



In-Service Training Log – Oakdale

Date:

5/9/2023

Type of Meeting:

All-Staff

| Training Time | Trainer Name | Content/Description |
|---------------|----------------|---------------------|
| .5 | Amanda Dias | AF comp quiz |
| .5 | Lisa Hartman | DQ comp quiz |
| .25 | Jess Gunderson | UKG Implementation |
| | | |

| Make up Date | Initial | Last Name |
|--------------|---------|---------------------------|
| | | Berglund, Sara |
| 5-9-23 | CB | Beckom, Charlique |
| | AD | Diaz, Amanda |
| 5/9/23 | PD | Dyer, Paris |
| | AFM | Fierro-Montes, Alfredo |
| | TG | Gould, Trey |
| | LH | Hartman, Lisa |
| | TL | Lorsung, Tristen |
| 5-9-23 | NM | Moving, Maxine |
| 5-9-23 | KP | Perry, Kathy |

| Make up Date | Initial | Last Name |
|--------------|---------|-----------------|
| 5-9-23 | MS | Sweeny, Maurita |
| | KY | Yang, Katrina |
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| Make Up Date | Initial | Managers/Admin |
|--------------|---------|-------------------|
| | | Matthews, Steph |
| | AS | Shirley, Ashleigh |
| | | |

| Make up Date | Initial | Other Attendees |
|--------------|---------|-----------------|
| | | |
| | | |
| | | |



Competency Tracking Form Oakdale

Participant: Andy Fariss Annual Service Span: April 2023- April 2024

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 |
|----------------|----------|---------------------------|
| | | Berglund, Sara |
| 5-9-23 | CB | Beckom, Charlique |
| | AO | Diaz, Amanda |
| 5/9/23 | Pd | Dyer, Paris |
| 5/9/23 | AFM | Fierro-Montes, Alfredo |
| 5/9/23 | TG | Gould, Trey |
| 5-9-23 | LH | Hartman, Lisa |
| 5-9-23 | TL | Lorsung, Tristen |
| 5/9/23 | MM | Moving, Maxine |
| 5-9-23 | EP | Perry, Kathy |
| | AS | Shirley, Ashleigh |

| Date Completed | Initials | Full Name |
|----------------|----------|------------------|
| 5-9-23 | MJ | Sweeney, Maurita |
| 5-9-23 | KY | Yang, Katrina |
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Date Uploaded to LMS: _____

Staff: Manda

Date: 5/9



Service Recipient: Andy_F

Service Span: 5/2023 - 5/2024

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

| | | |
|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring Seasonal, Antibiotics, Penicillin, Sulfa | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partially controlled Tonic Clonic and Myoclonic, VNS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy has difficulty chewing, especially hard or crunchy foods, which could result in swallowing problems putting him at an increased risk for choking. He should not have hard foods or whole nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism Spectrum Disorder, Cerebral Palsy, Herpes Simplex 1 (use universal precautions when there's risk of contact with saliva), Scoliosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy takes his medications orally in soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy uses a disposable brief and due to his cognitive and physical limitations, is not able to complete his personal cares. Andy is transferred by two staff using a Hoyer lift or one staff using the ceiling lift. | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy uses a specialized wheelchair with a chest strap, padded lap tray, pelvic strap, and safety belt. Andy is capable of unbuckling his safety belts on his wheelchair. | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing Impairment, Tactile Defensiveness Andy has a history of ear wax build up which causes him to become uncomfortable and to not hear well. He also may have loose wax on the outside of his ears and may dig at his ears, scratching himself. Andy is tactile defensive on his face. | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: NA | |

Unsupervised time while at PAI? No Yes

Important to: use his puzzles daily, a stimulating environment, people to watch, that he has milk with his lunch, no unnecessary face touching, and opportunities to be supported in socialization and trying new things.

Important for: Andy to have consistent and patient staff who know him, his routines and how best to communicate with him. That he uses his fine motor skills during mealtimes and his communication skills throughout his day. That his VNS magnet is stored in a consistent location (back of his wheelchair), and that he be supported and encouraged to be social and engage in activities with others.

Likes: being called Andy, doing shape puzzles, crafts, going on community outings, participating in water activities, the Wii, and sensory activities, sports, particularly the Twins and Packers, tetherball and hitting and pulling down balloons. He indicates he likes these by participating in them and not turning away. He also likes to nap on a pillow.

Dislikes: foods that are hard to chew. He also does not seem to like sweets such as cookies, does not always like to be touched, especially on face as evidenced by moving face away and grimacing, humidity or hot sun, does not like loud

Lead Review Completed: *[Signature]*

Staff: _____

Date: _____



Service Recipient: Andy_F_____

Service Span: _5/2023 - 5/2024_____

noises or people. Peers who are angry, upset, crying, or screaming, or being woken for a nap as communicated by a negative response of facial grimaces and/or vocalizing.

Communication Style: Andy communicates with some vocalizations, eye pointing/gazing, facial expressions, and other types of body language such as squeezing his wrist to indicate boredom, establishing eye contact, or reaching out to his for staff. Andy will raise his hand to request assistance.

Learning Style: Routine and Repetition

Lead Review Completed: _____

Staff: Carly B
 Date: May 9 '23



Service Recipient: Andy F.
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Seasonal (Spring) Antibiotics Penicillin sulfate | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partially controlled tonic clonic, myoclonic VWS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Difficultly chewing hard / crunchy foods - no hard foods or nuts - chunky. | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism, C.P., Huper Simplex I, Scoliosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Orally w/ soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Full support - brided - 2 stab Hoyer on 1st & ceiling lift | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Wheelchair w/ chest strap, lap tray, safety belt - may unbuckle safety belt | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing impairment, tactile defensiveness ear wax build up, may dig ears towards face | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: N/A | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: Puzzles, stimulating environment, milk w/ lunch sound playing, unnecessary face touching | | |
| Important for: Consistent / patient staff, communication skills during day, VWS in consistent location, social/paratask | | |
| Likes: Will, sensory activities, sports, called Andy, puzzles community outings | | |
| Dislikes: Hard foods to chew, cookies, being touched, hot sun, Angry peers, | | |
| Communication Style: Some vocalization, eye gaze, facial expression, eye contact Leaking | | |
| Learning Style: Routine, repetition | | |

Lead Review Completed: Amank R

Staff: Paris D
 Date: 5/9/23



Service Recipient: Andy F
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Spring seasonal Antibiotics, Penicillin Sulfa</u> | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>Has VNS Partially controlled tonic, Myoclonic</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Difficulty chewing hard or crunchy foods</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Herpes Simplex I</u> <u>Autism Spectrum Disorder, Cerebral Palsy</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Daily with Soft Food</u> | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses disposable brief</u> <u>transferred by 1 staff with hoist or ceiling lift</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Uses wheelchair with chest, pelvic strap and lap tray</u> | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Hearing impairment, tactile defensive toward face</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: | | |
| <u>Using puzzle, lunch, socializing, people watching</u> | | |
| Important for: | | |
| <u>familiar staff, using communication skills, having VNS</u> | | |
| Likes: | | |
| <u>Being called Andy, puzzles, cutting, wii, sports</u> | | |
| Dislikes: | | |
| <u>Hard foods, sweets, being touched, hot sun, upset peers</u> | | |
| Communication Style: | | |
| <u>Verbalizing, eye gazing, facial expression, reaching out</u> | | |
| Learning Style: | | |
| <u>routine and repetition</u> | | |

Signature

Staff: Alfredo Fierro-Monte

Date: 5/9/23



Service Recipient: A.F.

Service Span: Apr 23-24

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

| | |
|--|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* <u>Spring Seasonal, Antibiotics, Penicillin, Sulfa</u> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>Partially controlled Tonic Clonic and Myoclonic, VNS.</u> |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Andy has difficulty chewing, especially hard/crunchy foods.</u> |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* <u>Herpes Simplex 1, Scoliosis Autism Spectrum Disorder, Cerebral Palsy</u> |
| Medication: <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* <u>Takes meds orally in soft foods.</u> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Disposable Brief, 2 staff transfer using hooyer, 1 staff ceiling.</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Capable of unbuckling. Specialized wheelchair w/ chest strap, lap tray.</u> |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Hearing impairment, Tactile Defensive on face.</u> |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Important to: | |
| <u>Use puzzles daily, stimulating environment, people watching, milk/lunch.</u> | |
| Important for: | |
| <u>Consistent/patient staff, fine motor skills during meals, vns in consistent location.</u> | |
| Likes: | |
| <u>Being called Andy, shape puzzles, crafts, outings, water activities.</u> | |
| Dislikes: | |
| <u>Hard to chew food, sweets (cookies), always being touched, Angry/upset peers.</u> | |
| Communication Style: <u>Vocalizations, eye pointing, gazing, facial expressions.</u> | |
| Learning Style: <u>Routine/Repetition.</u> | |

Lead Review Completed: [Signature]

QUESTION 1

1.1.1. The following table shows the number of students who took part in a school sports day. The students were divided into three groups: Group A, Group B and Group C. The number of students in each group is given in the table below.

Group A: 120 students, Group B: 150 students, Group C: 180 students.

1.1.2. The number of students who took part in each sport is given in the table below. The number of students who took part in each sport is given in the table below.

QUESTION 2

2.1.1. The following table shows the number of students who took part in a school sports day. The students were divided into three groups: Group A, Group B and Group C. The number of students in each group is given in the table below.

2.1.2. The number of students who took part in each sport is given in the table below. The number of students who took part in each sport is given in the table below.

Staff: Trey G.
 Date: 5/19/23



Service Recipient: A.F - Andy
 Service Span: April 23 - April 24

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

| | | |
|--|---|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring seasonal, Antibiotics, Penicillin, Sulfa | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partially controlled tonic clonic and myoclonic, VNS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Difficultly chewing, especially hard, crunchy foods - no hard foods / whole nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism, CP, Herpes Simplex, Scoliosis, Universal Precautions - Saliva | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Takes meds orally in soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Disposable brief, Transferred by two staff using hoist and staff using ceiling lift | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Specialized wheelchair with chest strap, pelvic strap, Padded lap tray, Capable of unbuckling | |
| Community Support: <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 | |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing Impairment, Tactile defensiveness (face) | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes N/A | List & Describe Supports: N/A | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: Puzzle daily, stimulating environment, milk with lunch, Supported in trying new things | | |
| Important for: Patient staff, fine motor skills during meal times, VNS magnet stored in consistent location | | |
| Likes: Called Andy, Puzzles, wif, outings | | |
| Dislikes: hard food, Cereals, loud noises / people, peers who are upset | | |
| Communication Style: vocalizations, eye pointing, Facial expressions | | |
| Learning Style: routine and repetition | | |

Lead Review Completed: Amorah D

Staff: Lisa Hartman
 Date: 5-9-23

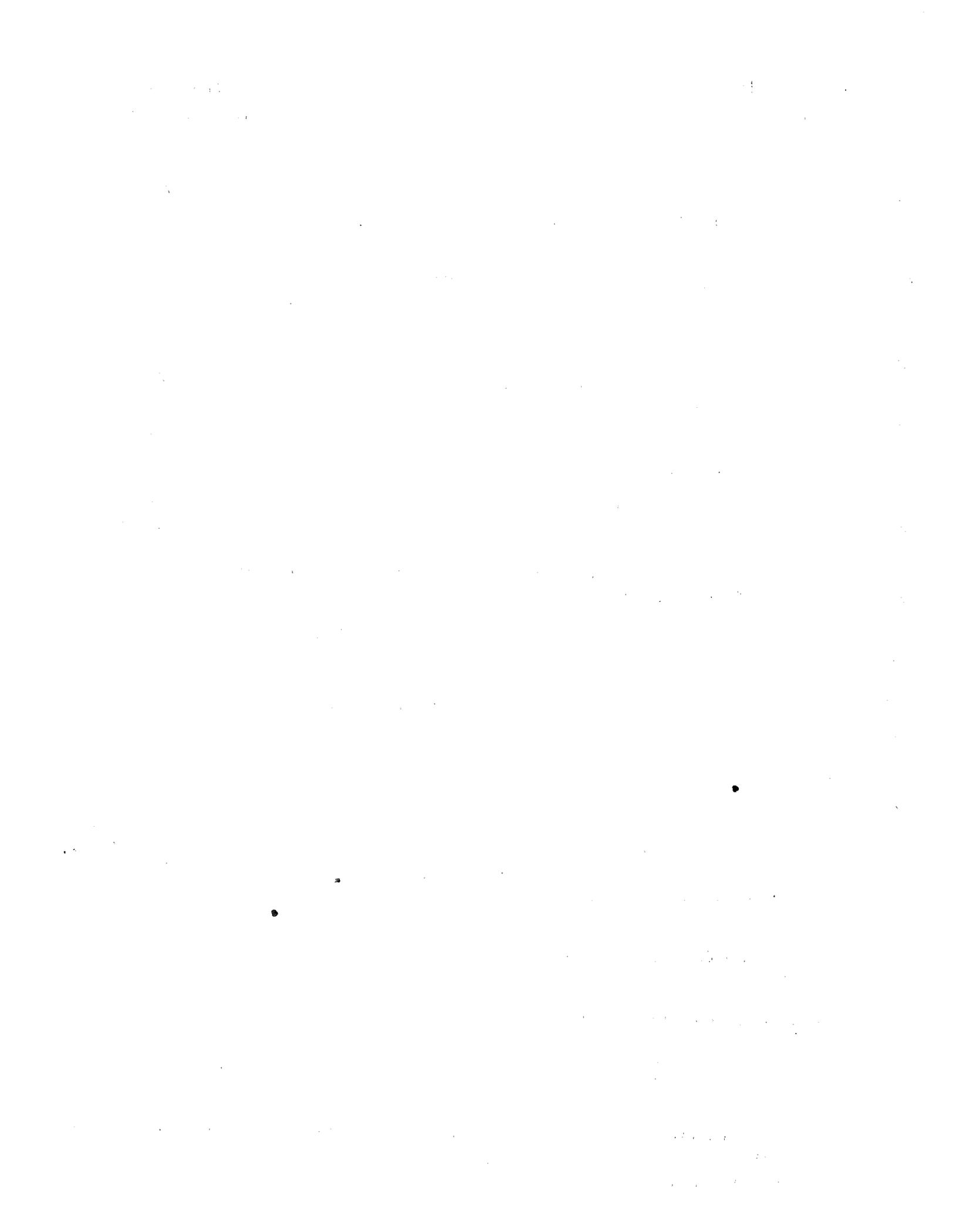


Service Recipient: Andy Farinetti
 Service Span: April 23-24

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

| | | |
|---|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>penicillin</u> <u>spring seasonal</u> <u>self antibiotic</u> | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>partial controlled tonic clonic</u> <u>VNS</u> <u>myoclonic</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>hard time chewing</u> <u>hard foods or nuts</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>acetaminophen</u> <u>CP herpes simplex 1 scotiosis</u> <u>wear gloves - wash hands</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>takes meds orally in soft</u> <u>food</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>disposable brief</u> <u>total assist</u> | <u>2 staff transport - hygiene</u> <u>1 staff - ceiling lift</u> |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>w/c - chest strap, padded top + very pelvic strap</u> <u>safety belt - can un buckle safety belts (Anty)</u> | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>hearing impairment, tactile defensive</u> <u>ly of ear wax buildup - uncomfortable can't hear well</u> <u>wet on outside of ear = scratch - tactile def. on face</u> | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>NA</u> | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: <u>puzzles, people watch, milk & bench, touch face, toy new things</u> | | |
| Important for: <u>routine + use fine motor skills @ lunch, comm. skills during VNS stored consistent place</u> <u>day (use)</u> | | |
| Likes: <u>Shape puzzles, called Andy, community outings, Twins + Packers sports, nap on pillow</u> | | |
| Dislikes: <u>hard to chew foods, sweets like cookies, being touched on face loud noises, being woken up from nap</u> | | |
| Communication Style: <u>socializations, eye pointing / gazing, facial expressions, body language</u> | | |
| Learning Style: <u>routine + repetition</u> | | |

Amara B...



Staff: Isisten L.

Date: 5/1/23



Service Recipient: Andy F.

Service Span: April 23-24

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring, Antibiotics, Sulfa, Pen. | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partially cont. tonic clonic & myoclonic, VMS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Diff. chewing, no hard foods or whole nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism spect. Dis., C.P., Herpes simplex 1, bcoliosis | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: in soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Dis. briefs, full assistance, noyes/ceiling lift, mat-table | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: chest straps, pelvic strap, safety belt, padded lap tray, manual wheel chair. | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: hearing impair., tactile def. | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: N/A | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: puzzles daily, stim. enviro., milk at lunch | | |
| Important for: familiar staff, routines, use fine motor skills | | |
| Likes: called Andy, puzzles, community outings | | |
| Dislikes: hard to chew foods, sweets, touch on face | | |
| Communication Style: vocalizations, eye gazing, facial expressions, reaching out | | |
| Learning Style: routine & rep. | | |

Ana... [Signature]

Staff: Maxine
 Date: 5/9/23



Service Recipient: Andy
 Service Span: April 23-24

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>antibiotics Spring seasonal</u> | Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: <u>portical controller time chronic</u> | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>difficult in chewing. Should not have hard foods.</u> | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Autism spectrum disorder / Cerebral palsy, herpes</u> | DNR/DNI? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Takes meds. orally in soft food.</u> | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Use disposal brief</u> | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>Use special wheel chair with a chest strap padded lap tray, pelvic strap</u> | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: <u>Hearing impairment</u> | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>N/A</u> | |

Unsupervised time while at PAI? No Yes

Important to: puzzle daily, stimulating environment, people to watch

Important for: have consistent consistent and patient staff who know him. uses motor skills.

Likes: Shape puzzle, pulling down balloons, taking naps on a pillow. community outings

Dislikes: touch on faces, hot sun, loud noise, screaming negative responds.

Communication Style: Some ~~verbal~~ vocalization, eye pointing

Learning Style: ~~repetition~~ repetition and routine



Staff: Holly Terry
 Date: 5-9-23



Service Recipient: Andy F.
 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Seasonal, antibiotic Penicillin subqa | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: partially controlled tonic/clonic myoclonic VNS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Difficulty chewing hard crispy/crunchy food No nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: autism spectrum, CP herpes simplex one, scoliosis wash skin thoroughly c salvia | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: meds in soft food | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: full support brief 2 staff hoist or 1 staff ceiling lift | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: w/c, chest strap, pelvic strap, seat belt padded chair Can un buckle own belt - watch | |
| Community Support: <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 |
| Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: hearing, tactilely defensive may have wax outside of ear | Hx of ear wax build up - may dig @ ears |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: N/A | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: puzzles, stimulating environment, opportunities to be supported & socialize, melt c lunch | | |
| Important for: consistent staff, routine, VNS on back of w/c, encourage to socialize & engage | | |
| Likes: Andy by name, puzzles, crafts, w/c, Junos, Parkers, tennis ball nap on pillow, crafts, outings | | |
| Dislikes: foods hard to chew, sweets, touching face, loud noises & people heat & humidity, | | |
| Communication Style: vocalizations, eye gazing, facial expressions body language | | |
| Learning Style: routine repetition | | |

Amarah [Signature]

Staff: Maura Sweeney
 Date: 5/4/23



Service Recipient: Andy Fariss
 Service Span: April 23-24

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

| | | |
|--|--|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring/seasonal Antibiotics, penicillin, Sulfa | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partial Controlled VNS tonic clonic, Myoclonic | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Difficulty chewing hard, crunchy food. No whole nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism, CP, Herpes simplex I Scoliosis, Caution contact salicyla | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy takes medication whole ^{soft} foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Disposable briefs transferred 2 staff hours, 1 staff ceiling lift | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: w/c chest strap, padded lap tray, pelvic strap, safety strap, can unbuckle - so watch | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | <input type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing impairment, tactile defensive, Ho ear wax build up causing him to hear poorly, may scratch at ear. | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: N/A | |

Unsupervised time while at PAI? No Yes

Important to: puzzles, stimulating environment, socializing, trying new things, milk at lunch.

Important for: staff who know him, fine + gross motor skills used, VNS magnet back of w/c, socially engage.

Likes: being called Andy, shape puzzles, Wii, sensory activities, twins, packers, Maps with Pillow.

Dislikes: Foods that are hard to chew. Being touched on the face, Peers crying/screaming, being woken up.

Communication Style: Eye gaze, pointing, vocalizations, raise hand,

Learning Style: Routine + Repetition

Maura Sweeney
 Lead Reviewer Completed:

Staff: Katrina Y

Date: 05.09.23



Service Recipient: Andy F

Service Span: April 2023-24

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

| | | |
|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring seasonal, antibiotics | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: partially controlled T/C myoclonic seizures, has vns | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: no hard foods/whole nuts, difficulty | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism, Scoliosis, HIV-be aware w/ contact with saliva | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small> |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: orally w/soft food | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small> |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: brief, 2x assist w/Hoyer, 1x assist w/ ceiling lift, full assist | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: w/c with chest strap, lap belts - can unbuckle his belts so be cautious | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: hearing impairment, tactile defensive w/face; may scratch at ears | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: n/a | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: daily puzzles, stimulating environment, milk w/lunch, no unnecessary face | | |
| Important for: familiar staff, vns stored in same location, use fine motor skills | | |
| Likes: called Andy, water activities, sensory activities, naps on pillow | | |
| Dislikes: hard to chew foods, sweets, touched on face, loud noises/people | | |
| Communication Style: Vocalizations, eye gazing; body language | | |
| Learning Style: routine/repetition | | |

Lead Review Completed: [Signature]

Staff: Ashleigh Shirley
 Date: _____



Service Recipient: Andy_F _____
 Service Span: 5/2023 - 5/2024 _____

| | | |
|--|--|---|
| Is this person able to self-manage according to the IAPP, SMA & Support Plan Addendum – check yes or no below | | |
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Spring Seasonal, Antibiotics, Penicillin, Sulfa | Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Describe Supports: Partially controlled Tonic Clonic and Myoclonic, VNS | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy has difficulty chewing, especially hard or crunchy foods, which could result in swallowing problems putting him at an increased risk for choking. He should not have hard foods or whole nuts | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Autism Spectrum Disorder, Cerebral Palsy, Herpes Simplex 1, Scoliosis | DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy takes his medications orally in soft foods | Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy uses a disposable brief and due to his cognitive and physical limitations, is not able to complete his personal cares. Andy is transferred by two staff using a Hoyer lift or one staff using the ceiling lift. | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Andy uses a specialized wheelchair with a chest strap, padded lap tray, pelvic strap, and safety belt. Andy is capable of unbuckling his safety belts on his wheelchair. | |
| Community Support: <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 |
| Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing Impairment, Tactile Defensiveness Andy has a history of ear wax build up which causes him to become uncomfortable and to not hear well. He also may have loose wax on the outside of his ears and may dig at his ears, scratching himself. Andy is tactile defensive on his face. | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: NA | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: use his puzzles daily, a stimulating environment, people to watch, that he has milk with his lunch, no unnecessary face touching, and opportunities to be supported in socialization and trying new things. | | |
| Important for: Andy to have consistent and patient staff who know him, his routines and how best to communicate with him. That he uses his fine motor skills during mealtimes and his communication skills throughout his day. That his VNS magnet is stored in a consistent location (back of his wheelchair), and that he be supported and encouraged to be social and engage in activities with others. | | |
| Likes: being called Andy, doing shape puzzles, crafts, going on community outings, participating in water activities, the Wii, and sensory activities, sports, particularly the Twins and Packers, tetherball and hitting and pulling down balloons. He indicates he likes these by participating in them and not turning away. He also likes to nap on a pillow. | | |
| Dislikes: foods that are hard to chew. He also does not seem to like sweets such as cookies, does not always like to be touched, especially on face as evidenced by moving face away and grimacing, humidity or hot sun, does not like loud noises or people. Peers who are angry, upset, crying, or screaming, or being woken for a nap as communicated by a negative response of facial grimaces and/or vocalizing. | | |
| Communication Style: Andy communicates with some vocalizations, eye pointing/gazing, facial expressions, and other types of body language such as squeezing his wrist to indicate boredom, establishing eye contact, or reaching out to his for staff. Andy will raise his hand to request assistance. | | |
| Learning Style: Routine and Repetition | | |

Lead Review Completed: AD

