ others</u> | | |
| Likes: <u>computer, iPad, coloring, walks, library, 3D drawing app, Goodwill</u> | | |
| Dislikes: <u>routine changes, textures in food, jumping dogs</u> | | |
| Communication Style: <u>verbal, pec system, can speak Spanish,</u> | | |
| Learning Style: <u>verbal prompts, 4-5 prompts to complete tasks</u> | | |

Staff: Kathryn Stein



Service Recipient: David Lopez

Date: 4/5/23

Service Span: 3/2023 - 3/2024

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

| | | |
|--|---|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: History of refusing food/solid foods, limit himself to certain food textures/temperatures. EATS SNACKS at PAI | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Catatonia + Staying still, strange movements | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Lorazepam for catatonia - every 5 hours PRN for anxiety/aggressive behaviors | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent may request assistance | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low muscle tone/endurance, Needs staff assistance on uneven surfaces/unfamiliar places | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Might elope/run If upset he can pace. Give timer if he needs to wait. | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Sensory defensive to sound and techal items. Sensory seeks for deep pressure - pinching, hitting, stamping, hitting | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: History of self injurious behaviors, brings a helmet daily for if he hits himself in head. Likes deep pressure on arms or head | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: NO unsupervised time | |
| Important to: family, outings, time with others, movies, computer, ipad | | |
| Important for: Independence, support for self care tasks, encouraged to participate | | |
| Likes: Computer, ipad, videos, movies, 3D drawing app, Shopping | | |
| Dislikes: changes in routine, food textures, dogs who jump | | |
| Communication Style: mostly verbal, speaks 12 languages | | |
| Learning Style: Verbal prompts time to complete tasks/make choice | | |

Staff: Donna Storm
 Date: 4-5-23



Service Recipient: David Lopez
 Service Span: March 23-24

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

| | | |
|--|---|---|
| Allergies: <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> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: history - refusing food - serten food textures and tempo. snack only @ PAI - tough during eating - non-food items leave ants | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Catatonia - staying still - fast or slow movements | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: daily med Lorazepam for Catatonia - 5 hrs. after dose @ home. Communicated PRN - agitation | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: Independent in bathroom may need assistance with clearing | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low mused tone requiring staff assistance on uneven and unfamiliar places | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: given a timer | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: sound tactile items sensory deep pressure pinching stomping hitting if not met - hits | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: not self anger behaviors has a helmet if hits his head excepting of helmet except deep pressure on arm or head - property destruction | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: give a timer to rotate | |
| Important to: Family outings spending time with others movies computer iPad | | |
| Important for: Independence supports for self care task participate with others | | |
| Likes: Computer iPad 3D up on complan goodwill shopping walks | | |
| Dislikes: Changes textures of food some dogs that jump | | |
| Communication Style: verbal Pec system English /spanish dont use | | |
| Learning Style: verbal 4-5 to complete a task | | |

Staff: Cindi Stucky
 Date: 4-5-23



Service Recipient: David Lopez
 Service Span: Mar. 23-24

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

| | | |
|--|---|---|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: sometimes refuses food. Limit himself to certain food textures + temp. Attempted to eat non food items such as leaves + ants | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Catectonia - stayen still, talk of speech | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Daily med @ pai Has a prn | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: independent in bathrm | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: low muscle tone | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: if upset or agitated he will pace or punch. Give timer. | Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: sensory defensive to sound + tactile items. | pinching jumping stomping + hitting |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Has a history of self injurous behaviors, Bringp helmet to work daily. History of property destruction + physical aggression | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: family, sittingp, spending time w/others, movies, comp, ipad | | |
| Important for: independence, staff supervision activities w/others | | |
| Likes: comp, ipad, movies, videos 3-D app shopping - coloring library - walks | | |
| Dislikes: changes, routine, textures in food - some dog | | |
| Communication Style: verbal | | |
| Learning Style: verbal prompts - needs 4-5 prompts to complete a task or make a choice | | |

Staff: Dave Turner
 Date: 4/5/23



Service Recipient: David Lopez
 Service Span: March 23 - March 24

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

| | | |
|--|--|--|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Has hx of refusing foods, limit self to certain food textures + temps. Mainly eats snacks at PAI. David will laugh while eating. Staff will redirect. David has attempted to eat non food items on his leaves | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: CATATONIA, which may involve staying still, lack of speech. | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: David takes Lorazepam for catatonia. David takes med 15 hrs after mom gives. David has PRN | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Request with wiping occasionally during BM | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Low body tone, may need assistance on uneven + unfamiliar places. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: If upset in community may hit or punch staff. Giving David a timer will help with patience. May be impulsive + run. Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: David is sensory defensive to sound + tactile items. He sensory seeks for deep pressure via hitting, pinching, stomping. If upset may engage in physical aggression towards self | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Has hx of self-injurious behaviors. Brings helmet to PAI. If hitting self, staff will use helmet. will accept deep pressure on ears or head to self-soothe. Has engaged in property destruction. | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | |
| Important to: Family, outings, spending time with others, movies, computer + iPad. | | |
| Important for: Independence, support with self-care tasks, supervision, encouragement to participate | | |
| Likes: computer, iPad, music, movies, 3D art, Goodwill shopping, library, walks | | |
| Dislikes: changes in routine, some food textures, dogs that jump | | |
| Communication Style: Mostly verbal, understood 80% if listener knows context. Biligual - does not like to speak Spanish | | |
| Learning Style: Verbal prompts 4-5 prompts to complete a task or make a choice. | | |

Staff: Anna Wrich



Service Recipient: David Lopez

Date: 4/5/2023

Service Span: 3/23 - 3/24

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

| | |
|--|--|
| Allergies: <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* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>History of refusing foods. one meal a day. Limit self to certain textures/temps. HAS SNACKS at PAI - redirect laughing while eating.</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>catatonia - staying still/fast move.</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Lorazepam for catatonia med given 5 hours after previous *written in comm. book.</u> Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* <u>dose. (PRN too)</u> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>Indep in bathroom. MAY ASSIST May need assistance w/cleaning</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Low muscle tone. May need assistance.</u> |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>David may pace, Hit, or pinch staff. May run. timer HELPS when he needs to wait.</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>sensory defensive to sound & tactile items. sensory seeks for deep pressure by pinching, jumping stomping. May become aggressive.</u> |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>History SIB, Helmet in bag. - for hitting head. accepting of helmet. *PRN for agg. Sometimes accepts deep pressure. History of aggression.</u> |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>None.</u> |
| Important to: <u>family, outings, time w/others, movies, computer, iPad</u> | |
| Important for: <u>independence. support w/ self care. encourage to participate.</u> | |
| Likes: <u>iPad, computer, movies, 3D drawing app, goodwill, library, coloring</u> | |
| Dislikes: <u>changes in routine, food textures, jumping dogs.</u> | |
| Communication Style: <u>pec system at home. mostly verbal, bilingual - prefers english.</u> | |
| Learning Style: <u>verbal prompts 4/5 to make a choice.</u> | |

Staff: Dona Yanez



Service Recipient: David Lopez

Date: 4/5/23

Service Span: 3/23 - 3/24

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

| | | |
|--|---|---|
| Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | List & Describe Supports: <p style="text-align: center;">N/A</p> | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: <p style="text-align: center;">N/A</p> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Refusing food, limit to certain foods/temps mainly eat snacks @ pai. laugh while eating → redirect attempt to eat non-food items (leaves, ants)</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Diagnosed w/ catatonia, symptoms, staying still, lack of speech,</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Takes lorazepam, given 5 hrs after morning dose @ home PRN.</u> | Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports: <u>independent, may ask for assistance (cleaning)</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>David has low muscle tone, endurance, staff assistance uneven surfaces, unfamiliar places.</u> | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>upset or agitated, pinch or hit staff. timer when needed. take off running w/ attention.</u> | <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>sensory defensive to sound & tactile items. Sensory seeks for deep press. (pinch, stomp, hit, slumping. not met anxious or upset → aggr. behavior to himself & others.</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>History of self injurious behavior. helmet to pai. Engage to hitting head, helmet on head. sometimes accept deep pressure on arm/head. PRN → aggr. behaviors.</u> | |
| Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <p style="text-align: center;">no</p> | |
| Important to: <u>family, outings, spend time w/ others, watch movies, computer / ipad.</u> | | |
| Important for: <u>independence, support for self care, continuous staff superv. participate in activities w/ others</u> | | |
| Likes: <u>computer, ipad, movies / videos, 3D drawings app, shop @ goodwill, library, walks, coloring.</u> | | |
| Dislikes: <u>changes in routine, texture (cool) scared of some dogs.</u> | | |
| Communication Style: <u>verbal, 80% understood, pec system, bi-lingual. prefers english than spanish</u> | | |
| Learning Style: <u>verbal prompts, 4-5 prompts to complete task, make choices</u> | | |