In-Service Training Log – Linden

Date: 4/25/2023

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.5	Maddy K			NV comp quiz
.25	Maddy K			CM and NV CSSP review

Make up Date	Initial	EE ID	Last Name
	KB		Bauch, Kia
	AL		Cox, Alice
			Johnson, Natalie
	FK		Kalu, Festus
	DL		Lepley, Deanne
	SM		Mafi, Sommer
			McKnight, Kyla
	CR		Rice, Colette
	JS		Sales, Jill
	ES		Sandstrom, Erin

Make up Date	Initial	EE ID	Last Name
	AS		Sims, Aija
	LS		Stacken, Laura
	CT		Tieszen, Ellie
	YY		Yang, Lisa
	RY		Yekaldo, Ralph
	LB		Bludorn, Leslie

Make Up Date	Initial	EE ID	Admin Staff
			Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff

Competency Tracking Form
Linden Site

Participant: Nhia V Annual Service Span: Apr 23 - Apr 24

Annual Meeting Date: _____ **Date Assigned to Lead:** _____ **Quiz Due:** _____

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

*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
	KB	Bauch, Kia
	A	Cox, Alice
		Johnson, Natalie
	FK	Kalu, Festus
	MK	Kessler, Madeline
	DL	Lepley, Deanne
	SM	Mafi, Sommer
		~~McKnight, Kyla~~
	CR	Rice, Colette
	JS	Sales, Jill
	ES	Sandstrom, Erin
	AS	Sims, Aija
	LS	Stacken, Laura

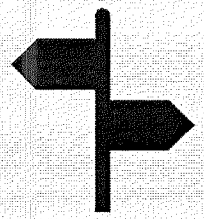
Date Completed	Initials	Full Name
	ET	Tieszen, Ellie
	LY	Yang, Lisa
	RY	Ralph Yekaldo
	LB.	Bludorn Leslie

Date Uploaded to LMS: _____

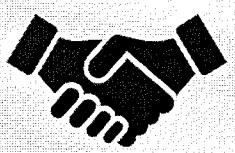
PAI-
Linden/Oakdale
Team Meeting

4/25/2023

Welcome



Sign In



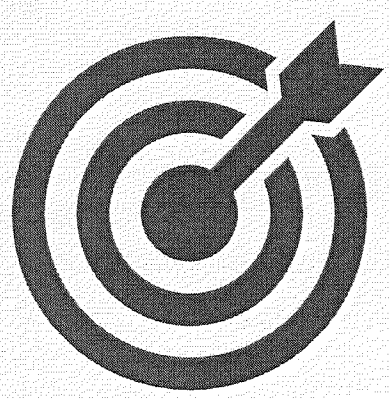
Introductions

A moment of gratitude

Agenda

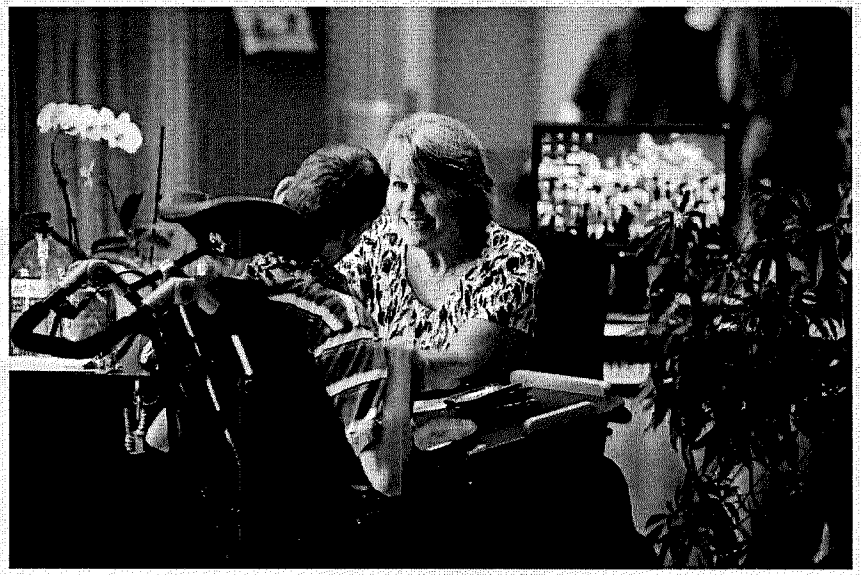
Welcome
Site-Specific Updates
Agency-Wide Updates
Policy and Procedure Review
Employee Handbook Review
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up



Site-Specific

Submitting timesheets
5/8
5/22
6/5



Linden Bash and MITS Kick off

-Both hosted at Linden

-Did the times last year work ok? (10am-12pm)

-Any past activities that are wanted back?

-Other ideas?

Agency-Wide Updates

Employment services specialist

$19-$22/Hr

Policy and Procedure Review

Time off requests- It is your job to check the staffing calendar (in copy room) to ensure time off can be accommodated.

If 2 people are already off- you will more than likely be denied. Please speak with your supervisor should you run into this.

[redacted]

Nhia Vang

Competency Reviews

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: **Betadine and Rocephin** **-Staff are aware of Nhia's allergies and avoid giving him medications with these ingredients.** **Medication Allergies? ☐ No ☒ Yes** ***Listed on MAR, only administer meds per dr. order***
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication -Staff are aware of and trained to Nhia's seizure protocol prior to working with him.
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order- receives all nutrition via g-tube -Staff receive g-tube training prior to working with Nhia
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cerebral Palsy with Spastic Quadriparesis, Microcephaly, GERD -Staff are aware of Nhia's diagnoses prior to working with him and communicate any concerns to his team. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*

[redacted]

Medication: ☒ No ☐ Yes	Describe Supports: Should he need to take medication at PAI- staff will ensure they are trained in medication administration and will pass any med for Nhia via g-tube. **Daily medication at PAI? ☒No ☐ Yes** ***A trained staff will administer meds per a signed dr. order***
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transfers using ceiling track system or hoyer lift. -Staff take caution when transferring Nhia to ensure no bending or twisting. Staff assist him to wear clean and dry clothing.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions. Staff will take caution when transferring Nhia and talk him through what is being done.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff propel Nhia's wheelchair. ☒ 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 impairment- staff offer visual options at a close distance and will verbally describe what they are showing him.

Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Music, being around peers, his culture, working with staff that know him well	
Important for: his NPO order, his seizure protocol, working with people that know his communication	
Likes: working with familiar staff, seeing his peers and visiting, listening to music, getting into the community	
Dislikes: being in pain or uncomfortable, not having his needs met, not having a chance to see his peers, and being secluded.	
Communication Style: facial expressions, body language, vocalizations	
Learning Style: Auditory	

CSSP Reviews

Colton M

Nhia V

Wrap Up

Thoughts and feedback on new All-Staff
- Agenda
- Objectives
- Suggestions for continued improvement

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

Any final thoughts?

Staff: _____

Date: _____

Service Recipient: Nhia V

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: Betadine and Rocephin -Staff are aware of Nhia's allergies and avoid giving him medications with these ingredients. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication -Staff are aware of and trained to Nhia's seizure protocol prior to working with him.
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order- receives all nutrition via g-tube -Staff receive g-tube training prior to working with Nhia
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cerebral Palsy with Spastic Quadriparesis, Microcephaly, GERD -Staff are aware of Nhia's diagnoses prior to working with him and communicate any concerns to his team. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Should he need to take medication at PAI- staff will ensure they are trained in medication administration and will pass any med for Nhia via g-tube. Daily medication at PAI? ☒No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transfers using ceiling track system or hoyer lift. -Staff take caution when transferring Nhia to ensure no bending or twisting. Staff assist him to wear clean and dry clothing.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions. Staff will take caution when transferring Nhia and talk him through what is being done.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff propel Nhia's wheelchair. ☒ 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 impairment- staff offer visual options at a close distance and will verbally describe what they are showing him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Music, being around peers, his culture, working with staff that know him well	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Nhia V

Service Span: _____

Important for: his NPO order, his seizure protocol, working with people that know his communication
Likes: working with familiar staff, seeing his peers and visiting, listening to music, getting into the community
Dislikes: being in pain or uncomfortable, not having his needs met, not having a chance to see his peers, and being secluded.
Communication Style: facial expressions, body language, vocalizations
Learning Style: Auditory

Lead Review Completed: _____

Staff: Lisa Yang
Date: 4/25/23

PAI

Service Recipient: Nhia Vang
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: Betadine & Rocephin Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medications.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO orders. Receives all nutrition via g-tube.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis. Cerebral Palsy w/ Spastic Quadriparesis. Microcephaly. GERD. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Medication Administration Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable brief. Mat table. transfer using ceiling track system. Hoyer lift.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Increased risk. Caution when transferring talk him through whats being done.
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 in the 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: Vision impairment. Close distance & will verbally describe what they are showing him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Music. Being around peers. His culture. Working w/people that knows him well.	
Important for: NPO orders. His seizure protocol Working w/ people that knows his communications.	
Likes: Familiar staff. Seeing his peers. Visiting. Listening to music. Getting into the community.	
Dislikes: Being in pain/ uncomfortable. Not having needs meet. Not having chance to see his peers.	
Communication Style: Vocalizations. Facial expressions. Body language.	
Learning Style: Auditory.	

Lead Review Completed: _____

Staff: RaynYEMaldo

Date: 4-25-2023

PAI

Service Recipient: Nhia V

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: Staff are aware of Nihia's allergies Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by meds
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO, Order
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis! Celebral Palsy W/ spastic Quad, microcephaly GERD Staff are aware of Nihia's diagnoses DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Should he need to take meds at Pai - staff will ensure they are trained Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat Table, Transfer using ceiling Track system or hoyer LIFT.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions.
Community Support: ☒ No ☐ Yes	Describe Supports: 1-1 ☐ 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 impairment, staff offer visual options at a close distance
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: music, being around peers his culture, working w/ staff that know well	
Important for: his NPO order, Seizure Protocol working w/ People	
Likes: w/ with familiar staff seeing his peers and visiting music, into community	
Dislikes: being in pain or uncomfortable, not having his chance to see his peers	
Communication Style: facial expression, body language, vocalization	
Learning Style: Auditory	

Lead Review Completed: _____

Staff: Leslie Bluedorn
Date: 4-25-23

PAI

Service Recipient: Nhia V
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: Belladine & Rocephin Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO – via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cerebral Palsy Spastic Quadriparesis, microcephaly Hard, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: med via g-tube Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transfer using ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chronic medical conditions caution transfer – TALK him through
Community Support: ☒ No ☐ Yes	Describe Supports: 1 to 1 – staff propel Nhia's wheelchair ☒ 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 impairment - staff offer visual options
Behavior Support: ☐ No ☐ Yes N/A	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Music, being around peers, his culture, working with staff that know him well
Important for:	NPO order, his seizure protocol, working with people that know his communication
Likes:	working with familiar staff, seeing his peers and voting, listening to music, getting into the community
Dislikes:	Being in pain, not having his needs met, being secluded
Communication Style:	facial expressions, body language
Learning Style:	Auditory

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Ellie
Date: 4/25/23

PAI

Service Recipient: Nhian
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: Betadine and Rocephin Staff will avoid giving him meds with these ingredients Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication Staff are alert and trained
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order receives all nutrition via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis CP with spastic Quadparesis microcephaly Gtad DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Will give thru g-tube staff are fully trained Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposbe briefs mat table transfer using hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: increase risks due to chronic medications
Community Support: ☒ No ☐ Yes	Describe Supports: Lil 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: vision impairment, staff offer visual options at a close distance and verbally describe
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: music being around peers this culture working with staff that know him well.	
Important for: his NPO order, his seizure protocol working with people that know his communication	
Likes: working with familiar staffs, seeing his peers and visiting listening to music getting into the community	
Dislikes: being in pain or uncomfortable not having his needs met not having a chance to see his peers and being secluded	
Communication Style: facial expressions, body language	
Learning Style: auditory.	

Lead Review Completed: _____

Staff: Deane Lepley
Date: 4/25/23

Service Recipient: Nhia Vang
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: Betandine + Rocephin staff are aware of Nhia's allergies. avoid giving him medications w/these ingredients. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: staff are aware of + trained to Nhia's seizure protocol prior to working with him.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order – receives all Nutrition via g-tube staff receive g-tube trainings prior to working w/ Nhia
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, cerebral palsy w/ spastic quadriparesis, microcephaly, seizures DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Should he need to take med at PAI - staff will ensure they are trained in med administration + will pass via G-tube Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, staff uses ceiling track system for lower lift. No bending or twisting
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: Vision impairment – staff offer visual options at a close distance + will verbally describe what they are showing him
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	music, being around peers, his culture, working w/ staff who know him well
Important for:	NPO order, seizure protocol, working w/ people that know his comm. style
Likes:	working w/ familiar staff, seeing peers + visitors, listening to music, getting in community
Dislikes:	being in pain or uncomfortable, not having his needs met, not having a chance to see his peers being secured
Communication Style:	facial expressions, body language + vocalizations
Learning Style:	Auditory

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Aiden S.

Date: 4/15/23

Service Recipient: Nhia V

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: Betadine and Rocephin avoid giving medications with these ingredients. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: controlled with medication. staff know his protocol prior to working with him.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order, receives all nutrition via g tube.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: scoliosis, cerebral palsy with spastic quadriparesis, microcephaly, GERD. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: should he need medications staff will pass via g-tube. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: disposable brief, mat table, in ceiling rack, take caution when to ensure no bending or twisting
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: increased fall risk due to medical conditions. staff take precautions while tranfering.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: vision impairment- staff offer visual options at a close distance and will verbally describe what they are showing him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Music, being around peers, his culture, working with staff who know him well	
Important for: NPO order, his seizure protocol, working with people that know his communication	
Likes: working with familiar staff, seeing his peers and visiting, listening to music, getting into the community.	
Dislikes: being in pain or uncomfortable, not having his needs met, not having a chance to see his peers, being secluded	
Communication Style: facial expressions, body language, vocalization	
Learning Style: auditory.	

Lead Review Completed: _____

Staff: Jill Sales
Date: 4-25-23

PAI

Service Recipient: Nina V
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: Betadine & Rocephin Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: NPO order-all thru g-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, CP w/ spastic Quad, microcephaly, GERD, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: any med thru g tube Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, ceiling track or hoyer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Impaired mobility due to chronic med condition.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in community staff propel WC ☒ 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 impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: n/a
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	music, being around peers, his cultural norms w/ staff that know him
Important for:	his NPO order, seizure protocol, working w/ staff that know his communication
Likes:	working with familiar staff, being in person and visiting, listening to music, getting into community
Dislikes:	Being in pain or uncomfortable, not having his needs met, not having chance to see his peers + being secluded
Communication Style:	facial expressions, body language, vocalizations
Learning Style:	auditory

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: _____

Service Span: _____

Lead Review Completed: _____

Staff: Alice Lox
Date: 4/25/23

PAI

Service Recipient: Nhia V
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: Betadine, Rocephin Staff are trained Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff are trained
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - all Nutrition Via G-Tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, CP, Spastic Quad, GERD, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Trained Via G-Tube Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable Bibs, Matt Table, track System Staff give assit
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff are trained
Community Support: ☒ No ☐ Yes	Describe Supports: Protect + Serve ☒ 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: Visual Impairment, Disinhibited Stems,
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Music, Peers, His culture, Familiar Staff
Important for:	NPO order, Seizure Protocol
Likes:	Being in Pain, Uncomfortable, Not having Needs Met
Dislikes:	Familiar Staff, Peers + Visiting Community
Communication Style:	Facial Expressions, Body Language, Vocalization
Learning Style:	Auditory

Lead Review Completed: _____

Staff: ERIN SANDSTROM
Date: 4/25/2023

PAI

Service Recipient: MIA VANG
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: BETADINE, ROCEPHIN Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: CONTROLLED BY MEDS
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NUTRITION VIA G-TUBE - NPO ORDER
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SCOLIOSIS, CP, SPASTIC QUADRUPARESIS MICROCEPHALY, GERD DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: MEDS VIA G-TUBE Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: DISPOSABLE BRIEF, MATTABLE, TRACK SYSTEM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: INCREASED RISK DUE TO MEDICAL CONDITIONS.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 IN COMMUNITY. STAFF PROPEL WC ☒ 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 IMPAIRMENT, OFFER ITEMS AT CLOSE DISTANCE AND VERBALLY DESCRIBE WHAT THEY ARE SHOWING HIM
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: MUSIC, PEERS, CULTURE, STAFF THAT KNOW HIM	
Important for: NPO ORDER, SEIZURE PROTOCOL, STAFF THAT KNOW HIS COMMUNICATION	
Likes: FAMILIAR STAFF, PEERS, VISITING, MUSIC, COMMUNITY	
Dislikes: BEING IN PAIN OR UNCOMFORTABLE, NOT HAVING NEEDS MET, BEING SECLUDED, NOT SEEING PEERS	
Communication Style: FACIAL EXPRESSIONS, BODY LANGUAGE, VOCALIZATIONS	
Learning Style: AUDITORY	

Lead Review Completed: _____

Staff: Colette Rice
Date: 4-25-23

PAI

Service Recipient: Nhia Vang
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: Betadine Rocephin avoid giving him meds with these ingredients Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - nutrition through g-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, Gerd, Scoliosis Spastic quadriparesis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: meds through g-tube Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: brief - mat - table, in ceiling track
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to Chronic medical conditions
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: Vision impairment Verbal describe what you are showing him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: music, being around peers, his Culture	
Important for: NPO order, Seizure protocol	
Likes: working w/ familier Staff, music	
Dislikes: being in pain, being uncomfortable	
Communication Style: facial expressions, body language, vocalications	
Learning Style: Auditory	

Lead Review Completed: _____

Staff: Kia L. Bauch
Date: 4/25/23

Service Recipient: Nhia Vang
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: Betadine + Rocephin Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure protocol
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: NPO order - nutrients through g-tube
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, CP, Gerd DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: meds through g-tube Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: brief on mat table, in-ceiling track, no bending / twisting
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: seatbelt + chest strap for travel, increased risk of falling
Community Support: ☑ No ☐ Yes	Describe Supports: 1:1 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: vision impairment
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: music, being around peers, his culture	
Important for: his NPO, seizure protocol	
Likes: working w/ familiar staff, music	
Dislikes: being in pain, being secluded	
Communication Style: facial expressions, body language	
Learning Style: auditory	

Lead Review Completed: _____

Staff: Laura Stacken
Date: 4/25/2023

Service Recipient: Nhia V
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: Betadine & Rocephin Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order - receives all nutrition via g-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, CP spastic Quad, microcephaly, GERD DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: should he need to take meds at PAI staff will ensure they are trained. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Depends, mat table, transfers using track system, hoyer lift.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the 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: Vision impairment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Music, being around peers, his culture, working w/ staff that know him well.
Important for:	NPO order, his seizure protocol, Working w/ people that know his communication
Likes:	Working w/ familiar staff, seeing his peers & visiting, listening to music, getting into the community
Dislikes:	Pain or uncomfortable, not having his needs met, having a chance to see his peers & being secluded
Communication Style:	facial expression, body lang, vocalizations
Learning Style:	Auditory

Lead Review Completed: _____

Staff: Sommer
Date: 4/25/23

PAI

Service Recipient: Nora Raney
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: Betadine/ Rocephin — Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by meds
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Npo orders - all nutrition via g tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cp, Spastic Quadriparesis, gerd, microcephaly — DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: if needed pass med through g tube — Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to medical conditions
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: Vision impairment - otter @ close distance
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Music, peers, culture, staff knowing him
Important for:	npo, Seizure protocol, people who know his communication
Likes:	familiar staff, visiting, music, going in comm
Dislikes:	pain, being secluded, not having needs met
Communication Style:	facial expressions, body lang
Learning Style:	Auditory

Lead Review Completed: _____

Staff: Jessica

Date: 4/25/23

Service Recipient: Nina V

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: Sertaline & Risperidone	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: controlled by medication	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO. receives nutrition via G-tube	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, CP, Spastic quad Mucus cyst, GERD	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: Staff will take caution when chronic medical transferring the	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Caution when transferring Nina Sc chronic medical conditions	
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1	☑ 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: distance. Visual impairment - often objects at close	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Music, family and peers, his routine, working with staff that knows him

Important for: by NPO order, his seizure protocol, working with people that knows him communication

Likes: working with familiar people, seeing his peers, visiting, listening to music, getting into the community

Dislikes: being in pain or uncomfortable, not having his needs met, and having to be near peers & being secluded

Communication Style: facial expressions, body language, vocalizations

Learning Style: Auditory

Lead Review Completed: _____

Staff Leslie Bludorn

Date: 4-25-23

Service Recipient: Nhia V

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: Betadine and Rocephin -Staff are aware of Nhia's allergies and avoid giving him medications with these ingredients. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Controlled by medication -Staff are aware of and trained to Nhia's seizure protocol prior to working with him.
Choking/ Specialized Diet: ☒No ☐ Yes	Describe Supports: NPO order- receives all nutrition via g-tube -Staff receive g-tube training prior to working with Nhia
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cerebral Palsy with Spastic Quadriparesis, Microcephaly, GERD -Staff are aware of Nhia's diagnoses prior to working with him and communicate any concerns to his team. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Should he need to take medication at PAI- staff will ensure they are trained in medication administration and will pass any med for Nhia via g-tube. Daily medication at PAI? ☒No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Disposable brief, mat table, transfers using ceiling track system or hoyer lift. -Staff take caution when transferring Nhia to ensure no bending or twisting. Staff assist him to wear clean and dry clothing.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Increased risk due to chronic medical conditions. Staff will take caution when transferring Nhia and talk him through what is being done.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in the community. Staff propel Nhia's wheelchair. ☒ 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 impairment- staff offer visual options at a close distance and will verbally describe what they are showing him.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Music, being around peers, his culture, working with staff that know him well	

Lead Review Completed: _____

Staff: _____

Date: _____

Service Recipient: Nhia V

Service Span: _____

Important for: his NPO order, his seizure protocol, working with people that know his communication
Likes: working with familiar staff, seeing his peers and visiting, listening to music, getting into the community
Dislikes: being in pain or uncomfortable, not having his needs met, not having a chance to see his peers, and being secluded.
Communication Style: facial expressions, body language, vocalizations
Learning Style: Auditory

Lead Review Completed: _____