



# In-Service Training Log – Oakdale

Date:

12/5/2023

Type of Meeting:

All-Staff

Training Time	Trainer Name	Content/Description
.5	Lisa Hartman	Nick K
.25	Danielle Mendez	Lesson plan review

Make up Date	Initial	Last Name
		Berglund, Sara
	CB	Beckom, Charlique
	Pd	Dyer, Paris
	TG	Gould, Trey
	LH	Hartman, Lisa
	MM	Moving, Maxine
	CN	Nietfeld, Chloe
	SW	Wilson, Shianne
	SU	Vang, Soua
	GX	Xiong, Gao

Make up Date	Initial	Last Name
	KY	Yang, Katrina

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

Make up Date	Initial	Other Attendees

AW Washington Antoneishon

Staff: Danielle Mendet  
 Date: 12-5-23



Service Recipient: NICK KESSLER  
 Service Span: NOV 2023 - NOV 2024

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Seasonal allergies, possible allergic reaction to latex	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Regular culture diet, plate size, eats independently, regular utensils, scoop plate, reminders to slow down	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Hypertension, autism	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None @ PAI, make appearance	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Prompt to go to restroom, PAI - UPS goes to full assist when cleaning up	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: arising from sitting to standing, able to walk on own, assistance with stairs, uneven terrain	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Wears glasses assistance from sitting to standing	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB - HS hitting finger, pulling hair when upset, HS of chewing at other ppl, hitting when upset	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> Socializing, having beads, Classical Music		
<b>Important for:</b> Reminders to slow down while eating, choices and making decisions		
<b>Likes:</b> Swimming, trampolines, music, 1:1 time, relaxing in recliner		
<b>Dislikes:</b> loud environments, being rushed, not being understood		
<b>Communication Style:</b> Vocalizations, facial expressions, body language, push items away when not interested.		
<b>Learning Style:</b> Repetition, routine, verbal/physical cues		

take items when he wants them

Staff: Sova Vang  
 Date: 12/05/23



Service Recipient: Nick  
 Service Span: NOV 23 / NOV 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal allergies, possible allergy to latex. Report to family.</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reg cal. bite sized diet. Can IND eat w/ small amounts at a time. Reg utensils, scoop plate cup w/ lid + straw. May need reminders to slow down.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Intellectual disability, hypotonia, autism, communicate concerns w/ family.</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>Takes <del>meds</del> meds w/ applesauce.</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*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompt to BR, uses pull up <del>briefs</del> briefs + needs full assist w/ wiping. BR 3x a day.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Has visual impairment. Can IND walk but may need help w/ stairs, uneven grounds, sitting to standing.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Glasses. offer arm/hand on uneven grounds.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB - HX biting fingers/pulling hair/frustrated when comm unication is not understood. Redirect. HX of physical aggression.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b>		
<u>Socializing, beads, classical music.</u>		
<b>Important for:</b>		
<u>slow down when eating, reminders for restroom, <sup>decision</sup> choices/making.</u>		
<b>Likes:</b>		
<u>Swimming, trampoline, music, 1:1 w/ preferred staff, music therapy.</u>		
<b>Dislikes:</b>		
<u>loud environment, being rushed, no time to process/make choices, <sup>self not</sup> understanding</u>		
<b>Communication Style:</b>		
<u>vocalizations, facial expressions, body language, <sup>may</sup> takes what he wants.</u>		
<b>Learning Style:</b>		
<u>Repetition, routine, verbal/physical cues.</u>		

Lead Review Completed: ux

Staff: Trey G



Service Recipient: N.R

Date: 12/15/23

Service Span: Nov 23 - Nov 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal, and possible latex</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>Not Applicable</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>regular calorie bite sized, Eats independent, small amounts at a time</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Int disability, Hypotonia, Autism,</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>if were to take meds take whole in apple sauce</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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Given prompt to go to restroom, uses pullup briefs, 3x cares</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to walk on his own, may need assistance with stairs</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears glasses, may receive assistance from staff when navigating transitional terrain</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB: Biting finger Physical aggression: charging at other people/hitting</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Socializing, beads, Music</u>		
Important for: <u>reminders to slow down eating, reminders to use restroom, choices</u>		
Likes: <u>1:1 time, music, Trampoline, recliner</u>		
Dislikes: <u>loud environment, rushed</u>		
Communication Style: <u>Vocalizations, facial expressions</u>		
Learning Style: <u>repetition, routine, verbal/physical cues</u>		

Lead Review Completed: WT

Staff: Chloe N  
 Date: 12/5/23



Service Recipient: Nick Ic  
 Service Span: Nov 23 - Nov 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal &amp; latex</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite sized food, eats independently, may need reminders to slow down</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Intellectual disability, hypotonia, autism</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A - whole in apple sauce</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*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompt to go to rest room, pull up brief, full assist</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>can walk but may need assistance due to visual impairment</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>wears glasses, when navigating transitional terrain needs assistance</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SLB pulling hair, biting finger physical aggression, charging, pushing when upset ↳ Redirect</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>socializing, having beads, classical music</u>		
<b>Important for:</b> <u>reminders for slowing down when eating, using the restroom</u>		
<b>Likes:</b> <u>trampoline, recliner, music therapy</u>		
<b>Dislikes:</b> <u>being rushed, not being understood</u>		
<b>Communication Style:</b> <u>vocalization, gestures, facial expressions</u>		
<b>Learning Style:</b> <u>rep &amp; routine, verbal cues</u>		

Lead Review Completed: Wk

Staff: Paris D  
 Date: 12/5/23



Service Recipient: Nick Kessler  
 Service Span: 11/23 - 11/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal, possibly latex (tape creates rash)</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Regular bite sized, Eat independently, encourage to swallow</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Intellectual disability, autism, hypotonia</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*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No current meds at Pai</u>	
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Nick is prompted to use restroom. Uses pull up brief</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>May need assistance while walking using stairs</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Nick wears glasses, May need staff assistance</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May bite finger, hitting or pushing away items or people</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Important to:**  
Socializing, beads, Classical music

**Important for:**  
Reminders to slow down or use restroom, making decisions

**Likes:**  
Trampoline, music therapy, relaxing in relaxing

**Dislikes:**  
Being rushed, loud environment

**Communication Style:**  
Vocalizations, facial expressions, body language

**Learning Style:**  
Repetition, routine, verbal and physical cues

Staff: Maxine  
 Date: Dec 5, 2023



Service Recipient: NICK  
 Service Span: NOV 23 - NOV 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal allergies possible to latex.</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>regular calories bite size diet. uses regular scoop plate and straw. Needs to be reminded to sip down.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism and communication @om micate to his family</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</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>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Given a prompt to go to the restroom.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Able to walk on his own. May need assistance to walk using the stairs.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Nick uses glasses. when navigating transition flooring or terrain</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>biting his fingers, pulling hair when upset, charging at other people when upset.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>socializing, having beads, listening to classical music.</u>		
<b>Important for:</b> <u>reminded to slow down when eating. reminded to use restrooms, having choices in making decisions</u>		
<b>Likes:</b> <u>swimming, music, one and one time with favorite staff, trampoline</u>		
<b>Dislikes:</b> <u>being grush, not understood by staff.</u>		
<b>Communication Style:</b> <u>vocalizations, facial expressions, body languages</u>		
<b>Learning Style:</b> <u>repetition, routine, verbal / physical cues</u>		

Staff: Katrina Y



Service Recipient: Nick K.

Date: 12.5.23

Service Span: Nov 2023 - 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal; possible latex</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>bite-size diet; ind when food set up; small amounts at a time; reminders to slow down</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ID; hypotonia; autism</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>whole w/ apple sauce</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*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompt to use restroom 3x a day; pull up brief</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>may need assist w/ stairs or uneven terrain</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Wears glasses; may assist w/ arm or hand</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB- biting fingers, pulling hair; may charge at staff or dash items w/ frustration or when upset; redirect</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>socializing, having beads, classical music</u>		
<b>Important for:</b> <u>reminders to slow eating, bathroom prompts, choices</u>		
<b>Likes:</b> <u>Swimming, bouncing on trampoline, 1:1 time w/ pref staff</u>		
<b>Dislikes:</b> <u>loud environment, not enough time for choices</u>		
<b>Communication Style:</b> <u>body language, vocalizations</u>		
<b>Learning Style:</b> <u>routine / repetition; verbal prompts</u>		

Lead Review Completed: UX

Staff: Lisa Hartman  
 Date: 12/5/23



Service Recipient: Nick Kessler  
 Service Span: November 23-24

<p>Is this person able to self-manage according to the IAPP, SMA &amp; Support Plan Addendum – check yes or no below</p>		
<p><b>Allergies:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:          Seasonal allergies, possibly allergic to latex (tape created rash)          Concerns reported to family.</p>	<p>Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *Listed on MAR, only administer meds per dr. order*</p>
<p><b>Seizures:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:          Not applicable.</p>	
<p><b>Choking/          Specialized Diet:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Regular calorie bite sized diet. Eats independently when food is set up (small amounts at a time). Uses regular utensils, a scoop plate, and cup with a lid and a straw. May need reminders to slow down.</p>	
<p><b>Chronic Medical          Conditions:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:          Intellectual disability, hypotonia, autism          Concerns will be communicated to his family.</p>	<p>DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *Located in main file, share with EMT in emergency*</p>
<p><b>Medication:</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports:          Nick does not take medication at PAI. If Nick were to take medication at PAI, he can take it whole in applesauce.</p>	<p>Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *A trained staff will administer meds per a signed dr. order*</p>
<p><b>Personal Cares:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Nick is given a prompt to go to the restroom. He uses a pull-up brief and is full assist when cleaning up. He goes to the restroom 3x while at program.</p>	
<p><b>Mobility/Fall Risk:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:          Nick is able to walk on his own but may need assistance while using stairs, uneven terrain, or while going from sitting to standing due to his visual impairment.</p>	
<p><b>Community Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports:</p>	<p><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>
<p><b>Sensory Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List &amp; Describe Supports:          Nick wears glasses. When navigating transitional flooring or terrain he receives assistance from staff's arm or hand.</p>	
<p><b>Behavior Support:</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List &amp; Describe Supports:          SIB: Hx of biting his finger, pulling hair when he is upset, frustrated or his communication is not understood          Physical aggression: Hx of charging at other people, hitting, pushing away items/people          These behaviors may occur when he is upset, frustrated or his communication is not understood. Nick is responsive to redirection.</p>	
<p><b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p><b>Important to:</b> Socializing, having beads, listening to classical music.</p>		
<p><b>Important for:</b> Reminders to slow down when eating, reminders to use the restroom, having choices and making decisions.</p>		
<p><b>Likes:</b> Swimming bouncing on the trampoline, music, 1;1 time with preferred staff, music therapy relaxing in a recliner.</p>		
<p><b>Dislikes:</b> Loud environments, being rushed, not having time to process and make choices, not being understood by staff.</p>		
<p><b>Communication Style:</b> Vocalizations, facial expressions, body language/gestures, will push away items when not interested and take items he wants.</p>		
<p><b>Learning Style:</b> Repetition, routine, verbal/physical cues</p>		

Lead Review Completed: MS

Staff: Shianne W  
 Date: 12/5/23



Service Recipient: Nick .16  
 Service Span: 11/23 - 11/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Seasonal allergies, possibly allergic to latex (tape, created rash) concerns report to family</u>	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>N/A</u>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>veg calorie bite sized diet, eat independently. Uses veg Utensils, a scoop Plate and Cup with a lid and Straw.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>intellectual disability, hypotonia, autism,</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>nick does not take meds at PAI if he does take meds it is taken <del>with</del> with apple sauce per a signed dr. order*</u>	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>nick is given a prompt to go to bath room, he uses pull up brief and is full assist when cleaning up. he goes to the restroom 3x a day.</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>nick is able to walk on his own, may need assistance with stairs, uneven terrain, or while going from sitting to standing.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:	<input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>nick wears glasses. When navigating transitional flooring or terrain he receives assistance from staff.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hx of biting his finger, pulling hair when upset, frustrated or his communication is not understood, charging at other people, hitting, pushing away items/people.</u>	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> <u>Socializing, Navily heads, listening to classical music.</u>		
<b>Important for:</b> <u>reminders to slow down when eating, reminders to use the bathroom, having choices and making decisions.</u>		
<b>Likes:</b> <u>Swimming, bouncing on trampoline, 1:1 time with preferred staff, music heavily, relaxing in recliner.</u>		
<b>Dislikes:</b> <u>loud environments, being rushed, not having time to process and make choices, not being understood by staff.</u>		
<b>Communication Style:</b> <u>vocalizations, facial expressions, body language/gestures, with push away items he does not want, take what he does want.</u>		
<b>Learning Style:</b> <u>repetition, routine, verbal/physical cues.</u>		

Lead Review Completed: UK

Staff: Antonea  
 Date: 12/15/23



Service Recipient: NK  
 Service Span: 11/23-11/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Nick is given a pass to go to the restroom 3x while at program	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <sup>not</sup> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <del>can walk on his own but may need assist while using stairs</del>	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Regular calorie bite sized diet, eats independently when food is set up small amounts at a time, use neg utensil may need reminder to slow down	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: intellectual disability, hypotonia, autism concerns will be communicated to his family	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no meds at PAI if he was to begin take whole applesauce	Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nick is prot to get to BR. He use pull up briefs and is full assist when cleaning up. He goes to BR 3x while at PAI	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: walk on his own may need help on stairs uneven terrain, or while going from sitting to standing due to his <del>low</del> visual impairment	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Nick wear glasses, when navigating transitional flooring or terrain he receives asst. from staffs arm or hand	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: SIB Hx of biting his fingers, pulling hair when upset frustration or his communication is not understood Hx of changing at others time behavior: may occur when the upset	
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Important to:</b> socializing, having beads, music		
<b>Important for:</b> Reminder to slow down when eating, reminder use BR		
<b>Likes:</b> swimming bouncing on trampoline, music 1:1 Relat in <sup>time w/ staff</sup> <sub>recorder</sub>		
<b>Dislikes:</b> loud environments, being rushed, not having time to process <sup>not being understood by staff</sup>		
<b>Communication Style:</b> vocalizations, facial expressions, body language/gestures		
<b>Learning Style:</b> Repetition, Routine, Verbal/Physical cues		

Lead Review Completed: JK

Staff: Bao X King  
 Date: 01/02/23



Service Recipient: Mick K  
 Service Span: Nov 23 - Nov 24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>seasonal, possibly latex.</u>	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:	
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Reg cal. bite sized diet. Eats independent, small amounts at a time.</u>	
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Intellectual Disability, hypotonia, Autism</u>	DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(N/A)</u>	Describe Supports: <u>meds with applesauce</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*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>prompt to B2, uses pull-ups, 3x cares</u>	
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>able to walk on his own, may need assistance with stairs, uneven grounds, sitting to standing.</u>	
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs	
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>glasses, offer arm/hand on uneven grounds.</u>	
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>SIB for biting fingers/pulling hair/frustrated when communication is not understood. physical aggression - Redneck</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>socialize, beads, music.</u>		
Important for: <u>Reminders to slow down when eating, restroom, choices/clean up making</u>		
Likes: <u>! :), swimming, preferred staff, trampoline, music therapy</u>		
Dislikes: <u>loud environment, being rushed, no time to process / make choices.</u>		
Communication Style: <u>vocalizations, facial expressions, body language.</u>		
Learning Style: <u>repetition, auditory verbal/physical cues.</u>		

Staff: Ashleigh Shirley  
Date: 12/9/2022



Service Recipient: Nick Kessler  
Service Span: November 2022-20223

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small> Hay fever/seasonal allergies, possibly allergic to latex (tape created rash)
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<b>Describe Supports:</b> No seizures
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> verbal reminders to slow down, eat independently. and bite sized foods
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Intellectual Disability, Hypotonia, Autism(ASD)  <b>DNR/DNI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Med's w/applesauce <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Prompt to go the bathroom, utilizes briefs, and full assistance when cleaning up, offer restroom at least 3 times daily.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> Able to walk on own, accepts a hand and/or arm for support while on stairs or uneven/icy terrain, may sit on the ground while walking regardless of conditions
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe Supports:</b> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>List &amp; Describe Supports:</b> Wears glasses, accepts support in straightening them and cleaning them as needed
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>List &amp; Describe Supports:</b> S.I.B. Biting Finger, Pulling Hair when upset. History of charging staff or trying to hit others when trying to communicate his upset. Can be redirected using beads or jumping around.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> Socialize, have time to transition, and spend time in the recliner, his beads	
<b>Important for:</b> Use the restroom multiple times a day, drink fluids with his lunch, and maintain a regular calorie diet.	
<b>Likes:</b> Playing musical instruments, listening to soothing music, and spending quality time with familiar staff.	
<b>Dislikes:</b> Being rushed, getting off the bus in the morning, and people inside his personal space	
<b>Communication Style:</b> Facial expressions, vocalizations, body language/gestures, and push away items when he is disinterested in them or take items that he wants.	
<b>Learning Style:</b> repetition, routine, and verbal and physical cues.	