



# In-Service Training Log – Oakdale

Date:

3/7/2023

Type of Meeting:

All-Staff

Training Time	Trainer Name	Content/Description
.5	Ashleigh Shirley	DK comp quiz
.25	Ashleigh Shirley	Development updates
.5	Manda Diaz	RH Comp quiz

Make up Date	Initial	Last Name
	SB	Berglund, Sara
	AD	Diaz, Amanda
	Pd	Dyer, Paris
	AFM	Fierro-Montes, Alfredo
	TG	Gould, Trey
	LH	Hartman, Lisa
	TL	Lorsung, Tristen
3-16-23	KP	Perry, Kathy
	MS	Sweeny, Maurita
	KY	Yang, Katrina

Make up Date	Initial	Last Name

Make Up Date	Initial	Managers/Admin
	AS	Shirley, Ashleigh

Make up Date	Initial	Other Attendees

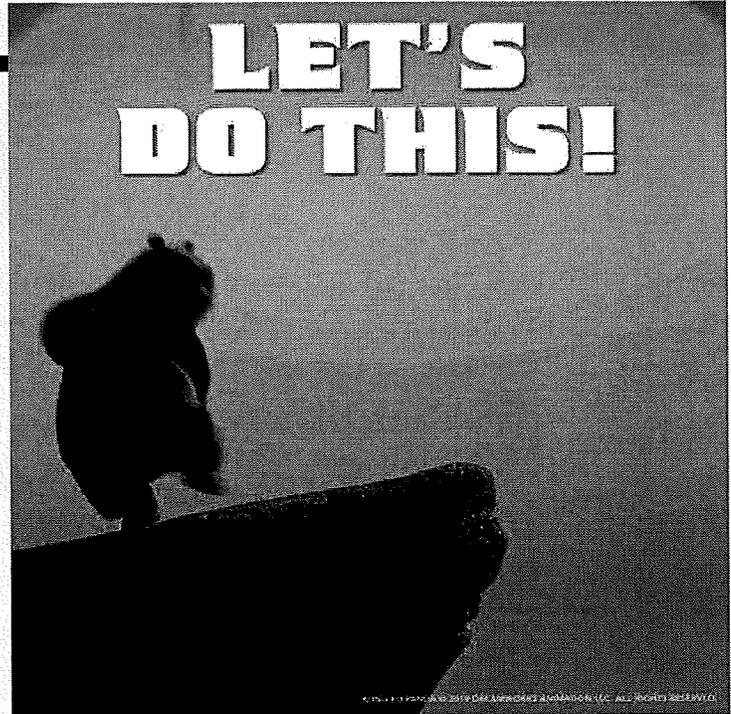
unrounded  
4/18/23  
MS



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# PAI-Oakdale Team Meeting

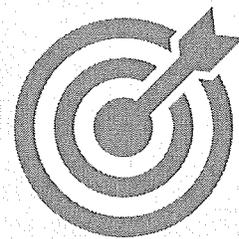
3.7.2023



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## Agenda

Welcome  
New staff  
Development updates  
Competency Reviews  
Semi annual review





<-- Christine  
She'll be in  
Harmony



<-- Maxine,  
she'll be in St.  
Croix



<-- Misty, she's going through the  
NEO process so could be with us!

**THANK YOU TO  
EVERYONE WHO  
MADE THIS PROGRAM  
SUCCESSFUL!**

**MOHR  
LIFE ENRICHMENT  
AWARDS**



PAI's Connecting The Dots community arts program has been submitted for nomination for the 2023 MOHR Choice Awards. These awards honor innovative programs by MOHR members.

**DEVELOPMENT UPDATE - 3.6.23**

## Denise Kirchoffner- Intake

<b>Important to:</b> Having time to relax, the color purple, 1:1 socializing, coffee, McDonalds
<b>Important for:</b> Socializing and positive interactions, following her support plan if she's feeling anxious
<b>Likes:</b> purple, McDonalds, hamburgers, coffee, diet coke, T-ball, bowling, being called <u>Niece</u> by people she's close to (prefers that people ask to call her that first)
<b>Dislikes:</b> Whole grain bread, large crowds, being rushed.
<b>Communication Style:</b> Communicates verbally in English, can understand basic sentences and vocabulary.
<b>Learning Style:</b> routine and repetition, auditory

## Ron Harvieux- Feb 23- Feb 24

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports Pineapple, Aminophylline, Keflex, <u>Meriolate</u> , Septra, and Terramycin	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order *
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Ron has a history of experiencing seizure activity. Ron has not experienced a seizure since 2001. Staff are trained to call 911 on Ron's behalf in the event of any seizure activity and to complete a seizure report within 24 hours	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physician ordered diet of pureed food. Ron receives complete physical assistance from staff to eat pureed foods using a small plastic spoon and drink regular liquids using a small cup and a washcloth placed under his chin.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral Palsy, Scoliosis, Constipation, GERD, and <u>Hijal</u> Hernia	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*

up/loaded  
4/18/23  
WJ

## Denise Kirchoffner- Intake

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: N/A	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food is cut into bite size pieces, scoop plate/bowl, regular utensils, cup with a straw.	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Intellectual disability, idiopathic scoliosis, essential tremors. Can communicate any pain or discomfort. Concerns should be communicated to <u>team</u> .	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Takes meds whole with cup of water	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs reminders to use the restroom, wipe, and wash hands. May need support ensuring pants are pulled down far enough. Does not wear briefs.	

## Denise Kirchoffner- Intake

<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Unstable/ stiff gait. May become nervous/shaky and sit on ground or refuse to move. Provide positive reassurance and encouragement, offer a hand for her to hold or a wheelchair to support.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Avoid places with large crowds. <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Impaired vision, refuses to wear glasses.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Generalized Anxiety disorder-SIB- may pick at scabs or sores until they reopen, offer alternative manipulatives or sensory items. May yell, swear or make threats, redirect by offering preferred activities and follow behavior support plan.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Ron Harvieux- Feb 23- Feb 24

<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wears a brief and requires full assistance. Ron uses a cross leg sling and the in-ceiling lift system.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ron's chronic medical conditions put him at a high risk of falling. Ron has limited trunk control. Ron has a significant left lean and utilizes a pillow on his left side to aid in proper positioning. Ron has a specialized wheelchair with a tilt feature, in addition to a pelvic belt and foot straps to aid in positioning.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Retinitis Pigmentosa, Exotropia Blindness, Sound sensitivity,
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ron may communicate that he has become upset or overstimulated by biting his hand. Staff are trained to be observant of Ron's nonverbal communication and to assess the stimuli in the environment. Should Ron communicate he is upset Staff will assist Ron to a quieter environment and verbally reassure him that he is okay.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Ron Harvieux- Feb 23- Feb 24

<b>Important to:</b> calm environments, that he is informed of what is happening around him/ to him verbally, time to relax in a recliner, to feel the warmth of the sun on his skin.
<b>Important for:</b> to drink adequate fluids, that he communicates to the best of his ability
<b>Likes:</b> calm environments, time outdoors, light music, pudding, ice cream, when people talk about Paul Bunyan around him
<b>Dislikes:</b> Loud or chaotic environments, having his face wiped or cleaned, crinkle sounding sensory items, cartoons
<b>Communication Style:</b> Facial expression, and body language. Ron will stick his tongue out to communicate that he is still thirsty. Ron will also stick his tongue out to communicate various preferences when prompted.
<b>Learning Style:</b> Routine and Repetition

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## Semi-Annual Reviews

Destiny Smith-

Outcome 1- 3 times a week, Destiny will use the iPad to choose an activity to do in 75% of trials over a 6-month period.

Outcome 2- Monthly, Destiny will choose something to purchase or engage with in the community in 75% of trials over a 6-month period.

