Competency Tracking Form

Participant: Sue Foss

Annual Service Span: June 2024 to June 2025

Annual Meeting Date: 6/13/2024   **Date Assigned to Lead**: 6/18/2024

Competency Quiz Due for all Staff: 7/18/2024

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.
*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name	Date Completed	Initials	Full Name
7/9/24	Jm	Jaime Meyer	7/9/24	JB	Julia Baker
7/9/24	JG	John Gebhardt	7/9/24	RH	Rosaleigh Halverson
7/9/24	aml	Ilene Lubick	7/9/24	DY	Doua Yang
7/9/24	lm	Laura Kinney	7-10-24	DR	Darlene Rice
7/9/24	PD	Pamela Davis	7/9/24	um	Krista Mischnick
7/9/24	CS	Cindi Stucky	7/9/24	bm	Brian Mattox
7/9/24	DM	Dennis Moua	7/9/24	LO	Lateeph Onikoro
7/15/24	JS	Kris Smoot	7/9/24	EZ	Elena Zadow
7/9/24	DT	Dave Turner			Josh Snodie
7/15/24	RS	Renee Schmidt			
7/9/24	NS	Nancy Snyder			
7/9/24	KS	Dolly Stein			

Date Uploaded to LMS: _____

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 LISINOPRIL 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: ALL FOOD PUREED - USES MOTHER SPOON to EAT USE Thick It FOR dRINKS
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD - CEREBRAL PALSY DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - INhALER Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: STAFF ASSISTANCE / hand RAILS
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: NEEd ASSISTANCE / TRANSFER
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: NOT AWARE of VISION CHANGES RISK of HEADACHES
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: MAY COMMUNICATE by YELLING / LASHING OUT

Unsupervised time while at PAI?　☒ No ☐ Yes
Important to: CHOICES - CALM + QUIET - OTHERS that KNOW hER
Important for: ROUTINE - CHOICES - BOUNDARIES
Likes: gETTING hAIR + NAILS doNE - gAMES - Shopping - FRIENDS - MUSIC OUTINGS - COFFEE
Dislikes: ASPARAGUS - SPINACH - PEOPLE YELLING - EXERCISE - DOCTORS PEOPLE TOUCHING things She's WORKING WITH
Communication Style: VERBAL
Learning Style: CLEAR DIRECTION - REPITITION

Lead Review Completed: _____

Staff: Renea Schmidt

PAI

Date: 7/15/24

Service Recipient: Sue Foss

Service Span: 6/24 - 6/25

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

Category	List & Describe Supports	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Allergic to lisinopril	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: arrives puree - uses mother spoon spouted cup Thick it honey/Pudding	
Chronic Medical **Conditions:** ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, Cerebral Palsy	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Inhaler	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 Hand rail/staff assa	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: accepting of staff assistance/transfers	
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: not aware of vision changes At risk of headaches	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Communicates anger/express strong opinions. At risk for retaliation	

Unsupervised time while at PAI?   ☐ No ☐ Yes

Important to: Own choices being around others

Important for: Routine choice, decision maintain boundearies

Likes: Coffee hair done nails, walking family Joking

Dislikes: asparagus spinach people yelling

Communication Style: Verbal

Learning Style: Clear direction & modeling!

Lead Review Completed: _____

Staff: **Doua Vang**
Date: **7/9/24**

PAI

Service Recipient: **Sue Foss**
Service Span: **June 24 - 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: allergic to lisinopril	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: arrives puree. uses mother spoon: spouted cup Thick-it, honey/pudding	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, cerebral palsy	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for inhaler	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. Hand rails/staff assistance.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: accepting of staff assistance/transfers	
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: not aware of vision changes. At risk of headaches	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: communicate anger/express strong opinions. At risk for retalliation yelling/striking	

Unsupervised time while at PAI?   ☒ No ☐ Yes
Important to: own choices, being around others
Important for: Routine, choice, decision, maintain boundaries w/ others
Likes: coffee, hair done, walks, music, family, joking around
Dislikes: asparagus, spinach, people yell
Communication Style: verbal
Learning Style: clear direction, modeling, repitition

Lead Review Completed: _____

Staff: Dave Turner
Date: 6/20/24

PAI

Service Recipient: Sue Foss
Service Span: 6/24 - 6/25

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: **Medication Allergies?** ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order* Sue is allergic to Lisinopril
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Sue's food should be live pureed. Sue uses a small (mother spoon) to help her take small bites. Sue also uses a spouted cup. Sue uses thickit level 3 between honey + pudding
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: **DNR/DNI?** ☐ No ☒ Yes *Located in main file, share with EMT in emergency* Gerd, Cerebral Palsy
Medication: ☒ No ☐ Yes	Describe Supports: **Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order* Sue does not take medication at PAI.
Personal Cares: ☒ No ☐ Yes	Describe Supports: Sue needs assistance transferring from her chair to toilet using hand rails + staff assistance. Sue wears briefs + pad but will use toilet. Sue needs full assistance for BM.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sue is accepting of staff assistance during transfers. Sue uses a lap belt which she can buckle independently. Sue is in w/c + needs assistance propelling.
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: Sue may not be aware her vision is changing placing her at risk for headaches + decreased vision.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Sue may communicate anger or frustration by yelling or striking out. Sue may express strong opinions which could put her at risk from other's retaliation. Staff will talk to Sue about what is bothering her.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Make her own choices, be in a calm environment, be around people who know her + can help her talk through frustrations.

Important for: Respect Sue's routines, choices + decisions. ☒ That staff can help her transfer when needed. To maintain appropriate boundaries with others.

Likes: Getting her hair done, walks, playing games, shopping, music, joking aloud, Family

Dislikes: Asparagus, spinach, when people yell, exercise

Communication Style: Verbal

Learning Style: Clear direction; Modeling, repetition

Lead Review Completed: _____

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: Allergy to Lisnopril. 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: All food pureed. Uses "Mother Spoon" to help eat. Uses Thickit for drinks
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, Cerebal Palsy DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Uses inhaler as needed. 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 transfering in the bathroom-Toilet.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff help with body transfers. Help move her wheelchair
Community Support: ☒ No ☐ Yes	Describe Supports: ⟶ ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: She may not be aware of her vision changes.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May yell if upset.

Unsupervised time while at PAI? ☒ No ☐ Yes	None.
Important to:	Making her own choices, Being with people who know her.
Important for:	Maintapppropriate boundries + Decisions
Likes:	Coffee, visiting, joking,
Dislikes:	When people yell.
Communication Style:	Verbal
Learning Style:	Modeling and Repitition

Lead Review Completed: _____

Staff: Lateeph Onikoro   **PAI**   Service Recipient: Sue Fiss

Date: 7/09/2024   Service Span: 6/24 - 6/25

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: Lisinmopril	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: Specialize diet, paree molter spoon to help take small bite	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: NO ~~Specialize diet paree~~ ~~molter spoon to help take bite~~	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: medication sue ~~has to~~ doesn't take at 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: Need help transfering to toilet	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Sue needs staff assistent propelling on wheel chair	
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: She may not be aware of health changing	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May Communicate anger with yelling	

Unsupervised time while at PAI?   ☑ No ☐ Yes
Important to: Make her own choices. Been around people who knows her.
Important for: appropriate boudaries with others
Likes: walks, music, joking around
Dislikes: Spinach verdaughus, yelling
Communication Style: verbal
Learning Style: Clear direction, modeling

Lead Review Completed: _____

Staff: Kristine Smoot
Date: 7/15/24

PAI

Service Recipient: Sue Foss
Service Span: 6/24 - 6/25

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: Lisinopril **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 arrives pureed. Uses "Nother spoon", Spouted cup j the lid
Chronic Medical **Conditions:** ☐ No ☐ Yes ☐ N/A	List & Describe Supports: GuRD, CP, inhaler - as needed **DNR/DNI?** ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: **Daily medication at PAI?** ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Assist w/ transfer, assist w/ BM
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Assistence w/ transfers
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: May not be aware of health changes
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May comm. by yelling or lashing out
Unsupervised time while at PAI? ☑ No ☐ Yes	

Important to:
being around people that knows her

Important for:
respect routines, choices/decision, App boundaries w/ others

Likes:
Coffee, getting hair done, walks, music, family

Dislikes:
when people yell, spinich, asparagus

Communication Style:
verbal.

Learning Style:
Clear direction, modeling, repitition

Lead Review Completed: _____

Staff: Pamela Davis

Date: 7/9/24

PAI

Service Recipient: Sue Foss

Service Span: 6/24 – 6/25

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: Lisinopril 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 arrives pureed; mother spoon for small bites uses a spouted cup; thicket level 3 - (Honey/Pudding)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gurd; ~~cerebral palsy~~ cerebral palsy inhaler - As needed DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assistance transferring to toilet w/ staff assistance w/ BM - also.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff assistance during transfers
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: Sue may not be aware her vision
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may communicate by yelling or lashing out.

Unsupervised time while at PAI? ☒ No ☐ Yes
Important to: being around ppl that know her
Important for: respect routines, choices decisions appropriate boundaries w/ others
Likes: coffee, hair done, walks, music, family, joking around
Dislikes: asparagus, yelling, spinach
Communication Style: Verbal
Learning Style: clear direction; repetition; modeling

Lead Review Completed: _____

Staff: Elena Zaclow	**PAI**	Service Recipient: Sue Foss
Date: 07/09/2024		Service Span: 06/24 - 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: Lisinoperil	**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: Pured, mothe spoon- small bites Spouted cup, honey/pudding	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, cereble palsey	**DNR/DNI?** ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Inhaler PRN	**Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assist transfer w hand rails, BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Assist WC / transfers	
Community Support: ☒ No ☐ Yes	Describe Supports: Assist	☒ 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: Vision changes - headaches/decreased vision	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbally / Physically aggression - has strong opplans	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: Assist	
Important to: Chocks, people, talking out frustrations		
Important for: Routine, chocks, boundaries		
Likes: Coffee, hair, walks, music, family, jokes		
Dislikes: Aspergus, spinach, yelling		
Communication Style: Verbal		
Learning Style: direction, modele, repetion		

Lead Review Completed: _____

Staff: Nancy Snyder   **PAI**   Service Recipient: Sue Foss

Date: 7-9-19   Service Span: 6/24 - 6/25

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: Lisinopril	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 is pureed / uses nosher spoon, spouted cup thick it-level 3 - between honey + pudding	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gerb cerebral palsey	DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: uses inhaler as needed (outings)	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 w/ transfer, Rails & staff Full for BMs	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports:	
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: Vision changing = headaches	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: -yells when angry -strong opinions	
Unsupervised time while at PAI? ☑ No ☐ Yes		

Important to:
choices, people who know her

Important for:
respect routines + choices, appropriate boundaries

Likes:
coffee, hair done, walks, music, family

Dislikes:
asparagus, spinach, yelling

Communication Style:
Verbal

Learning Style:
clear direction, modeling, repetition

Lead Review Completed: _____

Staff: Jaime Meyer

Date: 7/9/24

PAI

Service Recipient: Sue Foss

Service Span: 6/24 - 6/25

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: Lisinopril	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: pureed food, mother spoon for small bites & spouted cup, thicket Level 3	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, Cerebral Palsy	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Inhaler as needed	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs assist transferring to toilet	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: accept staff assistance w/ transfers	
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: may not be aware of vision change	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: communicate anger by yelling	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: choices, around people who know her

Important for: respect routines, maintain approp boundaries

Likes: coffee, walks, music, family, hair done

Dislikes: asparagus, spinach, yelling

Communication Style: Verbal

Learning Style: clear direction, modeling, repetition

Lead Review Completed: _____

Staff: _Drurs M,_ PAI Service Recipient: _Sue Foss_

Date: _7/9/24_ Service Span: _6/24 # 6/25_

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: lisinopril 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: puree foods, thicken drinks
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, cerebral palsy DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: uses an inhaler as needed 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 transfer to toilet
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: staff assist during transfers and pushing in community
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: eyes, weights on hands when eating
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: may communicate anger or frustration,

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:	making choices, being around friends, talk through frustration
Important for:	respect routines, choices, decisions, maintain appropriate boundaries with others.
Likes:	coffee, colors, hair, walks, music, family, joking,
Dislikes:	asparagus, spinach, ppl yelling,
Communication Style:	verbal
Learning Style:	clear direction, modeling, repetition

Lead Review Completed: _____

Staff: Study Date: 7/9/24

PAI

Service Recipient: Sue Foss
Service Span: 6/24 – 6/25

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: lisinpvol 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: pureed food, mother spoon to take small bites, Spouted cup, thicket level 3 (honey)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gvd + cerebral palsey DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Inhaler as needed 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 transfering to toilet - full ass. w/km.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Sue is excepting of staff for transfers
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: Vision is changing — headaches
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may communicate by anger – strong opinions

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Making choices   being around ppl who know her

Important for: Respect
Maintain appropriat boundrys

Likes: coffee, hair, walks, music
family, joking arnind

Dislikes: asparagus + ppl yelling
spinach

Communication Style: verbal

Learning Style: Clear direction, modeling + rep.

Lead Review Completed: _____

Staff: Brian Medlox
Date: 7/9/24

PAI

Service Recipient: Sue Ross
Service Span: 6/24 – 6/25

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: allergic to lisinopril	**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 is pureed use mother spoon to take small bites spouted cup use thier	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd ceseloral polsy	**DNR/DNI?** ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: use inhaler as needed	**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 transed to chair to loilet full assistance for BM	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: sue is alorting staff during trapfers and moving whrel chair	
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:	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: sue can't anger by yelling cruss stom opionions	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: make her own choices clam envanoft

Important for: Respect routing

Likes: coffen walks music family joking around

Dislikes: yelling sparsh

Communication Style: verbal

Learning Style: clear derion molding repution

Lead Review Completed: _____

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 lisinopril 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: does need food pureed and liquids thickened (food smiles puree) uses a motor spoon for small bites. Also used a spouted cup. Thick-it level 3 honey and problem
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: GERD, cerebral palsy DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: uses inhaler PRN 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 w/ toilet transfers (handrails and staff assistance w/ BM)
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: accepts staff assistance w/ transfers + propelling
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: may not be aware of vision changes. may get headaches or decreased vision.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may yell when angry. Has strong opinions which may put her at risk.

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to:	making choices. Being around staff who knows her and can talk thru frustration.
Important for:	maintain boundaries and respecting others decisions.
Likes:	coffee, hair days, walks, music, family, jokes
Dislikes:	asparagus, spinach, yelling
Communication Style:	Verbal
Learning Style:	Clear direction, modeling, repetition.

Lead Review Completed: _____

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: Sue is allgic to Lisinapril	**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: Sue good avrials puract. She uses a mothersPoon to take small bite. She uses a saured cup and uses think it.	
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, Cerbral Palsy	**DNR/DNI?** ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: inhaler as needed	**Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds. per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Sue is accetting Sue need full assitures, wear bief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: good about transfer	
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: Sue might not know weather is changing	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Sue might use anger when putting her out.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Making own choices, being around People that
know her

Important for:
reersent her roules, approite, baniorns

Likes:
coffee, getting hair done, walks, Jokes, family

Dislikes:
veggie, people yelling

Communication Style:
Verbal

Learning Style:
clear dection, repertion, modeling

Lead Review Completed: _____

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 lisinopril	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: Bord all foods pureed & uses a mothing spoon and uses a spouted cup & thickit level 3 honey/puddn	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd & cere cerebral palsy	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Now uses an inhaler & should now use	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs assistence to BR/transporting her/full BM assistence	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: accepting of staff assistance during transfers/needs help properly	
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: Not aware, her vision is changing & getting headaches	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: ex expresses strong opinions, may peach out grab	

Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Choices, being around people who know her	
Important for: respect of her routines & decisions, boundaries w/others	
Likes: coffee, hair done, walking, music, family, joking	
Dislikes: asparagus, spinach, yelling	
Communication Style: Verbal	
Learning Style: clear direction modeling & repetition	

Lead Review Completed: _____

Staff: Roscaleigh Halvorson   **PAI**   Service Recipient: Sue Foss
Date: 7/9/24   Service Span: 6/2024 – 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: lisinopril	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 amres pureed, mother spoon for small bits spouted cup, thick it level 3 between honey + pudding	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: gerd, cerebral palsy	DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: inhaler as needed	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: assistance transferring to toilet with handrails + staff assistance / full assistance with BM	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: accepting of staff assistance during transfers w/c needs help propelling	
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: may not be aware vision changing – risk of headaches	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: anger- yelling, striking out / expresses strong opinions – puts at risks of other retaliation	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: own choices, being around people who know her + talk through

Important for: respect choices/decisions, maintain appropriate boundaries

Likes: coffee, hair done, walks, music, family, joking

Dislikes: asparagus, spinach, when people yell

Communication Style: verbal

Learning Style: clear direction, modeling, repetition

Lead Review Completed: _____

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: Lisinopil **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: honey/pudding Pured food, thickened drinks, uses small mother care spoon & a spouted cup to drink
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd, Cerebral palsy **DNR/DNI?** ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: uses an inhaler as needed **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 pivoting to toilet w/ handrail & staff. full assistance for BM
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: lap belt always on
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: wears glasses - may be unaware of her vision changing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May yell or strike out, expressing strong opinions putting her at risk of retaliation

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Choices, staff/peers that know her well

Important for: Routines, choices/decisions, maintaining appropriate boundaries w/ others

Likes: coffee, walks, getting hair done, joking

Dislikes: asparagus, others yelling, spinach

Communication Style: Verbal

Learning Style: clear direction, modeling, repetition

Lead Review Completed: _____

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	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 arrives pureed. small bites. uses a spouted cup. Honey/ pudding thickened liquids.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Gerd cerebral palsy.	DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒No ☐ Yes	Describe Supports: daily inhaler	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 transfering to the toilet. Full assistance w/ BM.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: accepting of staff assistance during transfers.	
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: may not know her vision is declining	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may communicate anger by shouting.	

Unsupervised time while at PAI? ☒No ☐ Yes
Important to: making her own choices; being around people she knows.
Important for: routine, respect decisions. maintain appropriate boundaries with others
Likes: music, family, joking around, coffee
Dislikes: spinich, when people yell
Communication Style: verbal
Learning Style: repitition, modeling, clear direction

Lead Review Completed: _____