In-service Training Log – Parkway

Date: 12/13/2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

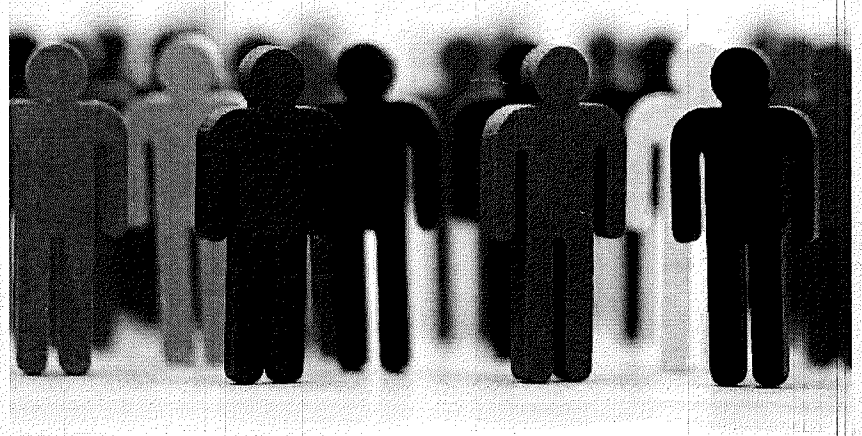
Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Jess Gunderson and Kennedy Norwick			Misc Building updates
.25	Adam Blevins			Development Updates
.25	Drea Green			CR Competency Quiz

Make up Date	Initial	EE ID	Name
	CS		Cindi Stucky
	SG		Susan Gaines
4/27	JG		John Gebhardt
		AG	Andrea Green
		MH	Monse Hernandez
	DS		Donna Storm
		NK	Nikki Kereluk
	EM	EM	Elizabeth Mizeur
Make Up Date	**Initial**		**Manager/Admin**
			Kmetz, Kevin
			Norwick, Kennedy
			Gunderson, Jessica

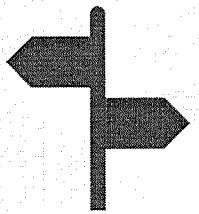
Make up Date	Initial	EE ID	Name
	DP		Dan Popp
	RS		Renee Schmidt
	NS		Nancy Snyder
	KS		Dolly Stein
	DT		Dave Turner
	AW		Anna Wrich
	SG		Sandy Greenly
	DY		Doua Yang
2/1/23	TB		Tyler Bancroft
Other *Attendees*			
			Leslie Bludorn
	CB		Cindy Bley
	LC		Lindsay Carlson
	KP		Kathy Perry

PAI-Parkway Team Meeting

Date: 12/13/2022

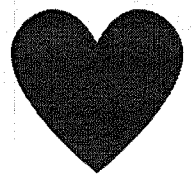


Welcome



Sign In

Introductions

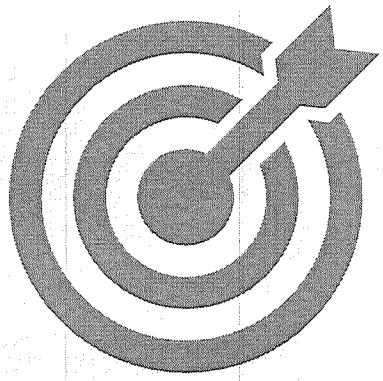


A moment of gratitude

Agenda

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

Wrap Up



Site-Specific Updates

- **Potluck**
  - Sign up sheet

Weekly Autism Minute

- Parenting techniques for a neuro diverse kid or child that experienced trauma

Agency-Wide Updates

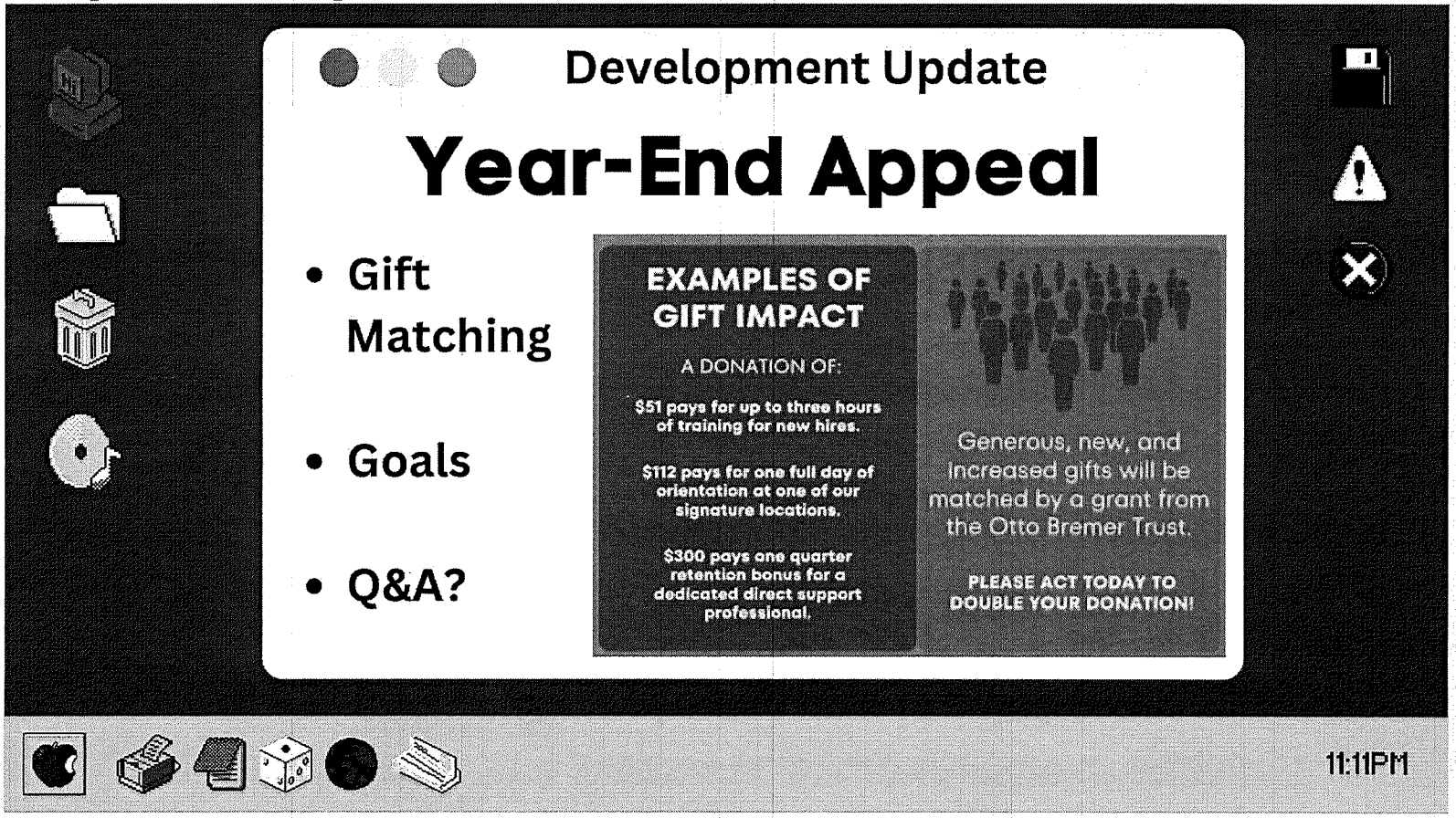
Melissa is now the office assistant for all 4 sites:

Opportunity for DSP 40-hr week
Starting January 3rd:
supply management

Email will go out Monday to all DSP's, you will have the remainder of the week to apply

Offer will be based on seniority

Development Updates



Development Update

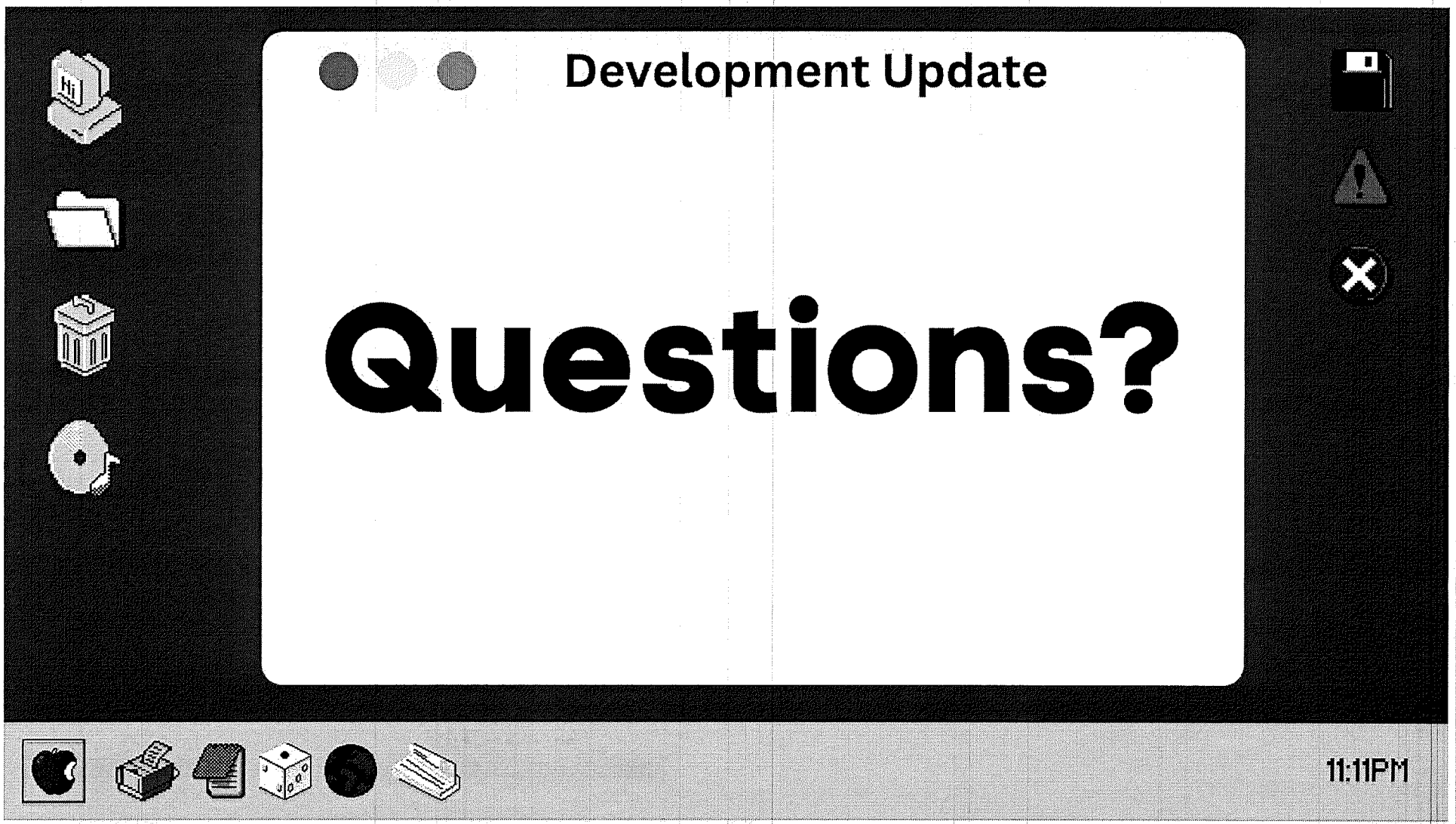
PAI Monthly News Burst

- Staff Spotlight
- Messaging
- Sign Up

People Need PAI. PAI Needs People.

We invited a couple of longtime employees to tell us what they think about PAI and how we are different as an employer and service provider. Here's what they had to share....

11:11PM


Development Update
Questions?
11:11PM

Competency Reviews

Chelsey Rogers

Tomorrow: 1:45-2:45

LMS!

Wrap Up

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

Any final thoughts?

Competency Tracking Form

Participant: Chelsey Rogers

Annual Service Span: _Oct 2022 – Oct 2023___

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
	~~SG~~	~~Susan~~ Gaines
4/27/23	JG	John Gebhardt
	~~AA~~	~~Andrea Green~~
		Jess Gunderson
	MH	Monserrat Hernandez
	NK	Nikki Kereluk
	EM	Elizabeth Mizeur
		Kennedy Norwick
	DP	Dan Popp
	RS	Renee Schmidt
	NS	Nancy Snyder
	KS	Dolly Stein

Date Completed	Initials	Full Name
	DS	Donna Storm
	CS	Cindi Stucky
	DT	Dave Turner
	AW	Anna Wrich
	SG	Sandy Greenly
	DY	Doua Yang
	CB	Cindy Bry
	LB	Leslie Bludorn
		Anna Pratt (sub/float)
		Josh Snodie (sub)
		Megan Willis (sub/float)
2/1/23	TB	Tyler Bongard
1-6-23	KP	Kathy Perry
	LC	Lindsay Carlson

Date Uploaded to LMS: _____

Staff: TYLER BONGARDS
Date: 2/1/23

PAI

Service Recipient: CHELSEA ROGERS
Service Span: NOV '22 - '23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ALLERGIC TO CECLOR & CEPHALOSPORINS, POSSIBLE LATEX ALLERGY Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: EATS INDEPENDENTLY. THROAT MUSCLES DO NOT WORK PROPERLY - RAW VEGGIES & TOUGH FOOD CUT QUARTER SIZE. IF MAKING CHEWING SOUNDS - OK IF BREATHING
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: BIPOLAR DISORDER - KNOWS SYMPTOMS OF MANIC EPISODE & IS ABLE TO TALK THROUGH WHAT SITES THINKING/EXPERIENCING DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: NO MED @ PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: MAY NEED STAFF SUPPORT & ASSISTANCE DURING MENSES
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ATAXIA - COULD BE AT RISK ON UNEVEN SURFACES & UP/DOWN STAIRS. CAN FOLLOW VERBAL INSTRUCTION
Community Support: ☒ No ☐ Yes	Describe Supports: MAY NOT RECOGNIZE POTENTIAL HAZARDS ☒ 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: BOTH HEARING & VISION IMPAIRMENTS - MAY NOT BE AWARE OF DANGERS IN COMMUNITY
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: (TROUBLE W/) PERSONAL BOUNDARIES - ACCEPTING OF STAFF REDIRECTION. ASSIST W/ TEACHING BOUNDARY SKILLS
Unsupervised Time: ☐ No ☒ Yes	Describe Supports: ALLOWED 5 MIN IN RESTROOM
Important to:	INDEPENDENCE, IPAD (FOR COMMUNICATION & LEISURE), LEARNING NEW THINGS, WORKING, FAMILY, VIDEO GAMES
Important for:	STAFF THAT TAKE TIME TO UNDERSTAND HER COMMUNICATION STYLE, BEING ENCOURAGED TO ELABORATE WHEN SPEAKING, BEING ENCOURAGED TO PARTICIPATE IN GROUP
Likes:	COMICS, VIDEO GAMES, THE LIBRARY, GAMESTOP, THE SOURCE
Dislikes:	BEING RUSHED, PREFERS TO WEAR LONG SLEEVES
Communication Style:	VERBALLY + THROUGH IPAD
Learning Style:	VERBAL INSTRUCTION & VISUAL LEARNING

Lead Review Completed: _____

Staff: Cindy B

Date: 12.13.22

Service Recipient: Chelsey R

Service Span: 11-22 - 11-23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Latex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Eat independently throat muscles do not work 100%. Raw vgs. hard to chew - 1/4 size pieces for all food. meat/bread
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bi-polar - can talk thru what she is thinking - NO cathiel - heart issues. 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: May need help during menses - watch door when she uses bathrm.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ataxia - balance/ often hand to keep balance effects speech + coordination
Community Support: ☒ No ☐ Yes	Describe Supports: increase her awarness in community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hearing + visim, tactile - likes long sleeves.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Personal boundaries - direct her not to "ass drop"
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minutes - Bathrm only

Important to: Independence, I Pad, family, learning, video games

Important for: Understand her communication style, encourage her to join Groups.

Likes: Outings, video games, reading books, family

Dislikes: Being rushed, Clean up after herself

Communication Style: Verbal + I pad to communicate, prompt her to speak + join conversations.

Learning Style: Gentle reminders, Verbal Cues

Lead Review Completed: _____

Staff: Lindsay Carlson
Date: 12/13/22

Service Recipient: Chelsey Rogers
Service Span: 11/22 - 11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: possible allergy to latex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: food in quarter sized pieces eats independently, throat muscles don't work properly → raw veggies hard to chew, bread
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: bipolar, manic episodes - able to talk through it, no caffeine 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: may need help w/ cycle, independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ataxia - affects coordination, ↑ offer hand balance, speech
Community Support: ☒ No ☐ Yes	Describe Supports: increase awareness about staying w/ work ☒ 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: hearing + vision impairments prefers to wear long sleeves
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: personal boundaries - conversations
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 min bathroom only
Important to:	independence, iPad, learning new things, family, video games
Important for:	understand comm. style, encourage comm. + engagement in groups
Likes:	video games, family, outings, reading books
Dislikes:	being rushed
Communication Style:	verbal, will use iPad to communicate, prompt joining conversations, speaking
Learning Style:	gentle reminders, verbal aes, encourage conversation w/ peers

Lead Review Completed: _____

Staff: John Gebhardt

Date: April 27, 2023

PAI

Service Recipient: Chelsea Rogers

Service Span: Jan. 2023 to Jan. 24

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergies - ceclor and cephalor sporens. No caffine. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes ~~N/A~~	Describe Supports: ~~N/A~~ Staff make sure all food is quarter sizes + bite size pieces for her.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Poland Syndrome, Ataxia, Bi-Polar. ASD. Moebius Syndrome DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes N/A	Describe Supports: No medication at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent, but staff to Monitor bathroom Door,
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: Staff alert for uneven surfaces and stairs. Offer assistance when needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Maintain close supervision offer assistance. ☒ 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: Staff to monitor - have her speak more loudly so that staff can hear her.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Behavior Support and Mental Health needs Maintain appropriate boundries. Teach. Boundry Skills
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No Unsupervised Time at PAI
Important to:	Her Parents, sister, Being understood, walking. Listening to Jazz music.
Important for:	Keeping her happy and calm and feeling safe Her mental and physical health.
Likes:	Her I pad, listening to Music, Internet, Family, Sister
Dislikes:	Sudden loud sounds, Being rushed, not being understood
Communication Style:	verbal, facial expression and body language
Learning Style:	Verbal and modeling

Lead Review Completed: _____

Staff: Sandy Greenly

Date: 12-13-2022

Service Recipient: Chelsey Rogers

Service Span: 11-22 - 11-23

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Possible latex Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: eat independantly Raw veggies, bread are hard for her, Pureed, soft. throat muscles don't work properly she eats up her own food
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: NO caffeine · pulse gets high Bipolar, maniac episodes talks thru what she thinking 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: will let you know when she needs to use bathroom independant in all areas
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: ataxia affects coordination, balance + speech after
Community Support: ☑ No ☐ Yes	Describe Supports: Increase awareness when staying with group ☑ 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: Prefers long sleeve.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Personal boundaries · needs to be directed at all times, Careful w/ your conversations
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 5 min bathroom only
Important to: Independence, ipad, family, video games learning new things	
Important for: understand her communication style, to all food before going on ipad encourage + engage in community group	
Likes: Video games, family, outings, reading books	
Dislikes: Doesn't like being rushed	
Communication Style: Verbal, Ipad, prompt to join conversations + speak	
Learning Style: Gentle reminders, verbal cues, encourage conversation with peers	

Lead Review Completed: _____

Staff: Nikki Kereluk
Date: 12/13/22

Service Recipient: Chelsey R.
Service Span: 11/22 - 11/23

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

Allergies: ■ No ☐ Yes ☐ N/A	List & Describe Supports: possible latex Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports: -
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: independently. throat muscles improper → shake quarter size
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: bipolar - manic episodes no caffeine 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: may need help on cycle
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: ataxia, → coordination, balance, speech
Community Support: ■ No ☐ Yes	Describe Supports: increase awareness ■ 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: vision/hearing impairments. tactical
Behavior Support: ■ No ☐ Yes	List & Describe Supports: personal boundaries
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: 5 minutes bathroom
Important to:	independence. ipad, video games, family
Important for:	independence, ipad, video games, encourage, communication, engagement
Likes:	video games, learning, outings,
Dislikes:	being rushed
Communication Style:	verbal → use ipad
Learning Style:	gentle reminders, verbal cues

Lead Review Completed: _____

Staff: Liz Mizeur
Date: 12/13/22

Service Recipient: Chelsey Rogers
Service Span: 11/22 - 11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Chelsey eats independly bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolar and able to talk what she is thinking 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: Indepently but shee needs someone to stand by bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Atxia- coordination balance + speech
Community Support: ☐ No ☐ Yes	Describe Supports: use signs ☐ 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: Hearing + Vision Impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: personal boundaries
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 mins Bathroom only
Important to:	independence, Ipad, learning new things, videogames, family
Important for:	understand comstyle, encourage her to communicate
Likes:	videogames, family, outing, reading books
Dislikes:	rushed
Communication Style:	verbal, uses ipad to communicate
Learning Style:	gental remainders + verbal cues

Lead Review Completed: _____

Staff: Kathy Perry
Date: 1-6-23

PAI

Service Recipient: Chelsey Rogers
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cefdor, Cephalosporins latex Rash — Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: muscles in throat don't work properly food cut in quarter sized pieces No caffeine, due to high heart rate
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bi polar - racing thoughts delusional thinking knows she needs meds - knows symptoms of manic episode — DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: family administers meds — Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Indep May need help ~~with~~ menses
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ataxia - needs railing on stairs support on uneven terrain
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: hearing & vision May have some tactile as she always wears long sleeves
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: personal boundaries - verbal redirection
Unsupervised Time: ☐ No ☐ Yes	Describe Supports: Bathroom only

Important to: Independence, IPAD, learning new things, working, family video games

Important for: take time to understand communication, encourage to elaborate when communicating, encourage group participation

Likes: Books, comics, IPAD, reading

Dislikes: being rushed

Communication Style: Verbal - difficult to understand IPAD

Learning Style: repetition, verbal directions

Lead Review Completed: _____

Staff: Daniel P

Date: 12/13/22

Service Recipient: Chelsey R

Service Span: 11/22-11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Possible Latex allergy Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cut into bite size pieces Eats independently will shake head to swallow.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Caffeine can increase heart rate Bipolar. Manic episodes. Able to talk through it. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: NA Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: may need assistance if has period
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: has ataxia. Verbal ques model safety
Community Support: ☒ No ☐ Yes	Describe Supports: Increase awareness while on outings ☒ 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: hearing and Visisn Imparement. Tactile sensitivity
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Personal Boundries. Likes to hear personal info
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minutes bathroom only
Important to:	Independence, ipad, family, video games
Important for:	understand her communication style, encourage to engage in groups
Likes:	Video games, family, outings, books
Dislikes:	Being Rushed
Communication Style:	Verbal also uses ipad to communicate
Learning Style:	Gentle Reminders and verbal cues

Lead Review Completed: _____

Staff: Renee Schmidt
Date: 12/13/22

Service Recipient: Chelsey Rogers
Service Span: 11/22 11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Possible allergy to latex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: ☺ Raw veggie fruit quarters size. independently throat muscles dont work
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: No Caffeine - higher then normal HR Bipolar manic. opposids 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: prefers staff stand by door independent help w/monthly cycle
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ataxia Coordination/balance
Community Support: ☐ No ☐ Yes	Describe Supports: increase her awarn Model Ped/Com Safety ☐ 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: hear & vision - ataxia
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Involve in Personal Personal boundaries -
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5min bathroom
Important to:	Independence, iPad, family, video games, learning new things
Important for:	understand Comm Style engage to join groups
Likes:	Videogame Reading books outing Family
Dislikes:	Rushed Cleaning up
Communication Style:	Verbal will use iPad Prompt to Convo to Speak
Learning Style:	gentle reminder verbal ques Convo with peers

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 12-13-22

Service Recipient: Chelsey Rogers
Service Span: 11-22 - 11-23

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

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Possible allergies to latex Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: - Eats independently. - cut into quarter size piece - Throat Muscles do not work properly - Veggies, meat & Bread = NO
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: bi-polar - No caffeine - high heart rate Can talk thru what she is thinking 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: - may need help w/ monthly cycle - Will ask to watch door if she's in bathroom
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: ataxia → coordination, balance speech verbal cues, offer hand
Community Support: ☑ No ☐ Yes	Describe Supports: Staff models increase awareness ☑ 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: hearing and vision impairments tactical - lots of layers
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: - personal boundaries - listens to conversations, needs shredding materials
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 5 mins - bathroom
Important to: Independence, iPad, family, video games	
Important for: understand her communication style, group participation	
Likes: Video games, books, outings, family	
Dislikes: being rushed, cleaning	
Communication Style: Verbal, iPad to communicate, encourage to speak	
Learning Style: gentle reminders, verbal cues	

Lead Review Completed: _____

Staff: Kathryn Stein
Date: 12/13/22

Service Recipient: Chelsey Rogers
Service Span: NOV 2022 - NOV 2023

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: Possible allergy to latex Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: independently eats Quarter sized pieces Raw veggies, meat hard to eat Her throat muscles don't work properly
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bi Polar - able to talk through episodes with staff. NO caffiene = Higher heart rate 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: Ataxia
Community Support: ☒ No ☐ Yes	Describe Supports: Increase her awareness to stay with the Group ☒ 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: Hearing/vision impairments, tactially defensive
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Personal boundaries
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minutes alone in bathroom
Important to: Independence, I pad, new things, family, video games	
Important for: Being understood, engaging in groups	
Likes: Video games, family, outings, books	
Dislikes: Being rushed	
Communication Style: Use her I pad to communicate, Verbal, Prompt her to join conversations and speak	
Learning Style: Gentle reminders, verbal cues	

Lead Review Completed: _____

Staff: Donna Stern

Date: 12-13-22

Service Recipient: Chelsey Rogers

Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Taytef Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eats independently - thought musel not working
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolor - talk though what she is thinking non-caffine 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: may need help w/ cycle watch door
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: hataxea - chordinator
Community Support: ☒ No ☐ Yes	Describe Supports: Stay w/group - distracted ☒ 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: hearing and vision Imparment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: personal boundrys.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 min bathroom only
Important to: Independence Ipad learning new things family video games	
Important for: understand her communicate style. encourage to join in groups	
Likes: Video game Reading outings family	
Dislikes: Being Rushed	
Communication Style: Verbal Ipad - encourage her to speak	
Learning Style: gentle reminders to speak to peers	

Lead Review Completed: _____

Staff: Cindi Stucky
Date: 12-13-22

Service Recipient: Chelsey Rogers
Service Span: 11-22/11-23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: possible to latex	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eats independantly, cut in quartersize pieces raw veggies, meat	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bi polar manic episodes no caffeine (heartrate increases)	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: may need help w/monthly cycle is independant.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ataxia - verble cues balance / speech	
Community Support: ☐ No ☐ Yes	Describe Supports: increase her awareness w/group. Distracted easily	☒ 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: hearing tactible	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: personal boundarys @ all times.	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5min bathrm only	
Important to: independence, ipad, family, video games		
Important for: understand her communication style		
Likes: video game, book, family, outings		
Dislikes: rushed		
Communication Style: verbal - ipad join in conversation + speak		
Learning Style: gentle reminders, verbal cues		

Lead Review Completed: _____

Staff: Dove Tuinei

Date: 12.

Service Recipient: Chelsey Rogers

Service Span: 11-22 – 11-23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Possible allergy to latex Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: Che
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Chelsey eats independently. Raw veges + bread, meats are hard to swallow. Quarter size pieces should be cut. Encourage her to put *PAD down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolar - manic episodes. No caffeine 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: May need help during cycle. Shy in bathroom (staff may need to stand by door).
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ataxia - effects balance, coordination, speech, verbal cues, off hand
Community Support: ☒ No ☐ Yes	Describe Supports: often she is easily distractable. Help her be aware of surroundings ☒ 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: Prefers to wear long sleeves - tactile issues
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Personal boundaries. Chelsey wants to get lots of information.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: 5 minutes bathroom

Important to:

Independence, *PAD, new things, family, videogames.

Important for:

~~Video g.~~ Understanding communication style. Engaging in groups.

Likes:

Video games, family, outings, reading books

Dislikes:

being rushed,

Communication Style:

Verbal, use IPAD, encourage speech

Learning Style:

Gentle reminders, cues.

Lead Review Completed: _____

Staff: Anna Wrich
Date: 12/13/2022

Service Recipient: Chelsey Rogers
Service Span: 11/22 – 11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Possible allergy to Latex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: indep. throat muscles don't work well. Raw veg, meat, bread are hard. quarter size.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolar. manic episodes No caffeine. able to talk through 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: may need help during cycle.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ataxia. affects coordinatation. balance. speech.
Community Support: ☒ No ☐ Yes	Describe Supports: stay w/ group. ☒ 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: hearing/vision impairments. Prefers long sleeves.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Personal boundaries!
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 mins. bathroom only.
Important to:	indep. iPad. Learning. Video games. fam.
Important for:	boundaries. understanding communication. engaging in groups.
Likes:	video games. outings. books. family.
Dislikes:	being rushed. Cleaning up.
Communication Style:	Verbal. iPad. Prompt to speak up.
Learning Style:	gentle reminders. Verbal cues.

Lead Review Completed: _____

Staff: Dona Yang

Date: 12/13/22

Service Recipient: Chelsey Rogers

Service Span: 11/22 - 11/23

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: possible allergic to laytex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Eats independently. Throat muscles don't work properly. Meat, raw Veggies hard for her. Quarter size only.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Bipolar, maniac episodes. No caffenine · starbucks → non-caffeine DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: N/A Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: May need help w/ daily cycles. Comfortable w/ bathroom. Get her to go to the front.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has ataxia, Board balancing, coordination, speech. Reach & give a hand.
Community Support: ☒ No ☐ Yes	Describe Supports: increase awareness w/ group. ☒ 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: Hearing & vision impairments. Perfers long-sleeve
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: personal boundaries. Directed at all times.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: 5 minute bathroom only
Important to: Her independent, ipad, family, games, learning new things	
Important for: understand communication style, encourage communication & engage in groups	
Likes: games, family, outing, reading books	
Dislikes: Being rushed, not cleaning up herself.	
Communication Style: Verbal, will use Ipad. prompt to join convos & speak	
Learning Style: gentle reminders, verbal cues.	

Lead Review Completed: _____