PAI

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Felicia Schwartz **Date of hire:** 2/5/2024

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.**

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Support Plan*.

Initials of person(s) served: MZ, MY, NY, NX, HX, GW, RW, JW, AW, HV, JT, KS, JS, AS, AS, CS, BS, PS, CS, NS, LS, LS, WS, MS, AS, BR, AR, AQ, SP, DP, JP, HH, MO, DM, HN, ND, LD, TD, RD, LD, AB, SB, SB, BB, MB, MB, AC, HB, NA, AB, BD, HD, JE, JD, PD, TF, AF, EF, SF, JF, MG, BG, AG, SG, DG, DG, HH, CH, AH, JG, DH, KH, CH, MH, HJ, ZJ, SI, JH, KL, JK, SJ, MJ, TK, DL, ML, TL, EM, KL, DL, TL, JS, RM, AQ, AV, AS 95

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the *Support Plan or Support Plan Addendum*	N/A	N/A	N/A	N/A

PAI

Support Plan, Support Plan Addendum, and *Self-Management Assessment* to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	2/19/2024	Competency Quizzes	47.5 hours	Cortney Kelly, Senior Program Director
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	2/19/2024	Competency Quizzes	23.75 hours	Cortney Kelly, Senior Program Director
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	Not yet complete.			
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	N/A	N/A	N/A	N/A
Other topics as determined necessary according to the person's-*Support Plan* or identified by the company: Topic: Topic:				

Staff ~~signature~~

4/3/24
Date

*I understand the information I received and my responsibilities for their implmentation in the care of persons served by this program.

Staff: F Schwartz

Date: 2/12/24

Service Recipient: Jh'aune Durham

Service Span: 10/23 - 9/24

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: ~~Has cerebral Palsy~~ follow basic seizure protocol and first aid.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized pieces. may need assistance with making sure food is cut up. Offer sippy cup with lid and ~~straw~~ Straw.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Celebral Palsy. Staff will assist with steering her wheelchair. Offer assist to keep clear of obstacles. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: making sure she uses grab bars and standing next to her ~~dur~~ during the transfer to assist her to pivot to the toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Make Sure Chest Strap and seatbelt are on. Has cerebral palsy Cant Stand.
Community Support: ☒ No ☐ Yes	Describe Supports: Needs reminders about pedestrain and Stranger Safety. ~~Staff~~ will always be with Jh'aune in the community. ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Art projects, playing games, hanging out with family, friends, managing own finances, being proud of herself, being outside in winter months. finding service dog.	
Important for: access to work and leisure activities, having appropriate supports in those activites, Stretching, Staying positive	
Likes: Socializing, Art, R & B music, Chicken, burgers. pasta, being a greeter, organizing Shopping, watching movies on Disney Plus.	
Dislikes: Beets, brussel sprouts, being bored, doing dirty job, staying home, rude people, being yelled at, when she feels she isn't being Listened to.	
Communication Style: Verbally	
Learning Style: ~~verbal~~ Verbal and demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 4/12/24

Service Recipient: Janna Eliason

Service Span: 12/23 – 11/24

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: N/A 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: Regular diet, Constipation issues, may not eat due to stomach feeling full & bowel, eats 5-6 smaller meals. Staff will remind her to slow down when eating, Staff will cut Jannas food. She doesn't use Knives.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild scoliosis, consistant consipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: At times she may request help after a bowel movement to keep clean herself.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Janna while in the community. Staff will help advocate on her behalf to ensure she's not taken advantage of. ☐ 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: Wears glasses. Staff will offer assistance cleaning them if needed.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Though not a typical behavior for Janna, she may yell at peers or other staff. Staff will redirect Janna to a quiet space to take a break.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, outings, friends being active, checklists, structure.	
Important for: constipation under control, eating healthy, having her own apartment, independence, PAI, Camp, faith.	
Likes: movies, going out to eat, being with family, vacations, State fair, aquariums, 2005, MOA, Prom/Formal dresses. Dances Prom.	
Dislikes: Being bored, no structure, too much free time, mean/bossy people, tomatoes.	
Communication Style: verbally	
Learning Style: 2 step directions	

Lead Review Completed:

Staff: F Schwartz

Date: 2-12-24

PAI

Service Recipient: Trudy Fast

Service Span: 10/23 - 9/24

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: N/A 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:
Chronic Medical Conditions: microvasc prolapse ☒ No ☐ Yes ☐ N/A	List & Describe Supports: In event of medical emergency, which may result in surgery, staff will ~~give residence~~ call 911, and give EMS her history. DNR/DNI? ☒ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ~~☒~~ No ☒ Yes	Describe Supports: No medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: independent
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Trudy ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs onsite and in the community. If trudy becomes upset, staff will try to give her a few mins to process alone
Sensory Support: ☒ No ☐ Yes ☐ N/A Glasses, hearing aids	List & Describe Supports: If glasses are dirty, staff will offer assistance with cleaning them. If staff notice hearing aids are not working, staff will notify residence.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: independent
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Her family, her dolls, Socializing with others, working at PAI	
Important for: having continued opportunities to do the activities to do activities/hobbies she loves and continuing to stay active.	
Likes: her dolls - shopping for them, making and painting them, showing them off to others, having parties with them. Coloring, ~~that~~ thrift shopping, listening to music	
Dislikes: Salad dressing being ~~not~~ rushed, reminded of sad things from the past, being told what to do by peers	
Communication Style: Verbally	
Learning Style: Verbal / demonstration	

Lead Review Completed:

Staff: F Schwartz

Date: 2-12-24

PAI

Service Recipient: Abenezer Fida

Service Span: 7/23-6/24

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: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Tonic Seizures. Bring Protocol and ~~meds~~ Seizure meds on outing. ① Seizure lasts longer than 5minutes, give diazepam 5mg by mouth. ② may repeat 5mg after 30 minutes ③ max 10mg in 24 hours. If seizures continue after 2nd dose go to ER. ~~Call~~
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: may take bigger bites. Assist with cutting smaller as needed.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seizures. follow seizure protocol and inform residence if he's not feeling well. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Has PRN seizure med at PAI. Daily medication at PAI? ☒ No ☐ Yes Does not take daily meds at PAI *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Can use Bathroom independently, however, may experience dizzy spells and may need assistance being escorted to the bathroom for his safety.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff prompt Abenezer to slow down when walking and give him extra time to transition. Offer arm if he's dizzy. Provide wheelchair if long distances.
Community Support: ☒ No ☐ Yes	Describe Supports: may experience dizzy spells ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff are with ~~him~~ him at all times in the community
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: When upset, he may engage in cutting / running away) Yelling, Staff will encourage him to use his coping skills. and will provide a quiet environment as needed.
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Spending time with friends, being with family on weekends, having consistancy in his schedule.	
Important for: Learning and using coping skills. Learning things to help gain dependence Working out to stay healthy. being included.	
Likes: Listening to music, movies, working	
Dislikes: Being dizzy. feeling sick, being uncomfortable.	
Communication Style: verbally	
Learning Style: verbally / demonstration	

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/23

Service Recipient: Elissa Fisher

Service Span: 2/24 - 1/25

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: Seasonal allergies. Sensitive to dairy. Staff will notify residence of any sinus symptoms that exist. 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: May forget to eat slow, may carry food around to finish it. On 1200-1300 Cal. diet sensitive to dairy. Restricted diet. 1 caffinate beverage / day.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Year round allergies and constant red nose. Staff will monitor for allergy symptoms and notify residence if their are systems. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will alert Elissa of slippery surfaces and will offer an arm if required.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Elissa while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wears glasses. Staff will offer help with cleaning them if needed.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff will ask Elissa to follow them to another area to talk and problem solve if she's verbally / physically aggressive
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Caring to her friends, Staff at PAI, mom, Stepdad, dogs, Shopping, going out to eat, working	
Important for: Staying active in the community and following healthy diet	
Likes: Rock / roll, Elvis, Prince, Selena, Michael Jackson, going Shopping, out to eat, Sleeping, going out to eat, working.	
Dislikes: being cold, when peers boss her around or give her directions. Spicy and greasy foods, new people at work, When people yell and scream.	
Communication Style: Verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/24

Service Recipient: Sameera Flomer

Service Span: 2/24 - 1/31/25

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: N/A 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: Avoids pork and gelitan. Staff will inform her if something contains pork or ~~gluten~~ gelitan while out in the community.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Fragilex Syndrome. Give time to process any changes with routines. Redirect & support when she's experiencing anxiety or obsessing. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No medication is given at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: When Sameera becomes excited she may walk fast and not take proper cautions on uneven or slippery terrian. Staff will remind Sameera to slow down and watch where she's going.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Sameera while in the community. Staff will help Sameera make purchases ☐ 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: When Sameera is feeling high anxiety or had her feelings hurt she may yell and make rude comments. Staff will redirect her to a quiet space to speak one on one to determine what's wrong.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Having time to relax, having important friendships, having opportunity to work and get paycheck, visiting her parents, being in the community, having time to relax.	
Important for: Consistant supports, Continuing to work on Social Skills, opportunities to work.	
Likes: Working on cards, relaxing in her room, playing on her computer, music, friends at PAI, family, working on trains, Coloring pages and pictures.	
Dislikes: Bad weather, Changes to her schedule without being notified, some peers at PAI, some classes at PAI, Closed in spaces, When someone says the birthday word.	
Communication Style: Verbally	
Learning Style: Verbally | demonstration	

Lead Review Completed:

Staff: FSchwartz
Date: 2/12/2025

PAI

Service Recipient: Jericho Frost
Service Span: 1/24 - 12/24

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: Seasoning allergies and Mold. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: No protocol. ~~Staff~~ will follow PAI protocol and call 911.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Sensitive to sugar - ensure he's not eating independent too much.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will be with Jericho at all times while in the community. Staff carry identification ~~for~~ to give to ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs emergency personell as needed.
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Jericho may scratch at his head when he's anxious and overwhelmed. Redirect when this happens and assist with finding a new one.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Receiving affirmations when he's doing a good job, having opportunities to do activities. Staying busy	
Important for: Support from Staff to stay safe and incorporate into his community. Volunteering	
Likes: Shopping, watch disney movies, vacations, hanging out with his BF,	
Dislikes: Loud noises, rude people, when people are arguing or fighting, other invading his space and time.	
Communication Style: verbally	
Learning Style: Verbal / demonstration	

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/25

Service Recipient: Michael Garaghty

Service Span: 2/24 - 1/31/25

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: N/A 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: ~~Indepu~~ N/A
Chronic Medical Conditions: Substance abuse. ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will monitor signs of low blood Pressure and notify nursing staff as needed. Staff will monitor for any symptoms of his kidney disease. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: History of unsteady gait, use 4 wheel walker. Monitor while he's walking and assist as needed.
Community Support: ☐ No ☒ Yes	Describe Supports: Michael will stay with PAI staff at all times. ☐ 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: Wears glasses
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: Independent
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: maintaining his sobriety, Setting / keeping boundaries, maintaining relationships, independence, losing weight	
Important for: Maintaining sobriety, maintaining independence,	
Likes: Wii games, golfing, DVD movies, action movies, talking about movies	
Dislikes: an inconsistant Schedule	
Communication Style: Verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: E Schwartz

Date: 2/12/24

PAI

Service Recipient: Brittany Geisenhof

Service Span: 6/23 ~~4/23~~ -5/24

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: N/A 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: independent
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Brittany doesn't take meds at ~~DAI~~ Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: ~~Staff~~ are with Brittany when she's in the community. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: going out to eat, swimming, facetiming with family

Important for: Staying safe & healthy.

Likes: doing out to eat, go to the mall, facetiming friends / family, Country music

Dislikes: Vegetables, extreme temps, baking soap, holding multiple items in her hands, being told what to do, unfriendly people, people who yell

Communication Style: verbally

Learning Style: verbally / demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/24

PAI

Service Recipient: Daniel Eisenhof

Service Span: 9/23 - 8/24

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: N/A 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: independent
Chronic Medical Conditions: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Asthma. Carries an inhalor and uses it appropriately. Staff will call 911 if his inhalor doesn't help. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications while at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Not able to navigate independently. ☒ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Staying active by Shooting hoops, Swimming, Spending time in the Community, events, trying new things, his significant other.

Important for: Opportunities to work/take classes, given time/space with someone to talk to, time to process information

Likes: Watching TV, attending Church, Making money So he can spend it. Video games, facetiming, movies

Dislikes: most vegatables, being argued with, others trying to irritating get a reaction out of them.

Communication Style: Verbally

Learning Style: verbally/ demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/24

PAI

Service Recipient: Dylan Golaski

Service Span: 1/24 - 12/24

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 dust, mold, weeds, trees, medication allergy to basic	List & Describe Supports: Can use PRN inhaler if he becomes short of breath while in contact with these allergins, 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: pockets food. Staff will give reminders to eat his food and chew it.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: kidney disease, Asthma, High blood ~~sugar~~ pressure, Paralized vocal cord, Allergic Rhinitis. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Has PRN inhalor onsite to use if it's for shortness of breath. follow PAI protocol if breathing is not better. and call mom and 911. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: independent
Community Support: ☒ No ☐ Yes	Describe Supports: Needs supervision while out in the community Staff are with Dylan at all times. ☒ 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: Wears glasses and may ask for help cleaning them.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: working with his hands, video games, mom, brother, family, trains, legos., working

Important for: Safety, tasking responsibilities, health, family, being heard, having support

Likes: Art, working and putting together models, working with his hands. music, banjo, trains, video games, Disney, writing short stories

Dislikes: fall through on set activities, heights, Snakes, white milk, cold winters german potatoes

Communication Style: verbally

Learning Style: verbally / demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/12/24

PAI

Service Recipient: Sara Grann
Service Span: 8/23 - 7/24

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: N/A 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: independent
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hypotonic Cerebal Palsy. & Hypothyroidism Staff will report concerns to Sara's Guardian and residence DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Sara doesn't take medications will at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: independent
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Sara at all times while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: wears glasses. Staff will assist with cleaning as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Get job in community, independence, support, staying healthy, healthy food good friend, doing right thing, Coffee, going out to eat, encouragement.

Important for: people to support/motivate her, being healthy & making healthy choices limited caffine intake, consistant supports to talk to, providing her with choices and good decisions.

Likes: Coffee, playing games, $1 tree, 5 Below, talking on the phone, music, arts & crafts.

Dislikes: mushroom, spicy food, taking out the garbage.

Communication Style: Verbally

Learning Style: Verbal, demonstration

Lead Review Completed:

Staff: FSchmartz

Date: 2/12/24

PAI

Service Recipient: Alvaro Gutierrez

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has epilesy and seizure disorder. Takes meds at home for this. Staff will call 911 if he has a seizure at PAI.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Alvaro is independent with his food. He is capable of cutting his own food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Developemental disability epilespy. communicating / understanding is impacted by the fact that english is not 1st language DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will administer it when he takes med's at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has cataracts and so it might make it difficult for him to see obstacles or hazards. Receptive to assistance from Staff.
Community Support: ☒ No ☐ Yes	Describe Supports: Needs staff with him in the community due to non-understanding of street signs and safety ☐ 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: Wears glasses. Has bilateral Cataracts. He can not see without glasses.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: Occasionally needs reminders about others space.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	living w/ his family, going to work, having a job, People to chat and Laugh with.
Important for:	Having opportunities to work to engage in his community, having Staff support with Communication, Staying healthy & happy.
Likes:	music, dancing, ~~pizza~~ mexican food, working
Dislikes:	Said he doesn't have dislikes but might be frustrated and anxious when starting a new job.
Communication Style:	Verbal Some english. Spainsh 1st Language
Learning Style:	Verbal and demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/12/24

PAI

Service Recipient: Jason Gysbers
Service Span: 10/23 - 9/24

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: Keppra. Does not take meds at PAI. Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: No seizure since 2021. Seizure protocol. Call 911 if he has a seizure and give first aid. Staff will notify residence and guardian if ~~he~~ he has ~~had~~ seizures.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: may eat too quickly. Staff will offers prompts to slow down. On 1900 cal diet. Staff will encourage him to make healthy choices while in the community
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: History of blood clot. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications at PAI. Has blood clot protocol. If Jason or staff notice symptoms of blood clots, 911 will be called. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Jason at all times in the community. Staff carry Jason's blood clot protocol with on outings. ☑ 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: eyeglasses, doesn't wear them. Has hearing aids - doesn't wear them. Staff encourage Jason to wear the glasses and hearing aids while at PAI.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Jason can become verbally/physically agressive when he's upset. Staff will position themselves between Jason and the person ~~he~~ he is agressive with. verbally direct him to another area.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: video games, making paycheck, talking to friends.	
Important for: healthy diet, opportunities to work.	
Likes: Playing video games, Shopping, movies, making money, metal and rap music	
Dislikes: Being ordered around, following his diet, people who yell, and are mean, taking some classes.	
Communication Style: verbally	
Learning Style: Verbally | demonstration	

Lead Review Completed:

Staff: FSchwartz
Date: 2/12/24

PAI

Service Recipient: Alex Han
Service Span: 5/23 - 4/30/24

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: N/A 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: Needs reminders to slow down while eating food Reminders needed to limit food or she will keep eating until she is sick.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Currently doesn't take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs assistance after having BM.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: PAI staff are always with alex in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Talking to mom, PAI, independence, working and friends

Important for: family, food, health and talking on the phone Speaking with family

Likes: Talking & calling people on the phone, Cartoons, food, socializing, games, mom, ice cream

Dislikes: Exercising, Cleaning.

Communication Style: Verbally

Learning Style: Verbally/ demonstration

Lead Review Completed:

Staff: FS Chwartz

Date: 2/12/24

Service Recipient: Cody Hansen

Service Span: 8/23 – 7/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Cody does not take medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Cody has a history of eloping ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff are with him at all times. If he become frustrated while in the community they will offer 5 minute break.
Sensory Support: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Wears glasses.. May need reminders from staff to clean his glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may pick/rub his fingers/hands if he doesnt have a fidget to keep his hands busy.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Cats, working with his hands, Legos, video games., finding a girl friend.	
Important for: Appropriate communication/interactions with others, building skills to work with a team rather than alone.	
Likes: Legos, cars, outdoors, plants, plant identification	
Dislikes: Others being repitive, Others not doing their job.	
Communication Style: verbally	
Learning Style: verbally/demonstration	

Lead Review Completed:

Staff: F Schwartz
Date: 2/12/24

PAI

Service Recipient: Heather Harmon
Service Span: 2/23 - 1/31/24

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: may eat to quickly or chew thoroughly Staff will encourage to slow down and cut ~~her~~ his food into bite Sized pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, GERD, mood disorder, Enchelopy, and constipation. offer assistance if ~~she~~ he having issues with fine motor skills. Staff will notify her parents. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Has PRN Hydrozine 50mg that ~~she~~ he can take for extreme anxiety. Staff will follow the PRN Protocol. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: ~~independent~~ independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be with Hannah in the community He can be alone for 5-10 minutes while outside vaping. ☒ 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: Wears glasses independently. Staff will verbally encourage Hannah to stop picking
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may pick her skin, scabs, or sores on her fingers,
Unsupervised time while at PAI? ☐ No ☒ Yes - while outside vaping only.	
Important to: Having friends, bike, vacations, independence, work & money, Shopping, dancing, hanging out with her sister caring for others, her goldfish, Snails, dogs	
Important for: No ~~extra~~ internet access. Safe transportation, support from family, not overeating, wearing glasses, being aware her fear of storms, routine, coping skills given step by step directions.	
Likes: Bright colors, Shiny things, riding her bike, Spending time with friends, talking with ~~pe~~ friends, working, cooking, shopping, painting.	
Dislikes: Storms, seafood, winter weather, being told what to do, roller coasters Cats, Halloween, fireworks, loud noises, bullying	
Communication Style: verbally	
Learning Style: Verbally/ demonstration/ step by step instructions	

Lead Review Completed:

Staff: F Schwartz
Date: 2/14/24

Service Recipient: Molly Harnett
Service Span: 7/23 - 6/24

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: N/A 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: Bite sized pieces. Staff will ensure all food is in bite sized pieces.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will check with Molly to see if she needs assistance when she has her period, staff will assist with changing her pad.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will offer help on slippery or uneven terrian. Staff will remind Molly to use her walker on long walks and when she leaves the program room.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Molly in the community. ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Offer a quiet place if she is upset or frustrated. If she hits herself or others redirect and ask her to stop.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family & living with them, having fun activities to do. Staying busy.

Important for: Continued opportunities to work and new activities in the community

Likes: classes at PAI, cooking/cleaning, board games, shopping, watching TV.

Dislikes: Some vegatables, people who are loud, hard questions, being stressed

Communication Style: verbally

Learning Style: verbally | demonstrated

Lead Review Completed:

Staff: FSchwarz

Date: 2/14/24

PAI

Service Recipient: Craig Hartmann

Service Span: 2/23 - 8/24

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: Aspirin, Zaro tin/ Depakote Perfumes/dyes in soap. No meds at PAI. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Call 911 if seizure lasts longer than 3mins or difficulty breathing.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Low Cholestrol diet. Staff will encourage healthy choices while in the community.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Pre diabetes, Chronic bowel obstruct Staff will encourage healthy options while at PAI and in the community DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No meds at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will walk with Craig and visually supervise that he walks safely back and forth to the bathroom to his program Class
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sometimes he will feel dizzy before falling. He does have a PRN. Must call house to see if he's had it that morning before going.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with him in the community at all times ☒ 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 will offer quiet space if he's overwhelmed with the loud environment
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Overwhelmed. May Scratch, bite, or hit himself ~~if he gets~~ when Staff will offer ~~1:1~~ 1:1 and quiet area.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: receive affirmations when doing a good job, opportunities that make him feel he's making an impact. bowling, napping, visiting with family. eagles Spending time with Lisa.	
Important for: healthy diet, support with Staying safe, opportunities to work.	
Likes: Country and Top 40, volunteering, helping others, helping animals, watching the news, bowling, napping, visiting family.	
Dislikes: eating junkfood, napping, ~~visiting fami~~ cleaning icky messes.	
Communication Style: Verbal	
Learning Style: verbally/ demonstration	

Lead Review Completed:

Staff: FSchwartz
Date: 2/14/24

PAI

Service Recipient: Karen Haw
Service Span: 1/24 - 1/25

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: N/A 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:
Chronic Medical Conditions: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Hyperkpderma, Hypothyroidism, Achalasia, Sleep apnea, MDD, Asthma, High BP. follows FODmaps diet due to being diagnosed w/ Achalasia. Her body can not relieve gas. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Vision imparment. Staff will inform her of slippery/uneven terrian.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will ensure she follows her FODMAPS diet while on food related outings ☒ 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: Wears glasses and can independenty clean them.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of pushing others, calling others names, yelling at others, telling others what to do. Staff will remind Karen to take a break in quiet space to calm down. redirect her by talking through emotions
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Socialization, feeling needed, Sense of purpose, Sister, family	
Important for: Coloring, outings, staying active, activities, biking, Country music, family & friends.	
Likes: Drinking coffee, Lifetime channel, Malls, traveling vacations, Coloring 2x0, $ Store, Diary Queen, going out to eat, Arts & Crafts, Cooking	
Dislikes: long walks, fish, disrespectful people, Scary movies, mosquitos, Others telling her what to do. moving somewhere.	
Communication Style: Verbal	
Learning Style: Verbal / demonstration	

Lead Review Completed:

Staff: FSchwarm

Date: 2/14/24

Service Recipient: Deborah Hawsey

Service Span: 10/23 - 9/24

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: mold. Staff will watch for signs and symptoms of an allergic reaction. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has petit mal seizure and manages them with meds at home. Staff will ~~don~~ follow PAI's seizure protocol and call 911.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: ~~Cerebal Palsy~~.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sunlight sensitivity. Legally blind, Cerebral Palsy. Staff will provide sunscreen, and encourage her to wear a hat while outside. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: indendent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses walker for mobility, wears AFO's. Staff will verbally point out uneven ~~terrian~~ terrain or obstacles. Uses gaitbelt.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are onsite and in the community with Deb. Staff will point out obstacles and offer an arm when needed. ☐ 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: Legally blind, uses glasses. Staff will encourage her to wear her glasses and staff will assist with cleaning as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: independent
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: being independent, making decisions for herself, family, music	
Important for: having the physical supports she needs and maintain her health.	
Likes: using her tablet, working, arts & crafts, bowling, visiting family, exploring community	
Dislikes: individuals who gossip or are loud. Sitting too long, being told where to sit on the bus.	
Communication Style: Verbal	
Learning Style: verbally / demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Josie ~~Heran~~ Hernandez

Service Span: 12/23 - 11/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Josie carries clonazepam on her for anxiety and panic attacks Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: requires prompts to follow pedestrain safety. ☒ 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: Crowds, loud noises, alarms may cause anxiety Staff will check in with Josie if it's loud. Staff will offer quiet space if needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: Independent

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, Staying busy, Social events and Scheduled attneys.

Important for: mental health support & Josie's Support Team

Likes: Library, using zoom, Highland Friendship Club, art classes, bingo, Spending time with family, Crafts, Pinterest, nature and walking trails.

Dislikes: unclear expectations, loud noises, crowds, feeling like others are upset with her.

Communication Style: verbally

Learning Style: Verbally | demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/14/24

Service Recipient: Sophia Indenar
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

Allergies: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: N/A 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: Difficulty swallowing. Staff are in the room when she is eating.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will monitor for health changes and notify guardian. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: In need of reminders for pedestrain and Stranger Safety ☒ 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: Sensitive to fabrics and loud noises. Staff will offer breaks if it's too loud
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: travel/vacations, food/beverages, Cell phone, books, activities in the Community

Important for: Provided with Services and Supports that meet her needs

Likes: Coloring, Crafts, Playing with toys, listening to music

Dislikes: Distractions, loud/busy environments.

Communication Style: verbally

Learning Style: Verbal/demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/14/24

Service Recipient: Zakarie Jennings

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Certain painkillers, Morphine 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: food cut into bite sized pieces, Staff will cut food from outing or cooking class.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, muscle tension, Spinal curve. Staff will reposition Zak if he's experiencing muscle tightness. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Zak requires 2 person stand and pivot
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses electric wc and manual ~~wheelchair~~ wc. Staff will assist with manual chair. Use 2 person ~~assist~~ stand and pivot if bathroom is needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will be with ~~Zak~~ at all times. ☒ 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: Wears eyeglasses. Staff will offer to clean them as needed. Staff will contact guardian if they notice vision changes.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: living with family, my health, baseball, friends who I can hang out with

Important for: wants/needs being heard, patience, being asked to participate.

Likes: Biking, Sports, swimming, horse back riding, Spending time with family ice cream, people watching

Dislikes: Not having needs met, not being included.

Communication Style: Verbal

Learning Style: verbally/demonstration

Lead Review Completed:

Staff: FSchwarm

Date: 2/14/24

Service Recipient: Hanna Johnson

Service Span: 12/23 - 11/24

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: Ciprofloxacin, cephalexin, Seasonal allergies. Staff will notify guardian of any symptoms she may be experiencing. 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: independent
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Can be friendly and trusting ☒ 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: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Can ruin and rip her clothes, ~~tg~~ tie knots in her laces. staff will offer Hanna string to make knots. will inform mom if she cant be redirected.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Art projects, bowling, hanging out with friends. family

Important for: access to work, appropriate supports needed for employment

Likes: Animals, hanging with friends & family, fishing, bowling, rock | country | blues spaghetti, lazagna, pizza, gardening, cooking, baking

Dislikes: Asparagus, cream corn, aggressive / argumentive People, undefined tasks and expectations.

Communication Style: Verbal

Learning Style: Verbal | demostration

Lead Review Completed:

Staff: F Schwartz
Date: 2/14/24

PAI

Service Recipient: Mark Johnson
Service Span: 4/23 - 3/24

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: Mark may get a rash or welt if bit by an insect. No medical treatment needed, however Parents will be called if mark is in discomfort. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☒ Yes ☐ N/A	Describe Supports: Seizures when he doesn't get enough sleep. Seizure protocol; Call 911 if seizure last longer than 3 minutes, doesn't return to baseline in 10 minutes, or trouble breathing. Report seizure activity to mom
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will prompt mark to slow down when eating and Provide supervision. No citrus foods or drinks. Staff will offer guidance to avoid citrus on outings
Chronic Medical Conditions: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: independent
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always on s1t1 with mark and in the community. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: living with mom, working, Staying busy

Important for: Staying safe, maintaining good health, Staying active

Likes: watching tv, watching old movies, game shows, music, Cards at PAI, living with parents, pickles, chips, pizza, rootbeer

Dislikes: When people touch or invade personal space and being bored.

Communication Style: mark communicates verbally, but doesn't participate in reciprocal conversation. Staff will Prompt mark to communicate with others by asking questions

Learning Style: Verbal / demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/14/24

Service Recipient: Shannon Johnson
Service Span: 12/23 - 12/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: N/A Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: PAI will provide opportunities to socialize and engage in the community. Shannon will have a caregiver with her ~~out~~ on outings ☐ 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: Wears eye glasses but chooses not to wear them.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes No supports given at this time.

Important to: Money, relationships, Community activities, friends, independence.

Important for: Pacemaker, 1600 calorie diet, limiting pop, healthy boundaries.

Likes: writing in Journal, game shows, movies, talking on the phone, arts/crafts, going shopping, restaurants, apple orchards, pizza, cheeseburgers, hot dishes, meat and

Dislikes: Green beans, people yelling

Communication Style: Verbal

Learning Style: Verbal, Repetition

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Jodi King

Service Span: 12/23 - 11/24

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: Rhinitis, latex, cats, food allergies Chocolate, Strawberries and oranges. Staff will monitor for reactions and notify parents. Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Has seizure PRN - Valtoco 10mg to be given nasally & seizure Protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized diet. If Jodi gets something out in the community they will cut up her food into bite sized pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: liver failure. Staff will use caution when transferring Jodi. Staff will monitor her body temp. Call Parents if above 100°. If below 95 staff will have her picked up from ~~PAI~~ DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Jodi takes medication at PAI. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt - 1 person assist. 2 staff will assist if she's feeling unsteady or weak.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has osteopenia, left side hemiparis, uses manual wheelchair Staff will offer assistance to watch out for obstacles. Staff will call her family if she falls.
Community Support: ☒ No ☐ Yes	Describe Supports: always in community with Jodi ☒ 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: left ~~but~~ field cut range of vision. Staff will Stand on her right side to support her during transfers.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: being happy, pleasing others, staying busy, church. opportunities to be social with others.	
Important for: Social activities planned, good health, opportunities to work and make money.	
Likes: Socializing with others, volunteering, listening to the radio, watching tv, staying active, cards/board games, drums/music, animals, bowling, writing letters	
Dislikes: being sick, arguing/bickering, bad attitudes.	
Communication Style: Verbal	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: FSchwarz

Date: 2/14/24

Service Recipient: Katie Lammers

Service Span: 9/1/23 8/31/24

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: Allergic to Sulva drugs & wires. 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: Can choke on liquids. Staff will remind her to drink slowly.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Ataxia, Short term memory loss. Staff will offer assistance if she is struggling or at her request. DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Doesn't take meds at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady gait due to ataxa. Uses wheelchair during transportation and walker during onsite activities. Staff will prompt her ~~during~~ to watch for obstacles. Staff will offer assistance with manual wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: may need support making good decisions. ☐ 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: Wears glasses. Staff will call residence if she forgets them at home.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: opportunity to move, opportunity to be social ~~and~~ with peers / staff, being active, gaining / maintaining independence

Important for: Socialize with friends, being included in the community,

Likes: Biking, hockey, peppermint bonbon ice cream, pasta, music, working at Dynamic air, exercising

Dislikes: Spicy food, loud people, rude people

Communication Style: Verbal

Learning Style: verbally / demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/14/24

Service Recipient: Tyrone Landherr

Service Span: 4/23 - 3/24

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: Seasonal allergies If staff notice discomfort, they will notify his parents 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☒ Yes	Describe Supports: No meds at this time at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent but may need reminders to be shown where it's located.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Independent
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be with Tyrone while in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Does not recognize ~~her~~ he can get loud.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bites, Personal boundaries. Staff will provide quiet area if he becomes frustrated.

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Being helpful, caring, giving, staying busy, money, friends, family, Mom, Dad, Karl, Nathan, Mary, being in touch with his feelings.

Important for: Maintaining routine, Schedules, having meals at the same time, family, friends, Conner, Kristina

Likes: Laundry, Yardwork, Leaf blower, Swimming, riding his scooter, Counting money, biking, Camping, Pixar movies, Disneyland, Cherry Pie, Smores, Pizza

Dislikes: tantrums, crime, watching the news, forces of evil, emergencies, when people are sad & crying.

Communication Style: Verbal

Learning Style: Verbal | demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

PAI

Service Recipient: Miya Lee

Service Span: 5/1 - 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: Lactose intolerant. Staff will ensure all food from outings ~~to~~ dont contain ~~diary~~ dairy. 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: Can take too big of bites or eat too fast. Staff will verbally remind her to slow down when eating too quickly No dairy- Staff will ensure no dairy on outings.
Chronic Medical Conditions: ☒ No ☐ Yes ☒ N/A	List & Describe Supports: ~~N/A~~ Hep B positive Staff are trained on BBP. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No Medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: able to be independent, however, may sit on toilet for too long. May need help after BM. Staff will help with cleaning Miya and urging her back to class in timly manner.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Unable to be assertive. Always in visual contact of Staff. ☐ 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: myopia, estropia, nystagmus, Staff will prompt to wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may constantly rub her head when uncomfortable. Staff will redirect her to a new activity if observed rubbing her head.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: meaningful relationships, Community connections, friends and family, music, short hair	
Important for: Community connects, meaningful relationships, Spending time and living with family.	
Likes: Jokes, people, music, cooking, Hmong cultral events, purses, wallets, Jewery, Stuffed animals, short hair, ASL dancing	
Dislikes: When asked to put away her things long hair	
Communication Style: Some ASL, minimal verbal ~~Gpwe~~ communication	
Learning Style: Some Sign Language | Verbal | visual Cues	

Lead Review Completed:

Staff: F Schwartz

Date: 2/14/24

Service Recipient: Debbie Leo

Service Span: 11/23 - 10/24

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: N/A 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: May need assistance cutting up her food into bite sized pieces.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: May become uncomfortable in the community. Staff will always be in visual contact. ☒ 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: Has FAS. Can become easily frustrated or confused. Staff will help Debbie redirect to another room or activity.

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Friends/family, eating breakfast, stuffed animals, music and animals, fun Community activities

Important for: healthy diet choices, opportunities to be with who she cares about, enough sleep.

Likes: Breakfast, movies, going out to eat, being with friends.

Dislikes: Chaos, Conflict/drama, arguments, Loud noises.

Communication Style: Verbal

Learning Style: Verbally/demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: ~~Tiffany~~ Kreamer

Service Span: 8/1/23 - 7/31/24

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: N/A 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: No milk. Staff will ensure there's no milk while on food outings.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: N/A independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will be in contact with Tiffany at all times. ☒ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Spending time with family, dogs, opportunity to interact with ~~child~~ children. Working in the community and go on outings with peers.	
Important for: opportunities in the community, work, appropriate conversations with others	
Likes: going to the movies, spaghetti/meatballs, trying new things, pontoon rides, Mall walking, Cleaning	
Dislikes: working at Dynamic av, negatively, peers taking too much. feeling rushed.	
Communication Style: Verbal	
Learning Style: Verbally/ demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Toby LePage

Service Span: 4/23 - 3/24

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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Constipation and hypothyroidism If staff observe symptoms, call guardians. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: flat feet at risk of falling on curbs or uneven terrains. Staff will give verbal cues or assist Toby ~~with~~ as needed.
Community Support: ☒ No ☐ Yes	Describe Supports: friendly but soft spoken ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff will give verbal cues or assist as needed.
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: glasses. Staff will remind Toby to wear them and clean them as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Contribute to his community as needed, be active, ~~Contributing to his~~ Swimming, fitness, yoga, family & friends,

Important for: opportunities to volunteer, being active, contributing to his community, being able to learn / maintain independence, being heard

Likes: movies/tv, video games, music, cheeseburgers, root beer, active, family & friends.

Dislikes: getting his hands dirty, noisy environments, big crowds, crying babies barking dogs. getting up too early in the morning.

Communication Style: Verbal

Learning Style: verbal / demonstration.

Lead Review Completed:

Staff: F Schwartz
Date: 2/14/24

PAI

Service Recipient: Dawn Line
Service Span: 9/23 - 8/24

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: N/A 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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Susac's Syndrome, balance issues, GERD, ear aches. If symptoms are noted staff will let foster care and guardian know. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: History of dizziness and balance issues. Staff will contact guardian if symptoms are noticed.
Community Support: ☒ No ☐ Yes	Describe Supports: Dawn is very trusting. Will be within visual / auditory range of staff at all times. ☐ 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: Should wear glasses, chooses not to. Any concerns will be given to guardian and foster care provider
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: If feelings of SIB, staff will redirect her. Physical Agression - staff will redirect to quiet area. Verbally aggressive- redirect to quiet area.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Vikings, independence, things to look forward to, animals, her dogs, horse therapy, Softball, relationships, Special Olympics, friends, BF, therapist

Important for: Horse therapy, activities to keep her busy, DBT skills

Likes: horses, Vikings, DBT, working animals, Caffeine

Dislikes: Being told what to do, Vikings losing football games

Communication Style: Verbal

Learning Style: verbally/ demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Karen Loven

Service Span: 3/23 - 2/24

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: penecillin & sulfa Staff will contact guardian if allergy symptoms exist 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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Heart Rate protocol, if heart is racing Staff will assist with sitting down and staying with Karen, for longer than 5 mins or difficulty breathing call 911 DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN's at PAI - inhaler, tylenol, Tums Staff will carry inhaler on outings. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Karen in the community. They carry PRN. ☐ 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: hearing aids / glasses. Staff will clean glasses as needed. Offer breaks if eyes are bothering her.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, dogs, consistant schedule, having neice back in mn.

Important for: good health, being happy, opportunities in community to work.

Likes: PAI, staff, dogs, her family, shopping, hanging out in her room, TV.

Dislikes: rude people, people who say hey instead of hi, inconsistancy.

Communication Style: verbal

Learning Style: verbal / demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Ellen Maguire

Service Span: 12/23 - 11/24

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: Seasonal some food ingredients. Staff will follow PAI protocol and call 911 if she appears to be having allergic reaction to food. 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Ellen in the community. ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wears glasses. Can ask staff to clean them as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: May cry if sad or upset. Staff will give support to her calm and try problem solving with her.
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: family, Sarah, friends, going to friends houses, staying busy, working her PCA.	
Important for: structure, routine, sports, fellowship, not being alone, kindle, phone, texting	
Likes: Hobbies, watching hockey, dancing, Elec show, mom, Dad, Singing, adaptive sports, bike.	
Dislikes: Being teased, others being teased, not kind people, invasion of personal space when someone tickles her, broccoli, tomatoes, being bored.	
Communication Style: Verbal	
Learning Style: Verbally/demonstration	

Lead Review Completed:

Staff: F Schwarm

Date: 2/14/24

Service Recipient: Anna Marine Vega

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: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Currently does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☐ No ☒ Yes	Describe Supports: Anna is comfortable being in community has 10 minutes of alone time. ☐ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: If anna has troubles managing her mental health staff talk 1:1 with anna. Staff will inform her team of any occurance
Unsupervised time while at PAI? ☐ No ☒ Yes 10 minutes in community	
Important to: Spending time with her fiance, uplifting people, working for more income, coming home to her own place. Spending time with family.	
Important for: Maintaining mental/physical health by taking her meds, positive network,	
Likes: Walking/hiking, Spending time with fiance, movies, her own aparment	
Dislikes: Others talking down to her, not speaking up for herself, being around large groups of people	
Communication Style: Verbal	
Learning Style: verbally/ demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Angel McQuiston

Service Span: 12/23 - 11/24

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: Penicillin & ibuprofen — 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: May need reminders to ~~ft~~ take smaller bites
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, migraines, Asthma, laryngomalica may carry inhaler on her. — DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: may carry inhaler on her — Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: May become uncomfortable in unfamiliar places — ☒ 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: Sensitive to loud environments, asks to take a break glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: ADHD. may need redirection and encouragement

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Spending time with family, Shopping and expressing creativity, opportunity to work/make money, Social and maintaining relationship,

Important for: When Staff are patient, offering choices making money

Likes: Shopping, music, fashion, technology, being helpful, learning new things trying new things laughing, having fun, joking

Dislikes: Too much noise, loud people, crowds, long car rides

Communication Style: verbal

Learning Style: verbal / demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/14/24

Service Recipient: Rachel Moore

Service Span: _____

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow Seizure protocol: ① Place in laying position, ② Don't restrain ③ no objects in mouth ④ call 911 if longer than 3 minutes
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Over eat, eat others food. Staff will remain within eyesite of Rachel.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemangioma DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency* Staff will ensure there's no activities that may injure her head
Medication: ☒ No ☐ Yes	Describe Supports: Seizure PRN. Daily medication at PAI? ☒ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: very friendly, Staff will remain in visual/auditory range at all times. ☐ 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: myopia. If staff notice she's having troubles seeing, ~~not~~ notify ~~staff~~ her home.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: May pick, pull at her nails, pluck eyebrows and lashes when anxious. Staff will redirect to new activity
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being able to do own thing, social interactions, being in the community, family, coffee, shopping, PAI	
Important for: independence, opportunities to be social, being trusted	
Likes: Books, movies, games, music, pizza, pasta, mac&cheese, hotdogs, paper cards, Trane	
Dislikes: Spicy/fried foods, rock/rap music, outside if it's hot, being stared at, being told no if she's not listening	
Communication Style: verbally	
Learning Style: verbally demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

PAI

Service Recipient: James Shaw

Service Span: 1/24 - 12/24

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: Keflex and lisinopril Meds are given with Drs orders only 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: N/A
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: paranoid schizophrenia, COPD, alcohol dependency, hyperthyroidism, hypertension, chronic respiratory failure, anxiety, depression. Oxygen tank DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☑ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: independent
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Sometimes runs out of breath and may get dizzy and fall. Staff will prompt him to take a break and a chair
Community Support: ☐ No ☒ Yes	Describe Supports: Staff are with him at all times ☐ 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: Sensitivity to Sunlight. Wears sunglasses. Staff will offer place with out bright lights.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may be verbally aggressive. Staff will offer a break when he's being verbally aggressive or showing signs of anxiety.
Unsupervised time while at PAI? ☐ No ☑ Yes	
Important to: family, health, more independent, work, fiance	
Important for: Staying healthy, safe Consistent living situation.	
Likes: involved in choosing his services, being independent, being Social, living on his own, fiance, workers	
Dislikes: bright lights, people standing/sitting behind ~~them~~ him, health concerns	
Communication Style: Verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: Fschwartz

Date: 2/16/24

Service Recipient: Wendy Snyder

Service Span: 7/23 - 6/24

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: freshwater fish. Staff will monitor wendy to ensure fresh water fish is not part of her meal. 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: able to eat independently, though she may not know if she's taking too large of bites. Staff will monitor to ensure she's not taking too large of a bite. Diabetic / low carb diet.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: legally blind, memory loss, osteo athonities in her feet. Staff will assist Wendy should symptoms arise. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: House will set up noon meds into an envelope for Wendy to take on her own. Staff will monitor Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: able to use POR independently in familar places, Staff will escort to POR and help with doors Stalls, Sinks as needed. in unfamilar places.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Due to vision lost she may not see obstacles in her Path. Staff will walk with Wendy to ensure her safety.
Community Support: ☒ No ☐ Yes	Describe Supports: Cant navigate community alone due to vision loss. Staff one always with her. ☐ 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: Legally blind, Staff will ensure she's Safe and Commfortable in the Environment.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Substance abuse dependency, biporar. Staff will monitor for mental health symptoms and inform her residence. Staff will offer quiet space to take a break.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, son/daughter, Socializing, being in the community	
Important for: learning building skills, independence, comfortable settings	
Likes: audio books, Alexa, eating out, gym, Church	
Dislikes: feeling overwhelmed / anxious.	
Communication Style: Verbally	
Learning Style: Verbally.	

Lead Review Completed:

Staff: FSchwartz

Date: 2/19/24

PAI

Service Recipient: Meng Yang

Service Span: 6/23 - 5/24

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: When Meng has the hiccups it could mean she's about to have a seizure. If Meng has the hiccups Staff will contact guardian who will decide to pick Meng up or not. Should Meng have a seizure Staff will Contact 911.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Does not eat Beef. Staff will notify Meng of any foods that contain beef on outings or cooking class.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Langerhans Cell Histiocytosis, Cerebellar Ataxia, Central Diabetes Insipidus. Staff will relay signs / Symptoms to MEngs team if noted. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Thoracic and lumbar scoliosis at risk of falling. May need prompts to slow down, Staff will prompt to slow down, and offer a hand to hold if needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Meng in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wore hearing aids when he was younger. Currently not wearing them.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Sign Language, family, friends, Hmong music, being in a community, art, organizing, work.	
Important for: Opportunities to work and make money, remaining and gaining attendance using Sign Language.	
Likes: Sign Language, music, PAI, egg rolls, working, volunteering, coffee.	
Dislikes: Mean people, disrespectful people, danger, waking too early in the morning	
Communication Style: Nonverbal	
Learning Style: Visual / demonstration	

Lead Review Completed:

Staff: Fschwark

Date: 2/19/24

Service Recipient: Natalia VaDeau

Service Span: 2/23 - 2/24

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: Drs note that states she does not have a seizure condition. List fainting as possible chronic medication if it happens again. PAI will follow protocol and call 911.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: low muscle tone that makes her unstable or tired after long walks. Staff will allow her time.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Natalia while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Staying active, fun activities planned, time to read, working, ~~with~~ family.

Important for: Opportunities in the community, opportunities ~~in the~~ to work.

Likes: Spending Time with her PCA, PAI, pet therapy, dances/days, Soft ball and large variety of foods.

Dislikes: Vegatables, being rushed, Spicy foods, people who are rude.

Communication Style: Verbally

Learning Style: Verbally/demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

Service Recipient: Chou Xiong (Nia)

Service Span: 5/23 - 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: Has history of seizures. If Nia has a seizure while at PAI, staff will follow ~~seizure~~ PAI seizure protocol and call 911 immediately
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Needs assistance cutting up his food and reminders to slow down. Can pick up food off floor and eat it. Staff will ensure he's not picking up food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: asthma. ~~Needs physical assistance. Cutting up his f~~ If experiencing sign/symptoms while at PAI, staff will call 911. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will ~~take~~ follow all Dr's orders. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can move too quickly and not watch where he is going. Staff will verbally remind him to slow down when walking
Community Support: ☒ No ☐ Yes	Describe Supports: primarily non verbal, needs constant supervision. Staff are always with Nia. ☐ 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: Hearing loss in Right ear, Doesn't wear hearing aid. Staff will assist as needed if he's experiencing hearing loss.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being helpful, music & dancing, Spending time with family, friends, opportunity to work, dressing well, looking nice, building daily living and independence skills	
Important for: opportunity to work, interact with peers and family, gain/maintain independence, personal grooming skills.	
Likes: Movies, helping others, PAI, Spending time with friends, Hmong music, dancing, Asian food, working for Goodwill, making money	
Dislikes: Being told no, being misunderstood, country music	
Communication Style: verbal	
Learning Style: verbal/demonstration	

Lead Review Completed:

Staff: FS Ohwarb

Date: 2/19/24

Service Recipient: Her Xiong ~~FSchwartz~~

Service Span: 8/23 - 7/24

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: NA Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Needs reminders to slow down and take smaller bites. Will need reminders to swallow food if he pockets in the left side of his mouth.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI, left sided weakness Staff will set up work so Her can use ~~his~~ his right hand Staff will point out ostacles if needed. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Her in the community. ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: his family, working, opportunities to shop and do activities in the community

Important for: ~~for~~ continued access to employment opportunity, having supports to remain safe, healthy, staying active.

Likes: Working, watching Cartoons, movies, going Shopping, large variety of foods going to church.

Dislikes: attending team meetings, getting up early, and being bored.

Communication Style: Verbal

Learning Style: Verbally / demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/16/24

Service Recipient: Gerry Micklander

Service Span: 9/23 - 8/24

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: Sudafed, Hay fever. Does not typical experience symptoms but may need relief meds. 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: NA
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Epilesy managed by his dr. Staff will follow his seizure protocol and call give PRNs if needed. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Doesn't take meds at PAI unless Seizure PRN. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Gerry in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: glaucoma, glasses. Staff will give reminders that there are obstacles.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may hit or scratch others, punch holes in walls. Staff will redirect Gerry if these symptoms exist
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, movies, keeping busy, independence, working, vacations, talk to him as an adult.	
Important for: health, family, employment, socialization	
Likes: Sports, Timberwolves, Vikings, Twins, Saints, going out to eat, Red Lobster	
Dislikes: Being rushed, feeling left out, disrespectful people. Sudden routine change	
Communication Style: verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

PAI

Service Recipient: Rynisha Watson

Service Span: 6/23 - 5/24

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: N/A 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: Staff will let Rynisha know if an ~~item~~ food item in cooking club or in the community contains pork.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Quadriplegia, Cerebral Palsy. Staff assist with steering her wheelchair and in the bathroom. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Takes meds at PAI Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☒ Yes	Describe Supports: 2 person hoyer lift and Sling.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: In electric wheelchair, 2 person hoyer lift and Sling in the bathroom
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Rynisha in the community. Staff will Point out obstacles. ☐ 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: eye glasses. Staff will assist with cleaning her glasses as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Her family, working, working towards her goal of living more independance	
Important for: loud noises and atmospheres, being bored and sitting around, When plans fall through due to Staff, the police, going to the hospital	
Likes: getting her nails done, Shopping, hanging out w/ her aunt, bowling, working to make money, using her cell phone, Church, baking, hip hop, R&B music, metro Rider	
Dislikes: loud noises, atmospheres, being bored and sitting around, When plans fall through, police, hospital,	
Communication Style: Verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

PAI

Service Recipient: Jenna Warren

Service Span: 10/23 - 9/24

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: Seizures that can be triggered by loud noises or her menstral cycle. Staff will follow her seizure protocols.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Staff will supervise Jenna while eating just in case she were to have a seizure. Needs assistance cutting her food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Seizures, left side hemiparesis, Cerebral Palsy, Stroke at birth. Unsteady gait, Staff will be with Jenna at all times. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will follow Dr's orders when giving meds. Med admin trained. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait, wears AFOs, Staff will walk with Jenna at all times.
Community Support: ☒ No ☐ Yes	Describe Supports: Due to seizure disorder staff will be with Jenna at all times. ☒ 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, wears glasses. Staff will make sure they are clean as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Being independent as possible, Spending time with family, Spending time with her dog Tinkerbell, routine, developing vocational skills, education

Important for: Building independence, Safety, building her confidence.

Likes: Reading, bowling, bike rides, Pasta, fruit, Concerts, movies, her kitten, Shopping, manicures, pedicures.

Dislikes: Crowded areas, Sitting at home doing nothing, being bored

Communication Style: Verbally

Learning Style: verbally | demonstration

Lead Review Completed:

Staff: FS Chwartz

Date: 2/16/24

PAI

Service Recipient: Adam Wagner

Service Span: 11/23 - 10/24

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: N/A Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow PAI Seizure protocol if he has Seizures.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: Has dentures he doesn't wear. No issues eating
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hypothyroidism, High Cholesterol, IBS, fused vertebrae in neck. may use restroom frequently due to IBS symptoms DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Has suprapubic cath. will ask for help as needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: may talk in loud tone Staff will encourage him to use appropriate volume. ☒ 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: may talk too loudly, ~~will~~ staff encourage Adam to lower his voice.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Doing art projects, bowling, hanging out with family/friends.

Important for: Having access to work, appropriate supports needed with employment opportunities.

Likes: Animals, hanging with friends/family, fishing, bowling, rock/country/blues Spaghetti, lasagna, gardening, planting, cooking, baking

Dislikes: Asparagus, Cream Corn, aggressive and argumentive people undefined tasks and expectations

Communication Style: Verbally

Learning Style: Verbally/demonstration

Lead Review Completed:

Staff: FSchwartz
Date: 2/14/24

Service Recipient: Hung V.
Service Span: 7/23 - 6/24

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: Seasonal allergies. Staff will inform residence of allergy symptoms. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff will follow PAI's Seizure protocol and call 911. Staff will notify residence ASAP
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Food should be in quarter sized or smaller pieces. Staff will assist with cutting if needed. Staff are in the same room when he's eating. No straws or sippy cup.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, muscle stiffness. Staff will help reposition him and give him a few minutes to practice deep breathing. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will assist Hung with positioning, and holding a portable urinal. Staff will use 2 person Hoyer lift if he needs to BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ~~Farm~~ Staff will point out obstacles and help steer his wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: always with Hung in the Community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will clean Hung's glasses as needed
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff will ask if he wants to take a break when feeling stressed
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Strong friendships, strong relationships, working and making money, having varied activities.	
Important for: physical supports to continue living in a healthy and safe manner, opportunities to work and make $.	
Likes: working on cards, book club, mall walking, bowling, music, movies, Twins.	
Dislikes: When people pass away, When people yell at him, when people do not listen to what he has to say.	
Communication Style: Verbal	
Learning Style: verbally / demonstration	

Lead Review Completed:

Staff: FSchwartz
Date: 2/16/24

PAI

Service Recipient: Julie Tint
Service Span: 8/23 - 7/24

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: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures are controlled by medications. Staff will call 911 and follow PAI Seizure protocol if she has a seizure
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hep B carrier. Staff are trained on BBP. All fluids are considered infectious. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will point out uneven terrian when walking. Also offer a hand if needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always on site and in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family, working on greeting cards, staying active	
Important for: Having opportunities to work onsite and make $. Community involvment, monitoring heath needs.	
Likes: Using technology at PAI, family, working on cards, going for walks, going out to eat, Spending time with friends	
Dislikes: loud / disruptive behaviors, not following the rules, being sick or injured.	
Communication Style: verbally	
Learning Style: verbally / demonstration	

Lead Review Completed:

Staff: Schwartz

Date: 2/16/24

PAI

Service Recipient: Kelly Suvnberger

Service Span: 8/23 - 7/24

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: Ability, seasonal allergies Staff will not give medication she is allergic to. Staff will contact residence if allergies symptoms 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: Bite Sized Pieces. Staff will ensure all food is bite sized Staff will thicken her drinks.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will encourage Kelly to drink throughout the day to prevent constipation. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Kelly takes medication at PAI Staff trained in med Admin Daily medication at PAI? ☒ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will ask Kelly if she needs to use the restroom in the morning and afternoon. They will assist to the restroom by lending arm. Staff will assist ~~in the bathroom~~ with cleaning as needed
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: Staff will walk 1:1 with Kelly while transitioning Staff will point out any obstacles.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Kelly in the community and walk 1:1 ~~at~~ with her. ☒ 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: may pick at hair. Staff will encourage her to stop and find an alternative activity. Anxiety - Staff will encourage Kelly to go to quiet room and will be given a weighted blanket.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Consistency in routine, family, music on the IPAD, Sleep, ~~Music~~ lunch	
Important for: Staying active, Continued supports in the community, and providers	
Likes: going for coffee, hair & nails done, animal watching, PUZZLES, IPAD to listen to music, napping eating lunch	
Dislikes: loud noises, transitions, Changes in staff, staff trying to wake her when she's sleeping, waiting for lunch	
Communication Style: Verbally	
Learning Style: Verbally | demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

Service Recipient: Jeff ~~Stroth~~ Strother FS

Service Span: 7/23 - 6/24

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: NA Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder controlled by meds. follow PAI Seizure protocol and Call 911.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cant independently cut his food into bite sized pieces. Staff will visially check his lunch, if not in Bite sized pieces, Staff will cut it up.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Blisters/sores, Spinal curvature. If blisters are seen staff will contact residence DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: In manual wheelchair. Staff will assist with 1 person Pivot transfer, help change brief if need
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: Manual wheelchair for mobility, 1 person Pivot transfer Staff will assist with Pivot transfer
Community Support: ☒ No ☐ Yes	Describe Supports: Unable to navigate community independently. Staff will be with Jeff at all times. ☐ 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: Visually impaired aswell as prone to ear infections. Staff will stay in close proximity to Jeff.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: to be social with peers, included in the community, having the opportunity to work, when people around him are getting along.

Important for: Interacting and socializing with his peers, to work, out in the community

Likes: Shopping, bowling, mall walking, Scary movies, rap & country music, chicken noodle soup, McDonalds, playing on the computer, Dynamic air, Chatting with peers

Dislikes: Rice, sandwiches, going to the dentist, listening to Staff at home, being told what to do, being at the hospital

Communication Style: Verbally

Learning Style: verbally | demonstration

Lead Review Completed:

Staff: FSchwarz

Date: 2/16/24

Service Recipient: Ann Strassburg

Service Span: 5/23 - 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: Staff will encourage healthier options
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hand tremors. If staff or Ann notice hand tremors, a break or another activity will be requested. Hep B. Staff are trained on BBP. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with her in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: low ~~vision~~ vision. Staff will encourage Ann to take a break when needed and to remember to wear her glasses.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Working/trying new jobs, Social relationships, family, Staying active

Important for: Maintaining good health, eating well, Stabilizing blood Sugars. getting into the Community

Likes: Working, Spending time with family, Asian food, music, cooking, IPAD

Dislikes: Drama, working on some of the easier jobs, taking alot of classes at PAI interrupting her when she is trying to work and people who are rude.

Communication Style: verbally

Learning Style: Verbally/ demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

PAI

Service Recipient: Andy St. Martin

Service Span: 4/23 - 3/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☐ No ☐ Yes	Describe Supports: Can't navigate community alone ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff are with Andy at all times.
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: loud environments Staff will give opportunities for a break if overstimulated.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hitting pushing others when frustrated. Staff will encourage him to use his break card to let staff know he needs a break.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Sense of responsibility at work, Schedule or routine to follow, Space to go when frustrated, trying new things.	
Important for: opportunities to try new things, have staff be patient with him, quiet Spaces to go, assisting Communicating what ~~her~~ he needs.	
Likes: Sense of responsible, Valley fair, Mod, Science museum, volunteering, movies, Swimming, ~~thrift~~ thirft Stores, Ipad, potato Chips, Pretzels, baby Carrots, apples, Sprite, biking, cooking, group	
Dislikes: forced to try new things, When others take his things, loud people, Personal boundaries/space invaded. Change in Schedule, meeting someone and not Know	
Communication Style: Verbally	
Learning Style: Verbally / demonstration	

Lead Review Completed:

Staff: F Schwartz
Date: 2/16/24

PAI

Service Recipient: Carrie Skinner
Service Span: 7/23 - 6/24

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: N/A 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 hard time cutting foods into bite sized pieces. Staff will assist as needed cutting up her food.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Carrie in the Community at all times. ☒ 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: Has history of being verbally/physically aggressive towards others. Staff will remove her if she's being aggressive and discuss what's bothering her.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Spending time with friends, family, opportunity to work, independence.	
Important for: Having patient staff, opportunity to make choices, set schedules that she can depend on, independence, improving social skills	
Likes: friends, going out to eat, going to the mall, volunteering, Social Media, Arts/ Crafts, 80's music, BTS, PB&J, chicken, pasta	
Dislikes: Being told what she doesn't want to do, meatloaf opera, being teased being asked too many questions.	
Communication Style: Verbally	
Learning Style: Verbally/ demonstration	

Lead Review Completed:

Staff: F Schwarz

Date: 2/16/24

PAI

Service Recipient: Brooke Shelstad

Service Span: 8/23 - 7/24

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: NA Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: May have a hard time chewing tough meat staff will cut meat as needed.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Hypothyroidism. Staff will notify guardians of signs/symptoms. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: ~~Staff are always with Brooke in the community.~~ N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Brooke in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Wears glasses. Staff will clean them as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Opportunities to be social, opportunities to work in the community, earning paycheck, people being mindful of her personal space, having trust	
Important for: Being supported, encouragement to eat healthy and stay safe working and attending classes at PAI, opportunities to gain independence	
Likes: Cooking class, music, fries, hot ~~cheetos~~ dishes, pasta, cheerleading, singing, basketball dancing, friends/family, becoming famous, Bingo, library, arts/crafts	
Dislikes: Spicy foods, salad, ketchup, being touched, being alone, when people yell, or are inappropriate, flies/bugs, storms, noises, boundary crossers	
Communication Style: verbally	
Learning Style: verbal/demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/16/24

PAI

Service Recipient: Paul Shaw

Service Span: 9/1/23 - 8/31/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with him in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: moderate to high hearing loss. Staff will make eye contact with Paul when speaking to him Repeat as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Helping around the house, living with his foster parents, shopping, work

Important for: opportunities to try new jobs/ communities Opportunities.

Likes: Helping around the house, living with foster family, FOP & snacks, work, Country music, drawing/ coloring

Dislikes: Chow mein, cards on work floor, when people pass, when people won't leave him alone.

Communication Style: Verbal

Learning Style: verbally/ demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

Service Recipient: Crystal Shaw

Service Span: 9/1/23 - 8/24

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: N/A 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: Struggles with appropriate serving sizes. Staff will coach on appropriate sizing while in the community or during cooking classes.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: POS and insomnia, wear dentures. If staff notice this getting worse ~~they~~ will contact her residence DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Staff will gwe crystal her meds Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: NA
Community Support: ☑ No ☐ Yes	Describe Supports: Staff wil always be with Crystal in the Community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: NA
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Anxiety, bipolar, suicidal thoughts BPD, avoidant personality disorder. Staff will offer crystal a break and notify residence of any suicidal thoughts.

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Her cat, working, husband, Peers, being more independent with meds.

Important for: Healthy diet, mental Health, Husband, using DBT skills

Likes: Working, phone, manicures, getting her hair done, movies, family/friends, Spaghetti mac-cheese, PIZZA, Shopping

Dislikes: When people dont answer their Phones, broccoli, peas, disaggrements with roommates, fighting/arguing

Communication Style: Verbal

Learning Style: Verbal/demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

PAI

Service Recipient: Nicholas Seng

Service Span: 1/24 - 12/31/24

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: Celiac disease, gluten free diet, staff will assist in finding gluten free options while in the community
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Nick while out in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild hearing loss, wears hearing aids, glasses. Staff will remind him to wear his hearing aids.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: His family, being a good brother, active life, being apart of different groups,

Important for: gluten free diet, independence skills, community employment

Likes: Sports, dog park, zoo, preforming Art of me, Volunteering, movies, Scientl museum.

Dislikes: academic classes, being bossed around, getting up early, Dr's appts

Communication Style: Verbal

Learning Style: verbally | demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/15/24

PAI

Service Recipient: Linda Scherrer
Service Span: 11/23 – 10/24

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: NA Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: At risk of vomiting when she eats too fast. Staff will verbally remind Linda to slowdown. Staff will notify residence of any instances.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: NA DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Doesnt take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can be at risk for falling when distracted. Staff will Prompt Linda to be careful
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Linda in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Staff will encourage Linda to make eye contact and to wear her hearing aids. If staff notice a decline in her hearing, residence will be contacted
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Shopping, personal belongings, working	
Important for: Job opportunities, staying active, working, the community	
Likes: music, dancing, working, going on outings, going shopping, coffee	
Dislikes: When peers are angry/yelling, Laundry	
Communication Style: Verbal	
Learning Style: Verbal, Demonstration	

Lead Review Completed:

Staff: fSchwartz

Date: 2/15/24

Service Recipient: Linda Sherbeder

Service Span: 9/23 - 9/24

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: Penecallin & Strongly Smelling Perfume Only give meds that have been prescribed. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: low calorie diet Staff will assist Linda by ~~AA~~ redirecting to healthy food options. Can have coughing spells while eating
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Breast cancer If staff have concerns they will call residence DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No medication at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Does not tollerate standing for long periods of time. Staff will prompt to use hand rails
Community Support: ☒ No ☐ Yes	Describe Supports: Staff staying with Linda at all times ☐ 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: Schizoaffective disorder, may hear voices. Staff know that symptoms are managed easier by staying busy.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Living w/ ~~family~~ females, church, family, visiting door, arts/crafts, being asked to help.	
Important for: low cal. diet, active, structure/stability, mental health, ~~eat~~ being around others.	
Likes: Vacations, shopping, church, crafts/arts, bingo, spending time with family, paint by numbers	
Dislikes: unclear expectations, mean people, feeling like others are mad at her.	
Communication Style: Verbally	
Learning Style: verbally/demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

PAI

Service Recipient: William Schenfeld

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A 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: ~~Type 2~~ N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Type 2 diabetes & asthma. Carries inhaler with him. if staff notice signs/symptoms they will contact guardian and residence. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent but may urinate to frequently due to his diabetes. Staff will call residence and notify them if Diarrenea with blood is noticed.
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: May stand too fast and get dizzy staff will remind Willie to stand slowly and wait a few seconds before walking.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will remain in visual/auditory range at all times. ☒ 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: eye glasses, hearing aids, and dentures, however, he chooses to sometimes not wear them. Staff will monitor for obstacles if he doesnt wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May hit himself with his iphone. If staff observe this they will remind him to not hit his head. If black eye or bruis is noticed, they will contact his residence.

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: independent as possible, word finds, Mountain Dew, Cellphone

Important for: Aware of limitations, personal space,

Likes: Mountain Dew, word finds, country music, Vikings, pizza, Bingo

Dislikes: Being told what to do, spicy food, seafood, arts/crafts.

Communication Style: Verbally

Learning Style: Verbally | demonstration

Lead Review Completed:

Staff: FSchwartz
Date: 2/15/24

Service Recipient: Molly Sarne
Service Span: 10/23 - 9/24

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: N/A 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: At risk for choking due to the formation of her palate and scarring in her trachea. Staff will remind her to slow down and take small bites.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Apert Syndrome. Molly is supported at PAI to increase physical, emotional, and social functioning skills. Should she exhibit sign/symptoms staff will contact her guardian DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Molly does not have meds at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: She skips while walking and can become distracted. Staff will redirect Molly to slow down and walk when needed. Any falls will be communicated with her parents.
Community Support: ☐ No ☒ Yes	Describe Supports: Molly can be alone in the community for 30 minutes at a time. Molly is with staff in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has hard contacts to help with vision. Should the feel out while at PAI, there's a set in her backpack. Hearing loss - Staff will speak face to face with her
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may pick skin to point of bleeding. Staff will redirect Molly to preform a task using her hands.

Unsupervised time while at PAI? ☐ No ☒ Yes

Important to: Doing a good job, meaningful ~~life~~ job, making money, making a difference, working with animals, being on time, being listened to.

Important for: opportunities to work, support to maintain & gain independence, having people listen to my wants/needs, giving grace when I make mistakes.

Likes: Listening to music, animals, working, jumping on trampoline, TV, shopping napping, Chocolate chip cookies, Chicken noodle soup, Spaghetti, various foods

Dislikes: When others dont listen, steak, venison, getting yelled at, any kind of abuse judging bullying, Criminals, negativity, racism, homophobia, sexism

Communication Style: verbally

Learning Style: verbally/demonstration

Lead Review Completed:

Staff: F Schwark

Date: 9/25/24

PAI

Service Recipient: Alyssa Smith

Service Span: 8/23 - 8/24

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: N/A 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: Encourage healthy food choices and healthy portion sizes.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: migraines. Allow her to relax in quiet area, contact residence of migraine. If she complains of Pain in her legs, contact residence DNR/DNI? ☒ No ☐ Yes *located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Unable to navigate community safely alone. Staff are with her at all times ☐ 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: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Picks at scratches, bug bites, skin ~~at~~ irritations verbally remind her to make safe choices when she picks her skin
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family, living near family, working on Artist 4, going on outings in the community, family vacations	
Important for: making a plan for the day and sticking to it, being spoken to directly, allowing healthy food options to choose from	
Likes: Being with family, treated with respect, independence, Caribou, music, most foods	
Dislikes: Coffee at PAI, onions, exercise, working on Park Tool Trays, being bored, peppers ~~being~~ being hugged by others.	
Communication Style: Verbally	
Learning Style: Verbally/demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

Service Recipient: Brent Roberts

Service Span: 2/24 - 1/25

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: Keppra Staff will make sure any meds do not contain Keppra Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: ~~If~~ Brent were to have a seizure while at PAI, ~~she~~ ~~we~~ Staff will follow PAI Seizure protocol and call 911.
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hyperlipidemia, Lymphocytosis Staff will monitor for any injuries. If staff notice he is in pain, they will communicate with his team DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medication while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports:
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: ~~Unable to be in community alone. Staff~~ N/A
Community Support: ☒ No ☐ Yes	Describe Supports: unable to be in community alone. Staff are always with him. ☐ 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: Sensitive to light and sound. Staff will support him in walking away and directing him to a quiet area.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: OCD. Brent can be verbally prompted and redirected to another preferred activity if he's observed spending too much time on lights/cleaning
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being helpful to others, being organized, being active outside and in community family	
Important for: Being active, staying busy, recieving direction when focusing on OCD.	
Likes: relaxing in the rock chair, Cleaning, Staying organized, being praised	
Dislikes: Loud/bright environments, being told no, told to do something he doesnt want to do.	
Communication Style: Verbally	
Learning Style: Verbally/demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

Service Recipient: Alex Rabideau

Service Span: 7/23 - 6/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Type 1 diabetes, uses continuous glucose monitor and insulin pump. Keep extra vile of insulin at PAI in fridge. Diabetic protocol DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: independently monitors blood sugar extra insulin vile kept in fridge. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☐ No ☒ Yes	Describe Supports: Can ~~Aaty~~ navigate community on his own. ☐ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Technology, Staying active, helping others, opportunities to participate in events/outings, consistancy in Rules, maintaining independence	
Important for: Participating in the community, Socially with peers, learning to manage his diabetes, maintain independence	
Likes: Flying RC helocopters, video games, his bike, country music, tacos, brats, diet sodd, helping others, technology, Facetiming.	
Dislikes: Mushrooms, green olives, Cleaning, Changes in rules, being bothered during work, mean people.	
Communication Style: Verbally	
Learning Style: Verbal / demonstration	

Lead Review Completed:

Staff: Fschwartz

Date: 2-15-24

Service Recipient: Anthony Dualley

Service Span: 1/24 - 12/24

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: N/A 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No meds are given at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☒ Yes	Describe Supports: Staff will assist during morning cares and afternoon cares by removing ~~independent~~ under garments, wiping, peri-care and putting new brief on him. Direct him to wash his hands.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will point out uneven terrian and point out slippery spots. Offer a hand when needed.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Anthony while in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: glasses. Staff will assist with cleaning his glasses as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: living with his brother, watching TV, PAI,

Important for: staying active, opportunities to work, support from his family.

Likes: working on cards, music, watching tv, piarates/ship, annkery tea, Cindy Lauper

Dislikes: Spinach, snow, rain

Communication Style: Verbally

Learning Style: Verbally/ demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/15/24

PAI

Service Recipient: Sara Poulson

Service Span: 8/23 - 7/24

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: Glyporrolagte, Lamictal. Concerns will be made to Guardians. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow PAI Seizure protocol in the event of a seizure.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bited sized pieces, reminders to slow down. Give reminders to slow down, offer portion control, cut food into bite sized pieces if needed.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Constipation, osteo penia. Staff will observe signs/symptoms and communicate with her parents. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will follow Dr's orders. follow up with parents if there are concerns. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Struggles with depth perception. Reminders to use hand rails. offer arm for assistance & verbal cues
Community Support: ☒ No ☐ Yes	Describe Supports: easily distracted and may go to unsafe areas. Staff are always with Sarah. In summer months she will wear a hat so she doesn't engage in hair pulling. ☐ 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: Wears glasses, Sensitive to loud noises. Staff will offer to clean glasses as needed. Assist with moving her into quiet room as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: NA

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Working, maintaining routine, doing activities she likes, respond and process, make choices.

Important for: Cooking, pet therapy, music class, being around people she knows quiet environment. Consistency, set routine, being patient with her, having choices.

Likes: Jigsaw puzzles, watching TV, Church, ~~TV~~, pop music, tortillas, cheese, cereal, out to eat, movies, family friends.

Dislikes: Casseroles, when food touches, Crowds, congestions, loud noises, latex Balloons, traffic Jams.

Communication Style: Verbal

Learning Style: Verbally | demonstration.

Lead Review Completed:

Staff: F Schwartz
Date: 2/15/24

Service Recipient: Dan Petersdorf
Service Span: 5/23-4/24

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: Tomatoes, Seasonal allergies Concerns related to allergies will be disscussed with guardian. 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☐ ~~No~~ ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: ND
Community Support: ☒ No ☐ Yes	Describe Supports: Very friendly person. Staff are always with Dan while in the community. ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: mom, family, friends, house, working, people at PAI, positivity.

Important for: Remaining busy, opportunity to work, interacting with friends and family having support to remain as independent as possible.

Likes: music, Classes at PAI, walks in the neighborhood, video games, music, Chicken Spinach pizza, flaming hot Cheetos, Apple Orchard, exercising at home

Dislikes: Tomatoes, negativity, when his peers mess with him ~~the~~ or others, getting Yelled ~~out~~. at.

Communication Style: Verbally

Learning Style: Verbally/ demonstration

Lead Review Completed:

Staff: Fschwartz

Date: 2/15/24

Service Recipient: Jeannie Parks

Service Span: 1/24 - 12/24

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: Penicillin. Any concerns about allergies will be made to her residence. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: eats too fast, puts too much food in her mouth. remind her to slow down. Sensitive to caffine. On outings staff will let her know what contains caffine
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Chronic wax build up. Staff will talk louder. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with her in the community. Help make purchases as needed. ☒ 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: hearing aids
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May get upset with others and yell or name call. Talk Privately 1:1 with Jeannie helps
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Being a good friend, doing the right thing, going out for coffee, out to eat, taking a break, when needed, Positive encouragment	
Important for: Limited caffine intake, Consistent Supports to talk through Concerns	
Likes: Coffee, bowling, playing games, Dollar tree, getting nails done	
Dislikes: Broccoli, people telling her what to do,	
Communication Style: Verbally | ASL	
Learning Style: Verbally, demonstration | ASL	

Lead Review Completed:

Staff: F Schwartz

Date: 2/15/24

Service Recipient: Heather Hawkins

Service Span: 8/23 - 8/24

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: Dyes, fragrances, Strawberries Staff will make sure she doesn't have Strawberries or come in contact with dyes. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow PAI seizure protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can eat too fast. 1700 - 2000 calorie diet Staff will remind Heather to slow down. Encourage healthy food options while in the community.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Dry skin, hemmroids, constipation. Staff monitor for signs/symptoms and communicate with residence and guardian. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may have difficulty or hesitation at stairs, slippery surfaces. Staff will provide physical assistance and encouragement.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Heather in the community at all times. ☐ 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: eye glasses. Staff will assist with cleaning them as needed
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: participate in the community to work, staff/peers, making money. Staff support with fears and anxieties. vacation	
Important for: Participate in the community, to work, support with fears/anxiety.	
Likes: Bowling Shopping, music, donuts. Special olympics, dance class. Coffee, friends show, pizza	
Dislikes: Strawberries, transitions, loud noises, thunderstorms, needles and drs visit.	
Communication Style: Verbal	
Learning Style: Verbally, demonstration	

Lead Review Completed:

Staff: Eschwartz
Date: 2/15/24

PAI

Service Recipient: Morgan Oullette
Service Span: 6/23 - 5/24

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: appropriate portion control, In remote- PAI doesn't offer supports in this area.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic Hemiplegic Cerebral Palsy In remote- PAI doesn't offer supports in this area. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: In Remote PAI doesn't offer supports in this area. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: medical condition affects mobility. In Remote, PAI doesn't offer supports in this area
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide opportunity to engage and socialize with others in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hearing difficulties and low vision. Wears glasses.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☒ Yes ~~N/A in remote~~	
Important to: Crafts, doing art projects, spending time with computer, sitting on porch, walks, Swimming	
Important for: Rest, Speak Calmly	
Likes: Important to give her time to process and respond to questions, make friends.	
Dislikes: mushrooms, exercising, roommates not getting along.	
Communication Style: Verbal	
Learning Style: Verbal	

Lead Review Completed:

Staff: FSchwartz

Date: 2/15/24

Service Recipient: Diane Munton

Service Span: ~~8/23~~ - 3/24

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: Oxycontin, hay fever, flagyl, indocin, Lisinopril, Hydrocodone, olanzapine Staff will monitor for signs of reaction and notify residence. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ Specialized Diet: ☐ No ☒ Yes	Describe Supports: NA
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Type 2 diabetes, Acid reflux, lumbar Spinal Stenosis. monitor for signs of complications, staff will inform Diane's team DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: ~~Not~~ No meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Unsteady gait. will use 4 legged walker while at PAI
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will be with Diane in the community at all times. ☐ 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: Eye glasses, hearing aids Once she begins wearing hearing aids again, staff will offer support from staff to maintain her hearing.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Schizoaffective Disorder, Depression, Pre asvive Development Disorder, OCD. Monitor for signs and intervene as needed. and inform her residence.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Housemates and staff, working, reading, library, keeping room clean, going for walks.	
Important for: Staff support to remove her from negative environment, maintain positive mindset	
Likes: Nice people, Calm / quiet environment, mac / cheese, cranberry sauce, bratwurst, reading, Kielbasa, new recipes	
Dislikes: Angry people, loud voices, Confrontation	
Communication Style: Verbal	
Learning Style: Verbal / independent	

Lead Review Completed:

Staff: Fschwartz
Date: 2/15/24

PAI

Service Recipient: Ha Nguyen
Service Span: 3/23 - 2/24

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: Shellfish. will ensure she doesn't eat shellfish at PAI 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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Type 2 diabetes. Staff will owe her meds at 12p DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Takes medication while at PAI. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Ha in the community. Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: glasses. Staff will encourage HA to wear her glasses if they observe her struggling.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: exercise, working, family, TV	
Important for: making money, working, healthy diet, staying active	
Likes: TV, library, out to eat, living with her parents, working, Vietnamese music, outings with PAI and PIA	
Dislikes: rude/mean people, having to wait, being woken up, being sick	
Communication Style: verbal but soft spoken	
Learning Style: verbally/ demonstration	

Lead Review Completed:

Staff: F Schwartz

Date: 2/12/24

Service Recipient: Nathan Dott

Service Span: 7/23 - 6/24

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: N/A 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:
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will prompt Nathan to go to the restroom in the morning and afternoon. Staff will assist with changing Nathan's brief and thoroughly cleaning.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are always with Nathan in the community. Staff carry identification of Nathan and would this info to the authorities if required. ☒ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Spending time with family, friends, video games, going out to eat, shopping, Shopping, friends to spend time with, finding a girlfriend, getting a job, moving out of his parents home.

Important for: Staying ~~Stf~~ safe and healthy, encouragement to be engaged in activities, participating in his community.

Likes: Shopping for clothes & going out to eat, Chicken nuggets, hotpockets, Chicken Sandwiches, tacos and ice cream.

Dislikes: fruits and veggies, Yelling / screaming, being told what to do. feeling Pressured to do Something.

Communication Style: Verbally

Learning Style: Verbally / Demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/9/24

Service Recipient: Leah Detviler

Service Span: 10/23 - 9/30/24

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:
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: D DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications while at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Vision impairment. Staff will verbally describe obstacles to Leah that she may need to navigate around. Staff will offer a hand for physical support as needed. Staff will offer to clean glasses.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be with Leah in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Wears glasses due to lazy eye. Staff will offer to clean them as needed.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: working, living with mom, stepdad, and dog, fun activities to do.

Important for: maintain good quality of life, having opportunities to work in the community

Likes: Dancing, cooking, music, pizza, vacations, cards, dances

Dislikes: old PCA, being told what to do by peers, bread, feeling sick

Communication Style: verbally

Learning Style: verbally | demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2-9-24

PAI

Service Recipient: Tavis Dean

Service Span: 4/23 - 3/24

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: Shellfish. Mild asthma Staff will let mom know if inhaler is needed at PAI. 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: Can eat quickly and over stuff in mouth Staff will give reminders to slow down.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Asthma - Staff will let mom know if inhaler is needed at PAI. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Independent in restroom, however after BM may require assistance w/ wiping. Staff will remind Tavis to wash his hands.
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: NA
Community Support: ☒ No ☐ Yes	Describe Supports: Tavis will be with staff and supervised during outings. ☐ 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: Loud noises can agitate Tavis. If people are upset, he can become agitated. Staff will offer redirections.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: School, playing sports, cooking, video games, TV, auntie/mom), getting a job, music, being a leader	
Important for: working, learning new things, keeping active, cooking w/ staff. Health and safety	
Likes: basketball, football, small tasking, being responsible, Art, helping others making friends	
Dislikes: Staying home. being bored, tuna fish, salmon, onions, peppers.	
Communication Style: Verbally	
Learning Style: verbally / demonstration	

Lead Review Completed:

Staff: FSchwartz

Date: 2/9/24

Service Recipient: (Fred) Robert Dean

Service Span: 11/1/23-10/31/24

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: Ranitidine, Seasonal allergies Staff are trained on his allergies. Staff will encourage Fred to reach out to his DR with any concerns. 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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Knee replacements, arthritis in knees. Staff will assist in finding jobs/activities that fit his needs, uses inhaler - staff will call 911 if he's having difficulty breathing. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: No medication while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Can be hard to understand. Staff will encourage Fred to repeat himself if others don't understand. Staff will notify CM if they observe Fred gambling, staff will remind Fred of consequences of over sharing info. ☐ 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: Wears glasses. independently cleans and cares for them.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Fred isolates while at home. Staff will encourage him to find activities in his community. ~~Advocate~~ Advocate on his behalf when needed and encourage to participate in activities @ PAI. Staff will let him know of schedule changes

Unsupervised time while at PAI? ☐ No ☒ Yes

Likes:

~~**Important to:**~~ Spending time with close friends, fishing, camping, going on trips, working, Spending time at home alone.

~~**Important for:**~~ People not returning calls, being anxious, not knowing schedule changes ahead of time.

Dislikes:

~~**Likes:**~~ ~~Important To~~: Knowing his schedule, independence, staying healthy

~~**Dislikes:**~~ ~~Important For~~: self-determination, help making appts, learning interpersonal relationships.

Communication Style: Verbally

Learning Style: Verbally / demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/9/24

Service Recipient: Lyric Dempier
Service Span: 12/23 - 11/24

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: N/A 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: N/A
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diagnosed with intellectual disability which impacts how she interacts DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Does not take medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be with lyric in the community and can provide coaching on budgeting ☒ 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: Staff will ask if Lyric wants to talk privately 1:1 when she's frustrated ~~N/A~~

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Getting a job in the Community, working on social skills, friends / family.

Important for: constructive feedback, frequent V ins, family support, varied activities / options to incorporate in her community

Likes: Shopping, hanging out with friends, routine, helping others, being social, arts/crafts watching sports

Dislikes: Changes to schedule, conflicts with peers, being told what to do, when others are loud, not understanding social situations.

Communication Style: Verbally

Learning Style: verbally / demonstration

Lead Review Completed:

Staff: F Schwartz
Date: 2/9/24

Service Recipient: Aaron Burns
Service Span: 3/23 - 2/24

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:
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Aaron does not recieve medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will verbally prompt Aaron to look both ways when in the community and navigating streets, crosswalks, and parking lots ☐ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to: Sticking to a schedules, working on assigned jobs, video games, movies, playing sports, karate, staying busy

Important for: Helping to stick to a schedule, notifing of changes ahead of time, being left alone when working, Praise, respect of personal space.

Likes: Helping, working out, puzzels, music, hot dogs, Mac cheese, milk, playing video games, books

Dislikes: Chicken legs, raisans, bananas, grocery store, when he cant do what he likes w/out communication prior, Schedule Changes - freq.

Communication Style: Verbally

Learning Style: verbally demonstration

Lead Review Completed:

Staff: F Schwartz

Date: 2/9/24

PAI

Service Recipient: Sean Boyd

Service Span: 8/23 - 7/24

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: Sensitive to citrus / Spaghetti Sauce if he doesn't wipe his face after eating. Staff will remind him to wipe his face. Staff will monitor his choices of food in the community and encourage to pick different item. 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: low fat / low Calorie diet. limited soda. Notify residence if lunch is high in fat. remind him to not eat others food; redirect if he buys pop in community, Encourage another option if he wants to buy citrus drink.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☒ Yes	Describe Supports: Staff will help identify and obtain necessary help for the environment. Staff are within Auditory and visual range at all times. 5 minutes alone time in restroom ☒ 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: glasses. Staff will notify residence if he's having trouble seeing, glasses are broken or missing. If he's adjusting his glasses, Staff will notify his residence. If staff can't understand Sean, ask him to repeat it.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Participating in the community, jobs that involve cleaning, being asked if he would like to do something, drinking his favorite beverage, being independent, being with peers and staff, using the IPAD	
Important for: gain / maintain his independence, maintain healthy diet, work in the Community, learn social interactions	
Likes: Watching movies, listening to music, Chicken, thanksgiving foods, cleaning jobs.	
Dislikes: oranges, grapefruit, & tomato paste, mall walking, being told what to do. ARTIST 2, Mondays, when the hallways are blocked.	
Communication Style: Verbally	
Learning Style: Verbally & Demonstration	

Lead Review Completed:

Staff: F Schwartz
Date: 2/9/24

Service Recipient: Sabrina Brower
Service Span: 7/23 - 6/24

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: Sulfa medications Staff will monitor medications to ensure they don't contain Sulfa. Staff will only provide prescribed medications. 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: Assist by cutting foods in small pieces, Reminders to slow down and to chew her food completely before swallowing.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take regular scheduled medications while at PAI. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: ~~independent~~ independent
Mobility/Fall Risk: ☒ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will assist in recognizing dangerous situations and why a "Stranger" may not be safe. ☒ 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 will continue to redirect when she's being aggressive towards other people and provide a way to interact with others to ensure everyone's safety. She can become violent if she's upset or frustrated.~~ N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: ~~Staff will provide~~ Continue to redirect when she's being aggressive towards other people and provide a way to interact with others to ensure everyone's safety. She can become violent if she's upset or frustrated.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Mother and grandma, family, electronics, staying busy/active, brother & sister	
Important for: Having someone to talk to when she feels the need to vent, increasing coping skills, and socialization skills, attending community outings, decreasing aggressive interactions.	
Likes: electronics, Mall, open gym, spending time w/ family & BF, shows, spaghetti, Perkins/dunn bros, babies, puppies, sports, being home.	
Dislikes: Being told no, losing phone privileges, brushing her teeth and hair, cleaning at home, getting up in the morning, not listening to dad.	
Communication Style: Verbally	
Learning Style: Verbally & demonstrations	

Lead Review Completed:

Staff: F. Schwartz
Date: 2/9/24

Service Recipient: Brian Boyer
Service Span: 1/24 – 1/25

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: Ibuprofen 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: ~~Hoto~~ ilestomy bag. Avoid raw carrots, raw celery, Corn, popcorn, Chinese veggies, dried fruit, nuts, wild rice, Coconut, bean sprots, Coleslaw, grapefruit, grapes, cabbage.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Legal blindness, Cerebral palcy, history of bowel obstructions, ileostomy. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Brian is a pivot w/ stand by assist for voiding. If he needs to change clothes - 2 person top/bottom lift or hoyer to the table. Ostomy bag that needs to be emptied. Staff trained upon hire.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Electric wheelchair, Staff assist in unfamilar places. If using manual wheelchair he may need assistance with moving long distances.
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: Legally blind and Color blind - assistance needed around obstacles.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Having multiple opportunities to do activities where he ~~needs~~ feels like he's involved. Staying busy working/volunteering, or an outing in the community	
Important for: Having support from staff members to stay safe and incorporate into his community, to have opportunities to work or volunteer	
Likes: Variety of music, movies, going out to eat, Cooking, Coming to PAI	
Dislikes: Negative and rude people, working on trane kits	
Communication Style: Verbal	
Learning Style: Verbal & Demonstrations	

Lead Review Completed: _____

Staff: F Schwartz

Date: 2/8/24

Service Recipient: Michelle Barrows

Service Span: 5/23 - 5/24

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: Penicillian, Sulfa, Antibiotics, Raspberries Staff are trained on Michelles allergies. While in the Community Staff will ensure she doesnt get raspberries. 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: Requires bite sized pieces. All liquids thickened to "mildly" thick or nectar state. Staff trained in medication admin will thicken her liquids if food is not cut up into bite sized pieces, staff will cut it. Staff will be in the same room when she's eating. Lactose intorant- help make choices that are lactose free
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: manual wheelchair, Use gaitbelt while in bathroom, use 1 person pivot transfer to help her, verbally remind her to sit gently. Give privacy but stay inside restroom. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Dr order for thick it into all liquids Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will use gait belt, assist Michelle on using grab bar, use 1person assist pivot transfer to help her to the toilet. Remind Michelle to sit gently. Give privacy but stay in the bathroom.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses manual Wheelchair unless she needs to use the bathroom.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be with Michelle while in the community. Point out physical obstacles and offer help to navigate around them ☐ 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: If staff notice her glasses are dirty, offer help to clean them. Contact Residence if she breaks her glasses.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: family, favorite foods/drinks, staying busy, fun activities, work

Important for: consistent/reliable supports, opportunity to work, medications, parents who support her.

Likes: going to the fair, shopping, swimming, IPAD, Pepsi, Chocolate milk, country music, PIZZA, Spaghetti, sleep.

Dislikes: living away from family, going to appointments, when people fight, when people are in her personal space or in her way while she's using the ~~banister~~ wheelchair, broccoli, mayo

Communication Style: verbally

Learning Style: Verbal / demonstration

Lead Review Completed: _____

Staff: F. Schwartz
Date: 2-9-24

Service Recipient: Michelle Bergman
Service Span: 9/23 - 8/24

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: Lisinopril Staff are trained on Michelle's Allergies 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: No choking. Staff will encourage healthy food options May need assistance with cutting up some foods.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has TBI. Staff will move wheelchair up steep inclines as needed DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: Does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☒ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual Wheelchair Staff will stand nearby and offer assistance as needed when transitioning into van chair. Staff will help move wc as needed.
Community Support: ☒ No ☒ Yes	Describe Supports: Staff will assist with moving wheelchair up steep inclines/long distances. Staff are always with Michelle in the community ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: Wears glasses and cares for them independently
Behavior Support: ☒ No ☒ Yes	List & Describe Supports:
Unsupervised time while at PAI? ☐ No ☐ Yes	
Important to: Safety, family, art, education	
Important for: Safety, assistance with being independent as possible, comfort	
Likes: peanut butter & apple sandwiches, pringles, YMCA, spending time w/ friends, family, socializing, theatre, plays, watching tv	
Dislikes: Beef, pork, cottage cheese, fish	
Communication Style: Verbally	
Learning Style: Verbally & demonstration	

Lead Review Completed: _____

Staff: F Schwartz

Date: 2/8/24

Service Recipient: April Cooley

Service Span: 2/23 - 2/24

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: Can Remind Others of her Allergies 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: N/A
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: N/A Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Has vertigo & dizziness. Dr approved 4 wheel walker or manual wheelchair when experiencing episodes of vertigo. Currently ambulates independently while at PAI.
Community Support: ☒ No ☐ Yes	Describe Supports: April is accompanied by ~~staff~~ Staff while in the community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Has history of self harm. If Staff observe her self harming, immediately intervene and encourage April to call her therapist.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Her Brother Nick, having healthy relationships with people in her life, DBT, PAI, work, and paycheck

Important for: Support to maintain and continue to gain independence, opportunity to work and make a paycheck, safe people to talk to, process with and remind her to utilize her DBT skills

Likes: Cats, word finds, work, being social, music, trying new instruments.

Dislikes: Loud music or noise. Chaotic workdays. Changes in Schedules that do not allow for things April finds to be important.

Communication Style: Verbally

Learning Style: Verbally & demonstration

Lead Review Completed: _____

Staff: Felicia Schwartz
Date: 2/8/24

Service Recipient: Hannah Brough
Service Span: _____

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

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Horses, cows, hay Should not be in contact with allergins but staff will encourage her to avoid contact Notify Parents if allergies reaction occurs. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder/epilepsy follow Seizure ~~disorder~~ protocol, monitor for signs/symptoms of Seizure. If seizure sit down or have her lay down, make sure she's not biting her lips or pulling her hair. If biting lip - gently pull it down ask to stop biting. if pulling hair, hold hand close to head. ~~Rescue should be given after 5 minutes~~ call 911 after 5 minutes
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Prompt and encourage Hannah to eat appropriate portion of healthiest food packed and encourage her to bring the rest home.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Tinnitus. staff will offer physical acsistance when walking by offering a hand or arm for balance. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Hannah does not take meds at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: N/A
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will always be w/ Hannah in the community and will maintain visual contact. Staff will model appropriate Stranger Safety & social skills, staff will carry Hannah's personal info for emergencies ☒ 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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ~~☒~~ Yes	
Important to: family, being in a relationship, Church, electronics, working, collection of CD's and movies, being independent, and making decisions for herself.	
Important for: finding indepence in living alone, family support, independence, Socializing with friends/family, having support managing her health.	
Likes: Wandering in farm fields, seeing cousins & aunt Becky, hanging out in her room, napping, Shopping, going out to eat, going to Cabin, Church, movies, working & making money socializing with others	
Dislikes: people yelling at her, loud voices, arguing, unclear expectations, when she's not involved in making her own decisions or feels unheard.	
Communication Style: Communicates verbally	
Learning Style: Explaining directions thoroughly	

Lead Review Completed: _____

Staff: Felicia Schwartz
Date: 2/8/24

Service Recipient: Noah Anderson
Service Span: 10/23 - 10/24

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: Seasonal / Latex. Staff will notify guardians if staff notice an increase in discomfort. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow Noah's protocol in event of seizure. Seizure lasting 3 minutes give nasal Nayzilam to one side of nose. if continues an additional 10 minutes repeat spray in other nostril and call 911.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Supervise Noah while eating at all times. Staff will cut his food into bite sized pieces. Remind him to chew and swallow. Assist with feeding Noah as needed
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Be aware he has a Harrington Rod in his back follow 2person hoyer lift when transferring Noah. monitor pad over belly button when changing. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications given while at PAI Unless PRN Nayzilam is needed. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance with toileting, showering, dressing. 2 person assistance with hoyer or 2person lift. Change pad over belly button as needed.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses manual wheelchair. Staff may need to navigate his wheelchair when in the community. use 2 person hoyer lift when doing personal cares.
Community Support: ☐ No ☐ Yes	Describe Supports: Staff will always be present when Noah is in the community He can be rushing & soft spoken ☒ 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: NA
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: He can pull his hair and slap his belly

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Having people around him, interactions, talking to him respectfully and like an adult, patience with me.

Important for: Health and safety, family, friends, my dog, grandma Bernie.

Likes: walks, playing sports, basketball, swimming, dancing, music, sign language, puzzles, cards, uno, go fish, painting, mac-n-cheese chocolate milk

Dislikes: Juice, pop, broccoli, salads, hot weather

Communication Style: verbal but soft spoken, some ASL

Learning Style: verbal and demonstration

Lead Review Completed: _____

Staff: F Schwartz
Date: 2/8/24

Service Recipient: Andy Berkowitz
Service Span: 1/24 - 12/24

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: gluten - no wheat, semolina, kamut, Spelt, barley, Rye, malt, and oats. 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: ~~gluten~~ gluten free diet due to Celiac disease. eats independently
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease ~~Chronic Medical Conditions~~ DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: No medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will Stay within visual range at all times while in the Community ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Andy has hearing loss and wears hearing aids
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Working out, mall walking, music and dancing, cleaning, being social, family, being happy, Laundry & dishes.	
Important for: opportunities to be included in the community, being social, gluten free diet, advocating for himself, practicing ignoring people who bother him.	
Likes: working out, bowling, flowers, bocce ball, Twins, checkers, country music, dancing, pizza, cleaning jobs, 2 1/2 men, pasta, vacuuming	
Dislikes: foods that give him a stomachache, when people tell him to stop staring, Spicy food	
Communication Style: verbal but soft spoken, may need to politely ask to repeat himself	
Learning Style: Verbal instructions Visual demonstrations.	

Lead Review Completed: _____

Staff: F Schwartz
Date: 2/9/24

PAI

Service Recipient: Bill Dobihal
Service Span: 8/23 - 7/24

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: Takes large bites of food and may swallow large portions of food at once. Staff will remind Bill to eat slowly and chew his food completely before swallowing.
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Bill obtains 2 PRN's while attending PAI. Staff are trained in Medication Admin Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Can be unstable while walking due to lack of depth Preception. Assitance by staff when walking on uneven terrian or walking on slippery surfaces.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Bill while out in the community. Always within auditory / visual range. ☐ 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: glasses. Staff will assist with cleaning as needed.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Bill may have dry skin on fingers and dry cuticles. He may rub fingers. Staff will assist with putting lotion on his hands as needed.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Having positive attitude, doing right thing, participating in community, attend classes, keep track of his things, feeling proud, happy	
Important for: maintain independence, be happy, being apart of a group, positive environment, attending work and classes	
Likes: State fair, puzzels, comics, classic Rock, Playing harmonica, lasagna Salad, Caribou, mcdonalds, wendys, Cleaning, writing phone #, being praised	
Dislikes: Rude people, being poked, feeling disrespected, teasing	
Communication Style: Verbally	
Learning Style: Verbally and demonstrations	

Lead Review Completed:

Staff: F Schwartz

Date: 2-9-24

Service Recipient: Hanna DeVries

Service Span: 10/23 - 11/24

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: Pre diabetic.
Chronic Medical Conditions: ☐ No ☒ Yes ☐ N/A	List & Describe Supports: pre diabetic- staff should encourage healthy food choices. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Does not take medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: Can be friendly. Staff will help advocate for Hanna as needed ☐ 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: N/A
Behavior Support: ☒ No ☒ Yes	List & Describe Supports: Hanna may swear, yell, scream, and use a harsh tone due to her autism. With emotions she may cry, argue, have impulses, or minor outbursts ~~N/A~~ staff will give assistance - breaks, leaving room, Redirections and distancing.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Friends, Community, Family, Pets, farms.

Important for: Being Social, getting out into the community, sense of purpose, workers health, going to the dog park

Likes: Crafts, pictures, beady buddies, Shopping, going out to eat, pet store, parks visiting family, happy people.

Dislikes: Step brothers, political, tail gaiting, bad manners, disrespectful.

Communication Style: Verbally

Learning Style: Verbal | demonstration

Lead Review Completed:

Staff: FSchwartz

Date: 2/12/24

Service Recipient: Paul Dwyer

Service Span: 10/23 - 9/24

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: Seasonal allergies If exhibiting signs/symptoms.- Staff will contact this residence. 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: food must be cut into ~~bite~~ bite sized pieces. Staff will cut food if bought in the community. Staff will provide supervision during meal times. follows 1250 Cal diet,
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: reoccuring eye infections. Staff will offer warm compress if eyes appears red or sore. Staff will contact residence. Vasovagel - Staff will stand by when in the restroom. Call 911 if he passes out. DNR/DNI? ~~☒~~ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Paul doesn't take medications while at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Staff will assist Paul with using portable urinal. Staff will use gaitbelt and 2 person assist to transfer to the toilet when he has a BM. Remain nearby. If Paul passes out and staff suspect vasovegal call 911.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses power wc. ask if he would like help steering. Help when he has a BM and needs to be taken out of his wc. Use transfer belt and grab bar to stand up and pivot to the toilet using 2 person assist.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff are with Paul in the community. offer help around obstacles. Carry identification ☒ 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: ~~wears~~ has glasses but chooses not to wear them. Staff will assist with putting them on should he want to wear them.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Spending time with family, fun activities, PAI to see his friends.	
Important for: access to new and varied activities in the community, staying active, maintaining good health.	
Likes: wrestling, Christmas music, coffee, music/dancing, family, pasta, library, working on cards, going on outings.	
Dislikes: being rushed, being picked on, when others ~~are~~ are in his personal space, when others are unhappy, loud noises.	
Communication Style: Non verbal - take time when ~~community~~ communicating. Staff will ask clear yes or no questions when asking Paul questions.	
Learning Style: demonstration/verbally	

Lead Review Completed: