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
		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

Make Up Date	Initial	Managers/Admin
		Matthews, Steph
	AS	Shirley, Ashleigh

Make up Date	Initial	Other Attendees

Competency Tracking Form
Oakdale

Participant: Dirk Quistad **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
5/9/23	[illegible]	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	KP	Perry, Kathy
	[illegible]	Shirley, Ashleigh

Date Completed	Initials	Full Name
5/9/23	MS	Sweeney, Maurita
5.9.23	KY	Yang, Katrina
5923	CB	Cindy Brm

Date Uploaded to LMS: _____

Staff: Cindy B
Date: May 9 '23

PAI

Service Recipient: Dirk O
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: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dysphagia - tube, Pleasure tube Soft mechanical diet - nectar liquids
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadriplegia - C-P, Harrington rod GERD - Caution when transferring - assisted to roll - DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: all given 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: Full assist - transfer - total
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair - staff propels. Chest strap + foot strap - transport
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Near Sighted - esotropia, nystagmus (left eye) Staff will verbally tell what they are doing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Anxiety - Screaming, coughing - staff will encourage him to communicate what's wrong.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Hugs, family, parents, listen to music. Know his schedule
Important for:	Communication device, re-position every 2 hr. x day
Likes:	Routine, pictured activities, games, socializing
Dislikes:	Change in routine, not having access to communication device, not visiting family
Communication Style:	Verbal + facial expressions, gestures, body language -
Learning Style:	Routine, repetition. Understands short verbal phrases -

JH

Staff: Manda

Date: 5/9

Service Recipient: DQ

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: Cephalosporin, Vancomycin Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Dirk had dysphasia, which put him at risk for choking may Pleasure taste @ PAI
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: spastic quadriplegia, CP, Harrington rods, GERD DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Takes meds at PAI via J-Tube Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: transferred w/ hoyer lift and sling. wears briefs and liner
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: manual wheelchair staff propel. Chest strap and foot straps
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Near Sighted, exotropia, nystagmus (left eye) tell and show items within arms reach
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Anxiety: shows by screaming/yelling/coughing. staff will respond to Dirks anxiety
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Hugs, family, going to concerts, music, tell him when something is changing	
Important for: use of communication device, feeling anxious, staff that know him, repositioned throughout the day	
Likes: Having a schedule, sticking to a routine, doing things he likes, playing games, socializing	
Dislikes: changes, not able to use communication device	
Communication Style: facial expression, body language, device	
Learning Style: routine 3 rep.	

Lead Review Completed: VR

Staff: Paris D
Date: 5/9/23

PAI

Service Recipient: Dirk Q
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: Cephalosporin, Vancomycin Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Has dysphasia (risk of choking) diet via g tube may pleasure taste
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadriplegia, Cerebal Palsy Gerd internal hemmroids DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Crushed 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: trantered via hoyer lift and sling uses disposable brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses manual wheel chair, uses chest and foot strap for transportation.
Community Support: ☒ No ☐ Yes	Describe Supports: Near Sighted, exotropia, nystagmus (left eye) verbally tell him what youre doing ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports:
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Screaming, coughing, yelling, anxiety based
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Hug, family, concerts, music, knowing schedule
Important for:	familiar staff, communication device being repositioned
Likes:	routine being followed, socializing with staff and peers
Dislikes:	changes in routine, no communication device, cant visit family
Communication Style:	facial expressions, gesture, body language
Learning Style:	routine, repetition, He understands short verbal phrases

Staff: Alfredo Tierro-Montes
Date: 5/9/23

Service Recipient: D.Q.
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: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin. Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports:
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Receives nutrition via J-tube. May pleasure taste @ pai. Had Dysphasia, puts him at risk of choking.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Internal/ Hemorrhoids. Spastic Quadriplegia, Cerebral Palsy, Harrington Rods. DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Takes meds at PAI via J-tube liquids/crushed. per a signed dr. order* Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds
Personal Cares: ☑ No ☐ Yes	Describe Supports: Disposable Brief + liner. Full assistance. Transferred from wheelchair to mat table via hoyer lift/sling.
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Chest/foot straps during transportation. Manual wheelchair that staff propel.
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Staff tell him what they are doing. Nearsighted, exotropia, nystagmus (left eye)
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Anxiety - shows by screaming/crying/coughing.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Hugs, family, concerts, music, knowing schedule/schedule changes.	
Important for: Comm Device, familiar staff, knowing schedule, being repositioned.	
Likes: Having schedule/Routine, preferred activities, socializing.	
Dislikes: Changes in routine, not having Comm Device, not being able to visit family.	
Communication Style: Facial Expressions, gestures, body language.	
Learning Style: Routine/Repitition, verbal phrases.	

Lead Review Completed: AK

AK

Staff: Trey G
Date: 5/9/23

PAI

Service Recipient: D.B.
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: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, vancomycin Concerns Communicated Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☑ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: dysphasia, risk of choking. most nutrition via J-tube, Pleasure Tasting
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic Quad, CP, GERD, internal hemmroids, Harrington rods DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Takes meds at pai, All meds Given via J-tube Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transferred from wheelchair to mat table, requires full assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair, chest strap, Safety belt always worn
Community Support: ☒ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Exotropia, near sighted, nystagmus (left eye) verbally tell him what your doing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Anxiety - Screaming, yelling, coughing, - ask him questions in Calm voice
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Hugs, family, Concerts, music, schedule	
Important for: Communication device. Knowing schedule, repositioned	
Likes: Schedule, Games, Socializing with peers	
Dislikes: Changes in routine, Not having access to Comm device	
Communication Style: Facial expressions, Gestures, body language, Comm device	
Learning Style: routine, repetition, upbeat Encouragement	

UH

Staff: Dirk & Tristen L. . . .

Date: 5.9.23

Service Recipient: Dirk A.

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: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dysphasia, Nutrition J-tube, may pleasure taste	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadriplegia, C.P., Harrington Rods, GERD	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: meds crushed/dissolved in liquid through J-tube	Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Hoyer lift to mat-table, full assistance, dispose brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Chest, foot straps, safety belt, manual wheelchair	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted, exotropia, nystagmus left eye	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Screaming/coughing/yelling, anxiety based	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: music, schedule, family

Important for: comm. device, knowing schedule, repositioned

Likes: routine, preffered activities, socializing

Dislikes: change in routine, not able to see family, no comm. device

Communication Style: facial expressions, body lang., vocalizations

Learning Style: routine & repitition.

Lead Review Completed:

Staff: Maxine

Date: 5/9/23

PAI

Service Recipient: Dirk

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: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Communicate on his residence. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: ~~Has dot~~ G-tube He reciews most of his nutrition
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral palsy 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: Is tranfer from wheel chair to the mat table using hoyer lift and sling
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses a manual wheelchair that staff propel.
Community Support: ☒ No ☐ Yes	Describe Supports: ~~Near sighting extropia staff will tell him what they are doing~~ ☒ 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: Near sighting extropia staff will tell him what they are doing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: diagnose with anxeity.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	hugs family listening to music
Important for:	communication, knowing his schedule
Likes:	sticking to routine
Dislikes:	Changes in routine, not able to visit family and staffs
Communication Style:	facial expression, gestures and body language
Learning Style:	learns through routine and repetition.

UK

Staff: Kathy Perry
Date: 5-9-23

PAI

Service Recipient: Dirk Q
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: Cephalosporin, Vancomycin Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dysphasia - nutrition via J tube may please with taste Soft mechanical - nectar consistency
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: spastic quadraplegia GERD, CP, Care c transfers - don't twist DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Takes meds @ PAI meds via J tube as liquid Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: mat table – hoyer, brief/liner full assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: W/C – staff propel Chest + feet straps c transport lap belt all times
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: near sighted - strabismus, verbally tell what doing. offer choices at arms reach - pictures if needed
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: anxiety - screaming/yelling/coughing Encourage to communicate what is wrong offer solutions - Calm breathing
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Hugs, family, concerts, music, know schedule + any changes	
Important for: Comm. device when feeling anxious, staff that know him well, knowing schedule, reposition	
Likes: Having schedule + sticking to it, preferred act, games socializing	
Dislikes: Changes in routine, access to comm. device, not being able to see family	
Communication Style: facial expression, gestures, body language Comm device	
Learning Style: routine + repitition understands short verbal phrases Responds to up beat tone	

Lead Review: Completed:

Staff: Maunita Sweeney
Date: 5/8/23

PAI

Service Recipient: Dirk Schlittler
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: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin Concerns will be communicated to residence Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: Dysphasia - G-tube Pleasure taste - Necktar Liquids.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports:
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic Quadripeligia Harrington Rods, Do not roll/twist DNR/DNI? ☒ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: J-tube Crushed / dissolved or liquids Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Transferred with hover lift b/sling Full assist. Wears disposal briefs
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair Chest/Foot Straps safety belt always worn
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted Staff will verbally explain what they are doing. Show + tell what doing.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Anxiety, screaming, yelling, coughing. Ask what's wrong Communicate with Residence.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Hugs, family, Concerts, staff talk about changes in schedule.	
Important for: communication device knowing schedule	
Likes: Sticking to routine Preferred activities	
Dislikes: Changes in routine / ø communication device	
Communication Style: Facial expression, gestures, body language	
Learning Style: Routine and repetition	

UA

Staff: Katrina Y

Date: 05-09-23

Service Recipient: Dirk Q

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: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin, Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: dysphagia; recieves nutrition via G-tube, may tastes w/mechanical soft
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadraplegia, GERD, CP, internal hemmoroids DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Crushed/dissolved 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: uses hoyer lift to mat table; full assist, brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses manual w/c, chest strap and belts
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: near sighted - staff verbally describe actions/options
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: anxiety - screams, yells, coughs; staff ask whats wrong and offer solutions
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: hugs, family, concerts, music, knows schedule/changes	
Important for: communication device, familiar staff, repositioning	
Likes: schedule, participating in activities, sticking to schedule	
Dislikes: Changes, not being able to visit family	
Communication Style: facial expressions, vocalizations, communication device	
Learning Style: up beat tones, encouragement	

Lead Review Completed: _____

Staff: Lisa hartman

Date: _____

Service Recipient: Dirk Quistad

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: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin Concerns will be communicated to his residence.	Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports: Not applicable.	
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Dirk had dysphasia, which puts him at risk of choking. He receives most of his nutrition via J-tube. He may pleasure taste while at PAI. He is on a soft/mechanical diet with nectar consistency liquids.	
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadriplegia, Cerebral palsy, Harrington rods with spinal fusion, GERD, Internal hemorrhoids Care is taken when transferring and assisting Dirk to roll so that his body does not twist.	DNR/DNI? ☐ No ■ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: Dirk takes medication while at PAI. All medications are given via J-tube as liquids, crushed or dissolved pills.	Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Dirk is transferred from his wheelchair to the mat table using a Hoyer lift and sling. He uses a disposable brief and liner. He requires full assistance with his cares.	
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Dirk uses a manual wheelchair that staff propel. He uses a chest strap and foot straps during transportation and a safety belt which is always worn.	
Community Support: ■ No ☐ Yes	Describe Supports:	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted, exotropia, nystagmus (left eye) Staff will verbally tell him what they are doing, Staff will offer choices by presenting items within arm's reach and verbally telling Dirk wheat they ae showing him along with showing him a picture.	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Dx of anxiety: shows this by screaming/yelling/coughing. Staff will respond to Dirk's anxiety and encourage him to communicate what is wrong, ask what is wrong and offer solutions. Concerns are communicated to his residence.	

Unsupervised time while at PAI? ■ No ☐ Yes

Important to: Hugs, his family, going to concerts, listening to music, that he knows his schedule and that staff talk through any changes to his schedule with him.

Important for: His communication device and using it when he is feeling anxious, having staff that know him well, knowing his schedule, being repositioned throughout the day.

Likes: Having a schedule and sticking to a routine, participating in preferred activities like playing games or socializing with his staff and peers.

Dislikes: Changes in his routine, not having access to his communication device, and not being able to visit with family, peers, or staff.

Communication Style: Facial expressions, gestures, and body language and through his communication device.

Learning Style:
Dirk learns through routine & repetition. He understands short verbal phrases and responds best when encouragement is delivered in an upbeat tone of voice paired with physical cues.

Lead Review Completed: _____

Staff: Ashleigh Shirley

Date: _____

Service Recipient: Dirk Quistad

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: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Cephalosporin, Vancomycin Concerns will be communicated to his residence.	Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ■ N/A	Describe Supports: Not applicable.	
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Dirk had dysphasia, which puts him at risk of choking. He receives most of his nutrition via J-tube. He may pleasure taste while at PAI. He is on a soft/mechanical diet with nectar consistency liquids.	
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic quadriplegia, Cerebral palsy, Harrington rods with spinal fusion, GERD, Internal hemorrhoids Care is taken when transferring and assisting Dirk to roll so that his body does not twist.	DNR/DNI? ☐ No ■ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: Dirk takes medication while at PAI. All medications are given via J-tube as liquids, crushed or dissolved pills.	Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: Dirk is transferred from his wheelchair to the mat table using a Hoyer lift and sling. He uses a disposable brief and liner. He requires full assistance with his cares.	
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Dirk uses a manual wheelchair that staff propel. He uses a chest strap and foot straps during transportation and a safety belt which is always worn.	
Community Support: ■ No ☐ Yes	Describe Supports:	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Near sighted, exotropia, nystagmus (left eye) Staff will verbally tell him what they are doing, Staff will offer choices by presenting items within arm's reach and verbally telling Dirk wheat they ae showing him along with showing him a picture.	
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Dx of anxiety: shows this by screaming/yelling/coughing. Staff will respond to Dirk's anxiety and encourage him to communicate what is wrong, ask what is wrong and offer solutions. Concerns are communicated to his residence.	

Unsupervised time while at PAI? ■ No ☐ Yes

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Lead Review Completed: _____