Ann

PAI

Competency Tracking Form

Participant: __Mark Johnson__ Annual Service Span: __4'23 - 4'24__

Annual Meeting Date: __4/3/23__ Date Assigned to Lead: __4/4/23__

Competency Quiz Due for all Staff: __4/27/23__

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	Date Completed	Initials	Full Name
	AA	Ann Alberg		Jk	Justyn Kriel
	DB	Destiny Barnes		SV	Soua Vang
	AB	Austin Bofferding		DN	Dawn Nelson
	JB	Juan Bonilla		MP	Monti Patrick
	EH	Estella Hughes		AR	Anneliese Robinson
		Melinda Winczewski			LeAnn Silverness
	MM	Misty Moorman		SM	Shelley Stover
	JH	Jesse Haug			Leslie-Float
	CB	Cindy Brey-Float			Kathy Perry-Float
	ZW	Zach Weinmann		SL	**Salacia Lopez**
				JT	Jennifer Toro

Date Uploaded to LMS: _____

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: Insect bites mark will get a welt/rash from the bite. Mark might say he has a bite or it might be that you notice because he is itching scratching. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Mark has his 1st seizure in 2020 w/ 2 instances. Staff will follow protocol (call 911 if seizure last more than 3 min. or if mark doesn't return to normal after 10 min. or if he is having trouble breathing 911 will also be called and also call his mother
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Mark is sensitive to citrus foods it will cause him diarrhea. He also needs reminders to slow down. Mark has choked and then vomited Mark might not tell staff, that he had vomited staff should keep an eye on him during lunch
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: Would need staff to administer Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: n/A
Community Support: ☒ No ☐ Yes	Describe Supports: Mark would need help w/ strangers and cues when to cross streets ☒ 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: Mark has in the past has gotten agitated when people are in his personal space. Staff will help mark & talk w/him

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: living w/mom, working, and staying busy

Important for: staying safe. maintaining good health by remembering to eat slowly and staying active in his community

Likes: Watching tv (little house on prairie) watching old movies, game shows, listening to music (R&B-motown) doing cards, living w/mom, pickles, chips, pizza & rootbeer

Dislikes: when people touch/invade his personal space, being bored

Communication Style:
verbal-can be hard to understand he talks fast and may only answer yes to your question

Learning Style:
verbal & demonstration

Lead Review Completed: AA

Staff: M. Patrek   **PAI**   Service Recipient: Mark Johnson

Date: 4-27-23   Service Span: 4-23 + 4/24

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

Allergies: ☒No ☐ Yes ☐ N/A	List & Describe Supports: Insect bites, Mark will get a welt or rash from the bite. Mark might say he has a bite or it might be that way you notice because he is itching or picking. **Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐ Yes ☐ N/A	Describe Supports: Mark had his first seizure in 2020 with 2 instances. Staff will follow Protocol can call 911 if seizure last more then 3 minutes or if mark doesn't return to normal after 10 min or if he is having trouble breathing 911 will also be called and also mother
Choking/ **Specialized Diet:** ☒No ☐ Yes	Describe Supports: Mark is sensitive to citrus foods it will cause him diarrhea He also needs reminders to slow down, Mark has choked and then vomited Mark might not tell Staff, that he had vomited Staff should keep a eye on him during lunch
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: IND
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N|A
Community Support: ☒No ☐ Yes	Describe Supports: Mark would need help with Stranger and cues when to cross streets. ☒ 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: Mark has in the past has gotten agitated when People are in his Personal Space. Staff will help Mark and talk with him

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Living with his mom, working and staying busy

Important for: Staying safe and maintaining good health by remembering to eat slowly and staying active in his community

Likes: Watching T.V. (Little house on the prairie is a favorite) watching old movies, game shows, listening to music (R & B and Mow-town are favorite), doing cards, I wins with mom, pickles chips, pizza, and peanut butter

Dislikes: When People touch or invade his personal Space, being bored

Communication Style: Verbal (Mark can be hard to understand he talks fast and may only answer Yes to your question

Learning Style: Verbal and demonstration

Lead Review Completed: MA

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: Insect bites Mark will get a welt or rash from the bite. Mark might say he has a bite or it might be that you notice because he is itching or picking . Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Mark had his first seizure in 2020 with 2 instances .Staff will follow protocol (call 911 if seizure last more then 3 minutes or if mark doesn't return to normal after 10 minutes or if he is having trouble breathing 911 will also be called and also call his mother.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Mark is sensitive to citrus foods it will cause him diarrhea . He also needs reminders to slow down . Mark has choked and then vomited Mark might not tell staff, that he had vomited staff should keep a eye on him during lunch
Chronic Medical Conditions: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in
Medication: ☒ No ☐ Yes	Describe Supports: Would need staff to administer Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Mark would need help with strangers and cues when to cross streets. ☒ 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: Mark has in the past has gotten agitated when people are in his personal space . Staff will help Mark and talk with him.

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Living with his Mom ,working and staying busy .

Lead Review Completed: _AA_

Staff: Estella Hughes   **PAI**   Service Recipient: Mark J.
Date: 4-23-23   Service Span: 4.23 / 4.24

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

Allergies: ☒No ☐Yes ☐N/A	List & Describe Supports: Insects Bites, Mark will get a welt or Rash from Bite.	Medication Allergies? ☒No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐Yes ☐N/A	Describe Supports: Mark had his first Seizure in 2020 w/ 2 instances. Call 911 if last more then 3 min. or dont return.	
Choking/ Specialized Diet: ☒No ☐Yes	Describe Supports: He is sensitive to Citrus foods.	
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: Ind.	
Mobility/Fall Risk: ☐No ☐Yes	Describe Supports: N/A	
Community Support: ☒No ☐Yes	Describe Supports: Mark will need help w/ Strangers, cuse to cross street.	☒ 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: Mark has in the past got upset w/ people in his personal space.	

Unsupervised time while at PAI? ☒No ☐Yes

Important to: Living w/ mom, working, Staying Busy.
Important for: stay safe, maintaining good health
Likes: watching T.V.
Dislikes: people touch, invade his personal space.
Communication Style: verbal
Learning Style: verbal & demon.

Lead Review Completed: MA

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: INSECT bites (welt RASH).	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: 1st seizure in 2020 (2 instances). Follow protocol (911 - lasts more than 3 mins or having trouble breathing). Call mom.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sensitive to citrus foods (diarrhea). Reminders to slow down. HAS choked & vomited.	
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: STAFF ADMIN.	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: INd.	
Mobility/Fall Risk: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: would need help w/ strangers & cues when to cross streets.	☒ 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: IN PAST - gotten agitated when people are in his personal space. Staff will redirect & talk w/ him.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Living w/ mom, work, being busy.

Important for: Staying safe, good health, Remembering to eat slowly, community.

Likes: TV, old movies, game shows, music, cards, living w/ mom, pickles, chips, pizza, Root beer.

Dislikes: People touch/invade space, being bored.

Communication Style: verbal (hard to understand - talks fast)

Learning Style: verbal & demo.

Lead Review Completed: **HA**

Staff: Shelley Stover   **PAI**   Service Recipient: Mark Johnson

Date: 4/27/23   Service Span: 4/23 - 4/24

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

Allergies: ☑No ☐ Yes ☐ N/A	List & Describe Supports: Mark will get a welt or rash from bite.	**Medication Allergies?** ☑No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑No ☐ Yes ☐ N/A	Describe Supports: 1st Seizure in 2020. Follow protocol & call mother	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sensitive to citrus foods w cause him diarrhea Mark needs reminders to slow down. Mark Mark has choked and then vomited. Mark may not tell staff he vomited. Keep an eye on him	
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: Independent	
Mobility/Fall Risk: ☐ No ☐ Yes ☑ n/A	Describe Supports:	
Community Support: ☑No ☐ Yes	Describe Supports: Need help w/ strangers & cars when cross street	☐ 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: Mark has in the past has gotten agitated when people are in his personal space. Staff will help make a call to him.	

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to: Living w/ his Mom, working a Staying busy

Important for: baxxx Staying safe and maintaining good health by
remembering to eat slowly and staying active in his community

Likes: Watching tv, watching old movies, game shows, listening to
music, & doing cards, living w/ mom, pickles, chips, pizza & root Beer.

Dislikes: when people touch or invade his personal space, being bored.

Communication Style: Verbal

Learning Style: Verbal and demonstration

Lead Review Completed: ___MA___

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: Insect bites. Mark will get a rash from the bites. Mark may say he has a bite or it itches. Keep an eye to see if he is itching or picky. _Medication Allergies?_ ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Mark had his 1st seizure in 2020 w/2 instances. Staff will follow protocol calling 911 if seizure is more than 3 mins. or if Mark doesn't 911 will also be called if also call his mom. have trouble breathing
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Mark is attentive to eating foods & with coarse hard texture. He also needs reminders to slow down. Mark has choked & thus vomited. Staff should keep an eye on him during lunch.
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: Nd.
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Mark would need help w/ stranger & cars when to cross streets ☒ 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: Mark has in the past has gotten agitated when ppl are in his personal space. Staff will help

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Living w/ mom, working & staying busy

Important for: Staying safe & maintaining good health by remembering to eat slowly & staying active in his community

Likes: Watching TV / the news, online praise is his favorite, watching older movies, game shows, listening to music R&B & motown are his favorites, cards, living w/ mom, pickles, chips, pizza & root beer

Dislikes: When ppl touch or invade his space, being bored

Communication Style: Verbal & can be hard to understand & may only answer yes to your questions

Learning Style: Verbal & demonstration

Lead Review Completed: _M_

Staff: Justyn Kovel   **PAI**   Service Recipient: Mark J.

Date: 4/27/23   Service Span: 4/23 – 4/24

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Insect bites, may tell - may bother itching	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: First time in 2020 Follow protocol + call mom	
Choking/ **Specialized Diet:** ☑ No ☐ Yes	Describe Supports: Sensitive to citrus - causes diarrhea - reminders to slow	
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: independent	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: NA	
Community Support: ☑ No ☐ Yes	Describe Supports: help w/ cues + crossing street	☑ 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: has gotten agitated w/ people in bubble	

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to: living w/mom, work, being busy

Important for: safety, good health, reminders to eat slowly, community

Likes: TV, old movies, game shows, music, cards, mom, pickles, chips, pizza, root beer

Dislikes: invasion of personal space, being bored

Communication Style: verbal - hard to understand

Learning Style: verbal + demo

Lead Review Completed: JA

PAI

Service Recipient: Mark J.
Service Span: Apr 23 1 Apr 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Insect bites – rash/ welt from bite. May itch/pick or say he has a bite. **Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: First seizure in 2020 w/ 2 instances. Follow protocol if longer than 3 mins/doesn't return to normal after 10 mins/breathing issues. call Mom.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sensitive to citrus foods – causes diarrhea. Reminders to slow down. Hx of choking + vomitting.
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: IND.
Mobility/Fall Risk: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: Verbal cues to cross street. ☒ 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: Hx of getting agitated when people are in his personal space. Staff do it w/ Mark.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to:
Living w/ mom, working and staying busy

Important for:
Maintain health, staying safe, eating slowly, being active in community

Likes:
Watching TV, old movies, game shows, music, cards, living w/ mom

Dislikes:
Touching + being in his personal space, being bored.

Communication Style:
Verbal - can be hard to understand (Y/N Qs)

Learning Style:
Verbal instructions + visual demonstration.

Lead Review Completed: MA

Staff: Jennifer Toro
Date: 4/27/23

PAI

Service Recipient: Mark Johnson
Service Span: 4/23 – 4/24

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: insect bites itch or pick at it	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: 2 instances in 2020 Call 911 after 3 min not returned to norm after 10 min	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Citrus (diarrhea) remind to slow down	
Chronic Medical Conditions: ☑ No ☐ Yes ☑ N/A	List & Describe Supports: seizure	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: ind	
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: NA	
Community Support: ☑ No ☐ Yes	Describe Supports: stranger + cross street	☑ 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: agitated when peers in space	

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to: Living with mom, working, stay busy

Important for: safety, good health, eat slowly, stay active.

Likes: TV (little house on prairie) old movies, game shows, music, cards, living with mom, pickles, chips, pizza, root beer.

Dislikes: when people touch or invade his space, being bored

Communication Style: Verb (talk fast, mostly answer yes

Learning Style: Verb, demo

Lead Review Completed: AA

Staff: Cindy B

Date: 4.27.23

PAI

Service Recipient: Mark J

Service Span: 4/23 - 4/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Insect bites, Welt/Rash -	**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: First seizure 2020 - 2x - PAI protocol - 911 if last or does not return regain in 10 mins. + mother 3 mins +
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports:
Chronic Medical **Conditions:** ☐ No ☐ Yes ☒ N/A	List & Describe Supports: - sensitive - cause diarrhea Citrus food Verbal cues to slow down - has choked / vomit	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: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Help w/ Strangers	☐ 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 become agitated when space is invaded.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: living w/ mom, working, being busy

Important for: Staying safe, good health, staying active

Likes: Watching T.V, old movies, game shows, music
Cards (work)

Dislikes: People invade space - being bored

Communication Style: Verbal - may be hard to understand

Learning Style: Verbal, demonstration

Lead Review Completed: _NA_

Staff: Zach Weinmann   **PAI**   Service Recipient: Mark Johnson
Date: 4-27-23   Service Span: 4/23 → 4/24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Insect bite	**Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: First in 2020 or	911 if >3 min or not norm in 10
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Citrus, may eat too fast	
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: Independent	
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: Personal space	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to:	Mom, work, staying busy.
Important for:	health + safety, eat slowly
Likes:	TV, (Little house) old movies & TV shows, R&B cards mom pickles chips root beer
Dislikes:	Touch or invade his space.
Communication Style:	Verbal
Learning Style:	Verbal & Demonstration

Lead Review Completed: ___MM___

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: insect bites - welt or rash Medication Allergies? ☐ No ☐ Yes may mention Bite *Listed on MAR, only administer meds per dr. order* observe him itching or picking
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures in 2020 Staff follow protocol - call 911 in 3mins if Mark isn't back to norm. After 10mins
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: sensitive to citrus foods - causing diarrhea staff Remind mark to slow down while eating
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: Ind.
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: history of getting agitated when others in personal state

Unsupervised time while at PAI?	☒ No ☐ Yes
Important to:	Living w/mom, working staying busy
Important for:	maintaing good health, eat slow staying active
Likes:	watching t.v, old movies, game shows doing cards living with mom
Dislikes:	others touching or invading personal space
Communication Style:	verbal - can be hard to understand
Learning Style:	verbal demonstration

Lead Review Completed: _IAM_

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: Insect bites - welt or rash from bite. May mention bite. Staff may observe him itching or picking Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: 2 seizures in 2020. Staff follow protocol - call 911 if >3 min, or if Mark is not back to normal after 10 min
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Sensitive to citrus foods - causing diarrhea. Staff remind Mark to slow down while eating. Hx of choking, then vomiting - may report to staff. Staff monitor while eating.
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: Ind.
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: Hx of getting agitated when others in personal space. Staff assist Mark & talk w/ him if agitated

Unsupervised time while at PAI?   ☑ No ☐ Yes

Important to: living w/ mom, working, staying busy

Important for: staying safe, maintaining good health by remembering to eat slowly, staying active in community

Likes: watching TV (Little House on the prairie), old movies, game shows, listening to music (R&B, Motown), doing cards, living w/ mom, pickles, chips, pizza, root beer

Dislikes: others touching or invading personal space, being bored

Communication Style: verbal - can be hard to understand - talks + does a man only answers to questions

Learning Style: verbal, demonstrations

Lead Review Completed: _____ AA

Staff: Misty Moorman

Date: 4.27.23

PAI

Service Recipient: Marc Johnson

Service Span: 4.23 - 4.24

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

Allergies: ☒No ☐Yes ☐N/A	List & Describe Supports: insect bites, w, a get welts or rash	Medication Allergies? ☒No ☐Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒No ☐Yes ☐N/A	Describe Supports: Marc had his first seizure in 2020 w/ instances staff will call 911 follow ceizure protocal	
Choking/ Specialized Diet: ☒No ☐Yes	Describe Supports: Marc is senstive to citris reminders to slow down	
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: PRN (Ibprohin)	Daily medication at PAI? ☒No ☐Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐No ☒Yes	Describe Supports: IND	
Mobility/Fall Risk: ☐No ☐Yes	Describe Supports: N/A	
Community Support: ☒No ☐Yes	Describe Supports: Marc needs help w/ stranger q's when crossing the street	☒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: Marc may get aggitated when people are in personal space	

Unsupervised time while at PAI?	☒No ☐Yes

Important to:	living w/ his mom, working and staying busy
Important for:	staying safe and mantaing good health by eating slow and staing active
Likes:	watching tv watching old movies listening to music pizza football
Dislikes:	when people touch or invade personal space being bored
Communication Style:	Verbal Marc may be hard to understand talks to fast may ask yes or no questions
Learning Style:	Verbal, Dem

Lead Review Completed: KA