



In-Service Training Log – Oakdale

Date:

8/1/2023

Type of Meeting:

All-Staff

Training Time	Trainer Name	Content/Description
.5	Maurita Sweeney	AF comp quiz
.5	Amanda Diaz	RH comp quiz

Make up Date	Initial	Last Name
		Berglund, Sara
		Beckom, Charlique
	AD	Diaz, Amanda
		Dyer, Paris
		Fierro-Montes, Alfredo
	TG	Gould, Trey
	W	Hartman, Lisa
	TL	Lorsung, Tristen
	MM	Moving, Maxine
	MS	Sweeney, Maurita

Make up Date	Initial	Last Name
	GX	Xiong, Gao
	KY	Yang, Katrina

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

Make up Date	Initial	Other Attendees



Competency Tracking Form Oakdale

Participant: Ron Harvieux Annual Service Span: July 23- July 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
		Berglund, Sara
		Beckom, Charlique
		Diaz, Amanda
		Dyer, Paris
		Fierro-Montes, Alfredo
	TG	Gould, Trey
	UX	Hartman, Lisa
	TL	Lorsung, Tristen
	MM	Moving, Maxine
		Shirley, Ashleigh
		Sweeney, Maurita

Date Completed	Initials	Full Name
	GX	Xiong, Gao
	KY	Yang, Katrina

Date Uploaded to LMS: _____

Staff: Alfredo Juro-Montes
 Date: 8/2/23



Service Recipient: Ron H.
 Service Span: July 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>Septa, Terramycin</u> <u>Pineapple, Aminophylline, Keflex, Meriolate</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>History of seizure activity, Staff call 911 on Ron's behalf.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Small plastic spoon, small cup.</u> <u>Physician's order diet of pureed food, full assistance.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>GERD, Hiatal Hernia.</u> <u>Cerebral Palsy, Scoliosis, Constipation</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:	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>Ceiling lift.</u> <u>Wears briefs, full assistance, cross leg sling.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Uses pillow for left side, specialized wheelchair.</u> <u>High risk of falling, limited trunk control, left lean.</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>Sound Sensitivity.</u> <u>Retinitis Pigmentosa, Exotropia Blindness.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - May bite hand.</u>	

Unsupervised time while at PAI? No Yes

Important to:

Calm environments, time to relax in recliner, feel the sun on his skin.

Important for:

To drink adequate fluids, that he communicates to the best of his ability.

Likes:

Calm environments, time outdoors, light music, pudding, Ice cream.

Dislikes:

Loud environments, face being wiped/cleaned, crinkle sensory.

Communication Style:

Facial expression, body language, sticks tongue out for yes.

Learning Style:

Routine/Repetition.

Lead Review Completed: Amanda BBA

Staff: Amanda D
 Date: 8-1-2023



Service Recipient: Ron H. ____
 Service Span: July 2023 – July 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: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer Pineapple, Aminophylline, Keflex, Meriolate, Septra, and Terramycin meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Ron has a history of experiencing seizure activity. Ron has not experienced a seizure since 2001. Staff are trained to call 911 on Ron’s behalf in the event of any seizure activity and to complete a seizure report within 24 hours
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Physician ordered diet of pureed food. Ron receives complete physical assistance from staff to eat pureed foods using a small plastic spoon and drink regular liquids using a small cup and a washcloth placed under his chin.
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* Cerebral Palsy, Scoliosis, Constipation, GERD, and Hatal Hernia
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*
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Wears a brief and requires full assistance. Ron uses a cross leg sling and the in-ceiling lift system.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ron’s chronic medical conditions put him at a high risk of falling. Ron has limited trunk control. Ron has a significant left lean and utilizes a pillow on his left side to aid in proper positioning. Ron has a specialized wheelchair with a tilt feature, in addition to a pelvic belt and foot straps to aid in positioning.
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: Retinitis Pigmentosa, Exotropia Blindness, Sound sensitivity,
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Ron may communicate that he has become upset or overstimulated by biting his hand. Staff are trained to be observant of Ron’s nonverbal communication and to assess the stimuli in the environment. Should Ron communicate he is upset Staff will assist Ron to a quieter environment and verbally reassure him that he is okay.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: calm environments, that he is informed of what is happening around him/ to him verbally, time to relax in a recliner, to feel the warmth of the sun on his skin.	
Important for: to drink adequate fluids, that he communicates to the best of his ability	
Likes: calm environments, time outdoors, light music, pudding, ice cream, when people talk about Paul Bunyan around him	

Lead Review Completed: Amanda D

Staff: _____

Date: _____



Service Recipient: Ron H. ____

Service Span: _July. 2023 – July. 2024

Dislikes: Loud or chaotic environments, having his face wiped or cleaned, crinkle sounding sensory items, cartoons

Communication Style: Facial expression, and body language. Ron will stick his tongue out to communicate that he is still thirsty. Ron will also stick his tongue out to communicate various preferences when prompted.

Learning Style: Routine and Repetition

Lead Review Completed: _____

Staff: Tristen L.



Service Recipient: R.H.

Date: 8/1/23 8.1.23

Service Span: July 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>Pineapple, Keflex, Merial etc</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>Not experience since 2001</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed food, full assistance, small plastic spoon, regular cup w/washcloth</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>C.P., scoliosis, constipation, GERD, HAITAI WENA</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:	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>Bricks, full assistance, LBSS leg sling, ceiling lift.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited trunk control, sig. left lean, pelvic belt & footstraps, specialized wheel chair, full assistance in propelling.</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>Retinitis pigmentosa, exotropia blindness, sound sensitivity</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SLB - Bite hand - if over stim.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>calm env., informed, warmth of sun</u>		
Important for: <u>Drink liquids, comm. best he can</u>		
Likes: <u>outdoors, light music, Paul Bunyan</u>		
Dislikes: <u>Loud env., face wiped, cartoons</u>		
Communication Style: <u>Facial expression, body lang.,</u>		
Learning Style: <u>routine & REP.</u>		

Amanda De

Staff: Erin Xiong
 Date: 08/01/23



Service Recipient: Ron Harveux
 Service Span: July 23 - July 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>pineapple, Aminophylline, Icedex, Meridate, septrin, Terramycin</u>	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: <u>Ron has a hx of experiential seizure activity. Ron has not experienced a seizure since 2001, staffs are trained to call 911 on Ron's behalf in the event of any seizure activity</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed food, receives complete physical assistance from staff to eat pureed food.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>cerebral palsy, scoliosis, constipation, GERD, Heital</u>	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:	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>Wears a brief and requires full assistance. Ron uses a cross-legged sling with in ceiling track system.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>high risk of falling, significant left leg with a pillow to support him, uses a specialized wheelchair with a tilt feature, pelvic belt, and foot straps</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>Retinitis Pigmentosa, Extrapical Blindness, Sound sensitivity.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Ron may communicate that he has become upset or overstimulated by biting his hand. Staff are trained to be observant of Ron's nonverbal communication.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>calm environments, informed what is happening around him verbally, feel warmth of sun on his skin</u>		
Important for: <u>drink adequate fluids, communicates to the best of his ability</u>		
Likes: <u>Paul Bunyan, light music, pudding, ice cream</u>		
Dislikes: <u>loud or chaotic environments, having his face wiped or cleaned, cartoons</u>		
Communication Style: <u>facial expression, and body language, Ron will state his target out if he's still thirsty</u>		
Learning Style: <u>Patience and repetition.</u>		

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Staff: Katrina Y



Service Recipient: Boo H

Date: 08-01-23

Service Span: July 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: pineapple, aminophylline, keflex, septrax, mecidol, terramycin	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: hx of seizure activity (2001); call 911	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Puree food; full assist, reg liquids	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: CP, scoliosis, Constipation, GERD, hiatal hernia	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:	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: brief; full assist w/cross leg sling on ceiling lift	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: high fall risk; limited trunk control, significant left lean - uses pillow to support	
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: retinis pigmentosa, strabismic blindness, sound sensitivity	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May bite hand when upset/overstimulated	

Unsupervised time while at PAI? No Yes

Important to:

calm environments, informed of whats happening, recliner

Important for:

drink adequate fluids, communicates

Likes:

calm environments, outdoors, pudding, Paul Bunyan

Dislikes:

loud environments, face wiped or cleaned; cartoons

Communication Style:

facial expressions, body language

Learning Style:

routine repetition

Staff: Maunita Sweeney
 Date: Aug 1 2023



Service Recipient: Bon H
 Service Span: July 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>Pinapple, septre</u> <u>Terramycin Aminophylline, keflex</u>	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: <u>HY SE activity 2001</u> <u>Staff trained to call 911. SE Report in 24 hours.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Dr. ordered Purreed, Regular liquids,</u> <u>Physical Assis Stab</u> <u>Small spoon, small cup, cloth placed under chin</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>CP, scoliosis, constipation, GERD</u> <u>Haited Hernia</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input 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*	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wears brief. Full Assis-</u> <u>Cross leg slin. In ceiling lift</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>High Risk, limited trunk control</u> <u>significant left leg - use pillow for support</u> <u>specialized w/c tild, pelvic belt, foot straps</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Retinitis, pigmentosa</u> <u>Exotropia, blindness, sound sensitivity.</u>	<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>May bite hand. Staff trained to be observant</u> <u>of Bon's nonverbal communication + Assess Stimuli</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>in environment - assist him to move.</u>	

Unsupervised time while at PAI? No Yes

Important to: Calm environments, recliner, sun on skin, be informed of what is happening.

Important for: drink adequate fluids
communicate to best of ability

Likes: outdoors, pudding music, ice cream
talking about Paul Bunyan, light music

Dislikes: Chaotic environments, having face wired,
Cartoons, crinkle sounds

Communication Style: Facial exp, body language, sticks
tongue out to indicate he is sticky thirsty.

Learning Style: Routine Repetition

Maunita Sweeney

Staff: Malina
 Date: 8-1-23



Service Recipient: Ron
 Service Span: July 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>Pineapple Aminophylline</u> <u>Ceflex, Meridolate, Septra and</u> <u>Terraprycin</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 a history of experiencing seizure activity</u> <u>has not experience a seizure since 2001.</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>physician order diet of puree food</u> <u>receives complete physical assistance from staff</u> <u>to eat.</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cerebral Palsy, Scoliosis</u> <u>Constipation, Eerd and Hantal</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:	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>Wears a brief and requires full</u> <u>assistance. uses cross leg sling and in ceiling</u> <u>lift system.</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Chronic medical conditions put him at</u> <u>a high risk of falling. Limited trunk control.</u> <u>Has a specialized wheelchair</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>Retinitis Pigmentosa, Exotropia</u> <u>blindness, sound sensitivity</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May communicate that he has</u> <u>become upset or overstimulated by biting his</u> <u>hand. staff are train to be observant.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>calm environment, to be informed of what</u> <u>going on around him. time to relax</u>		
Important for: <u>drink adequate fluids, communicate to his</u> <u>best of his ability.</u>		
Likes: <u>Calm environments, time outdoors, light music</u>		
Dislikes: <u>having face wipe or cream, crinkle sound</u> <u>Cartoons</u>		
Communication Style: <u>facial expression and body language will</u> <u>stick tongue out for communicate that he is thirsty</u>		
Learning Style: <u>routine and repetition</u>		

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Staff: Paris D
 Date: 8/1/23



Service Recipient: Ron H
 Service Span: 7/23-7/24

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>Pineapple, Keflex, Septra, Terramycin</u>	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: <u>Last seizure in 2001 (call 911)</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet with help of staff using small plate & spoon</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Cerebral palsy, Scoliosis, Constipation, GERD</u>	Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Wears brief with full assistance, uses cross legging</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Limited trunk control, has wheelchair with tilt and pelvic straps</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>Retinitis Pigmentosa, Exotropia, Blindness, Sound Sensitivity</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May bite hand when overstimulated</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Calm environment, outdoors, light music</u>		
Important for: <u>fluids, communication</u>		
Likes: <u>ice cream, paul bunyon</u>		
Dislikes: <u>loud environments, face wiped, cartoons</u>		
Communication Style: <u>social expressions, body language</u>		
Learning Style: <u>routine & repetition</u>		

[Signature]

Staff: Lisa Hartman

Date: 8-1-23



Service Recipient: Ron H.

Service Span: July 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>pine apple, Kiefler, Mervin, Septra, terramycin</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>WX-2001 call if seizure/report</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed food totalassid small plastic spoon, reg. liq. in small cup + reg. under dir</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>CP scoliosis constipation GERD</u> <u>hiatal Hernia</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: 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>brief + full assistance cross legged slings + in ceiling left</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limited trunk control left hand pillow pelvic belt + foot straps tilt feature on wll</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>retinitis pigmentosa, atropia blindness</u> <u>Sound sensitivities</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bites hand if overstim/ upset</u> <u>bring to quieter area if upset, verb. reassurance he is ok</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>calm env, inform w/ what is going on warm of sun on skin</u> <u>relax in bedtimes</u>		
Important for: <u>drink adeq. fluids, comm. to best of abilities</u>		
Likes: <u>calm env., puddings, light music ice cream, talk about pail</u> <u>bumper</u>		
Dislikes: <u>loud/chaotic env., crinkle sounds cartoons</u> <u>face wiped</u>		
Communication Style: <u>facial exp. / body lang.</u> <u>hang tongue out - more liquid</u> <small>comm. various pref.</small>		
Learning Style: <u>routine repetition</u>		

[Signature]

