Staff: Ellie
Date: 3/27

PAI

Service Recipient: Mary Bromander
Service Span: 4/2023 – 3/2024

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 tree pollen has seasonal allergies may have reaction to bug bites will request if she itches. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has a history of seizures which occured in 1977, 1984, 1989 Protocol call 911 at the onset of one
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: to have low cholesterol ground / chopped diet thickened liquids to have pureed and to promote to eat independently
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sclerosis Hypothyroidism Dementia Hyperlipidemia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will request meds from house. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: will guide her to the bathroom by holding her hand by guiding mary will hold on to the railings and let herself turn around independently
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: mary is blind and unable to keep her walking path clear staff will verbally tell her where she is going
Community Support: ☒ No ☐ Yes	Describe Supports: mary is accompanied by staff while in 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: mary is blind staff will provide verbal prompts and warnings prior to approaching building.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Depression and self injurious behaviors with depression and is currently on psychotropic medication
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	things important to mary include listening to music she enjoys during her day having time to relax in a chair or recliner
Important for:	receiving care from staff that know her well having opportunities to maintain her walking skills having staff explain her environment
Likes:	marys dislikes consist of being touched to much bright lights being rushed loud noises spicy foods
Dislikes:	dislikes consist of being touched to much bright lights being rushed loud noises
Communication Style:	may reach for things she would like and push away verbalization facial expression body gestures
Learning Style:	to be auditory and kinesthetic learner verbally explain activity and for step to learn

Lead Review Completed: _____

Staff: Ellie

Date: 3/21

PAI

Service Recipient: Darthy C

Service Span: 5/2023 - 4/2024

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: Yes Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder, she takes meds daily wears a helmet to protect her.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: eats a regular diet ground to bite size pieces no raw veggies unless shredded her food will vary day to day Staff will alter food to her desire
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Spastic Quadriplegic CP Equinus - malformation of the feet mild scoliosis Hypothyroidism takes meds daily / constipation, chronic bronchitis DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Staff will request meds from the house Daily medication at PAI? ☐ No ☑ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: recieves full support for personal cares supported every two hours as needed throughout the day wears briefs and uses a transfer belt steads by being supported
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: chronic medical condition and seizure disorder put her at a high risks of falls uses wheel chair for mobility can independantly maneur her wheel chair
Community Support: ☑ No ☐ Yes	Describe Supports: is accompanied by 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: tactile defensive on feet does not like to wear shoes or socks vision impairment - unable to see things unless they are close to her.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to have her socks and shoes off having a clothing protector towel to fidget with spending time in the community	
Important for: to have her needs met by caregivers for staff to know her dietary needs wearing her helmet	
Likes: Fidgets bandana socks and shoes off to roam around	
Dislikes: wearing socks and shoes not being able to roam being ignored	
Communication Style: non verbal through vocalizations facial expressions will push objects away she doesn't want	
Learning Style: Auditory visual or kinesthetic	

Lead Review Completed: _____

Staff: Ellie

Date: 2/27

PAI

Service Recipient: matt B

Service Span: 10/2023 / 9/2024

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 absorbatle sulfonamides, sulfa, cefaclor and Augmentin staff will let the hart know if he is exposed any of it. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: epilepsy and his seizures are controlled with medication has seizure protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: has a history of choking and putting non food items in his mouth when eating small objects staff will monitor matt has a pureed diet and if he gets his hat staff will put new one on
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: has choreoathetoid Cerebral Palsy I:1 during meal time cerebellar hypoplasia severe intellectual disability DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes his med orally with soft food such as applesauce requires full assistance with medications Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses disposable Briefs two person lift with hoyer
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: with eyesight disorder puts matt at risk of falling and impacts his ability to move on his own. Chronic blindness causes his ability to move on his own.
Community Support: ☒ No ☐ Yes	Describe Supports: staff will provide supervision and physical support while in 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: functional blindness, has some vision able to locate certain objects staff will offer choices 2-3 feet away with a verbal cue
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Physical aggression/ conduct grabs peers, may reach out and use physical contact with others who can't defend themselves
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	rocker sitting by the window going on walks bus rides working with people who know him
Important for:	dietary orders his seizure protocol working with staff that know him
Likes:	sit by windows listening to music (rock n roll) making positive vocals outings riding the bus
Dislikes:	doesn't like sandwiches or bananas waiting for events or tasks may struggle with shoes when leaving for the bus
Communication Style:	Vocalizations facial expressions
Learning Style:	verbal short hand over hand repetition

Lead Review Completed: _____

Staff: Ellie
Date: 3-27

PAI

Service Recipient: Curt Anderson
Service Span: 7/2023 - 6/2024

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: Curt is sensitive to latex Staff will use latex free PPE he is able to know if he is having an allergic reaction. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Curt is diagnosed with epilepsy as a result of a traumatic brain injury his seizures are well controlled with Daily medication taken at home
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Curt can chew his food independtly and cut up some of his food on his own may not cut food in the right size
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, Spastic Quadriplegic Specific type of CP, Diffuse TBI, hypothyroidism Hyperlipidemia scoliosis, Skin conditions seborrheic dermatitis DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes whole med by mouth with Pal applesauce or pudding has no PRN Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: uses disposable brief and is at risk of developing skin integrity concerns not able to complete personal cares without assistance, can help roll
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at risk of falling staff will help assist Curt with wheelchair.
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will provide supervision 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: N/A
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Depression and he seeks healthy ways to deal with it such as family might isolate and withdraw when experiencing it
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to makes decisions "like a man" to engage with those around him values being active spending time with family.	
Important for: to stay active and support and maintain important relationships to stay hydrated to take his thyroid medication	
Likes: likes animals (dogs) little kids listening to music rock n roll Country's joking with others being involved with whats going on around him	
Dislikes: loud noises they make him jump tends to get embarrassed does not like the size on his head	
Communication Style: verbal 2-3 word sentences requires time to process what others are saying	
Learning Style: learns best verbal paired with visual cues routine consistency	

Lead Review Completed: _____

Staff: Ellie

Date: 4/1

PAI

Service Recipient: Brittney G

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: allergic to Cipro / Ceclor Septra Supray Cefamine or use of latex Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: staff are trained on Brittneys protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: does not eat orally at PAI staff will put away non-edible items they are not using receives nutrition and Meds via G-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: is diagnosed with constipation Dysmenorrhea - pain during menses Static encephalopathy Scoliosis DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: staff will request medication from guardians will pass med via G-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses disposable briefs and the matt table to fresh up staff will help reposition throughout the day
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses two person hoyer lift staff will monitor pain through facial expressions or vocalizations.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: will present choices making at close up distance communicates by eye gazing and smiling
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family rock music being comfortable comfortable temperature quiet environment.	
Important for: Seizure protocol NPO order her team who advocates for her	
Likes: having her hair done spending time in the recliner quiet environment motorcycles spending time with family, lil time with store	
Dislikes: being uncomfortable discomfort related to her G-tube being too hot or cold extended touch	
Communication Style: vocalization facial expression eye pointing expresses discomfort by crying	
Learning Style: Verbal repetition	

Lead Review Completed: _____

Staff: Ellie

Date: 4/1

PAI

Service Recipient: John D

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: Tegretol (carbamazepine) Felbamate, Pertussis vaccine Immune Globulin Depakote, mold dust and pollen Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: lennox Gustavat Syndrome experiences different types of seizure activity, if sitting in recliner staff will place a matt in front of recliner
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: has nothing by mouth NPO has a history of grabbing receives nutrition and medication by g tube things within reach
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~for~~ lenox gastrot syndrome complex rare severe childhood onset epilepsy Static encephalopathy - unchanging brain damage Hypotonia, which leads syndrome DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: medication is given through g tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears a disposable brief is able stand with support of staff(2) will lean on the matt table to steady himself.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: has unsteady gait and has hypotonia puts him at a increase in falling is able to move from sit to stand position with staff
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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: with cataracts has blurry vision staff will offer objects within close range. Staff will explain what they are trying to show him
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may hit his body with closed fist or scratch his face he is unable to verbally inform staff his emotions Self injurys
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family fidgets, paper, music, music therapy being repotensied.	
Important for: his NPO order hearing aid being engaged his seizure protocol his team who advocates for him.	
Likes: fidgets, paper, playing instruments going for walks seeing his family his frog time out of his wheelchair	
Dislikes: doing things he doesn't enjoy being in pain not having paper long period of time in his chair	
Communication Style: non-verbal through facial expressions eye contact smiling body language pulling or looking away	
Learning Style: auditory visual kinesthic repetition routine	

Lead Review Completed: _____

Staff: Ellie

Date: 4-1

PAI

Service Recipient: Jason Hanson

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: is allergic to sulfa staff are aware. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: generalized tonic-clonic seizures staff will know his protocal
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: staff will give verbal cues for him to slow down to chew his food and take one bite at a time staff may offer low fat or low calorie snacks
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Autism a broad range of conditions characterized by challenges with social skills repetitive behaviors hyperthermia which is overheating - notable to sweat having a bright red face i.e. sign 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: will use the cares room independently may need assistance freshening up and reminders to wash his hands may run out of room to use a different bathroom.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: is near sighted is diagnosed with keratocone has a history of not wearing his glasses staff will give verbal cue for obstacles.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Communicates through pointing gestures and some sign language may become frustrated or upset if unable to communicate his needs has history of pushing his upper body against others when upset
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: his family, having personal space mealtimes being able to observe others	
Important for: his seizure protocol having staff who know him well taking breaks when overwhelmed	
Likes: using different instruments during music therapy enjoys country music shania twain likes observing others sometimes participating in arts and crafts playing cards and board games	
Dislikes: does not like being told no dislikes participating in activities even ones he enjoys will sometimes move his chair away	
Communication Style: non-verbal facial expressions body language vocalizations pointing few signs	
Learning Style: modeling hand over hand verbal cues touch prompts/ pointing.	

Lead Review Completed: _____

Staff: Ellie

Date: 4/1

PAI

Service Recipient: Jordan H

Service Span: 10123-9124

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: staff will monitor for seizure activity
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: receives nutrition and liquids via G-tube Guardian sends in meals and water at risk if not given thru G-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: iron deficiency anemia blood looks adequate healthy blood cells General fatigue weakness DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: passes meds thru G-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses disposable briefs uses hoyer lift Staff will reposition Jordan as needed
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: 1-person track system 2 person hoyer lift will be closely monitored if in recliner.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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: vision impairment staff will verbally explain what it is has glasses will typically use them
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Hand chewing will be offered an alternative manipulative will give PRN via G-tube if needed
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family his religion being involved	
Important for: dietary protocol seizure protocol being with people who know him	
Likes: fidget or something to do with his hands working with staff he know	
Dislikes: being anxious or in pain having gass not being included hectic enviroments	
Communication Style: facial expressions vocalizations gestures eye pointing	
Learning Style: auditory visual kinesthetic	

Lead Review Completed: _____

Staff: Ellie

Date: 4/3

Service Recipient: kyle k

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: is allergic to Codeine and has Seasonal Allergies which result in intermittent Asthma. kyle will stay home when congested Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: with a seizure disorder as a result of childhood trama brain injury has ~~ebo~~ tonic/ colonic seizures has PRN medication
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order to prevent choking if he exhibits choking staff would administer abdominal thrusts.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Traumatic brain injury - affects how the brain works intellectual disability, Quadriplegia, Spinal fusion DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes meds via - G-tube requires full assistance with medications Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: uses a disposable brief requires full assistance in all aspects of personal cares
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: kyles chronic conditions puts him at a high risk of falling and impact his ability to be safely mobile on his own
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: kyles eyes work independently so it results in poor vision. can see best when objects are up close staff will verbal descrite items
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: talk to him while working with him and letting him know what your doing if he doesn't feel well might wiggle frequently or have facial expressions likes to be engage	
Important for: for staff to be aware of his NPO order. vision impairment Seizure diagnosis to be repositioned during the day	
Likes: likes foot ball - Greenbay packers he enjoys going to the outdoors and spending time with his family	
Dislikes: not being included / engaged, loud noises	
Communication Style: non-verbal facial expressions vocalizing body langeuge blinks to yes or no questions uncomfortble by wiggling.	
Learning Style: routine and repetition, understands short verbal phrases auditory and visual learner.	

Lead Review Completed: _____

Staff: Ellie

Date: 4/3

Service Recipient: Larry D

Service Span: 9/23 - 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: allergic to Perphenazin Trilafon, and anti-psychotics 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: eats regular bit sized or chopped foods he has no teeth which increases his risk of choking drinks whole milk will be offered reminders to slow down if eating to fast
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: is diagnosed with Hepatitis B Carrier viral infection that attacks the liver CP is a group of disorders that affect movements muscle tone DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: receives meds from residence takes his med orally Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears a disposable brief sits on the toliet and is able to transfer himself using handles
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: transfers himself from his wheelchair to the floor where the mat is placed and back into his wheelchair
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in 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: larry may self induce emesis if anxious, upset or if his feet hurt
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self induced vomiting or regurgitating larry is a hep C carrier and will be taken in to consideration
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: fidgets being in a calm environment having his socks and shoes off- freedom to move around	
Important for: dietary orders medications his team who helps larry to advocate for him	
Likes: quiet environments fidgets being able to move freely	
Dislikes: being in pain from his medical conditions not feeling good being in a hectic environment	
Communication Style: vocalizations gestures may switched with pre recorded messages modified sign language	
Learning Style: Kinesthetic visual and auditory and staff will let him know to put his up away	

Lead Review Completed: _____

Staff: Elhe

Date: 4/3

PAI

Service Recipient: ted F

Service Span: 8/23/17-24

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: Yes 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 of 1/2 bite sized pieces fully assited at mealtime thin liquras through a straw will be tilted approxmatily 25 degrees at meal time
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: cerebral palsy, hydrocephalus, dysphagia vitamn D deficiency chronic back and knee pain DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: staff will recieve meds from resident's trained staff will administer meds per a signed dr. order* Daily medication at PAI? ☐ No ☒ Yes
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses a disposble brief and mat table staff will use a hoyer lift in emergency staff will use the top bottom lyft
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ted will use a hoyer lift for trans fer will use a top/bottom lyft in emergency chair will not be tilted forward if has in it
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: vision impairment teds visual field is reversed his lower bright quadrant items will be offset at distance
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: may not report injury or illness when he doesn't feel well might be in a somber mood and has a quieter voice
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: having upbeat people around him hot sauce socializing music (Pentatonix) helping whenever he can	
Important for: to be around positive people dietary orders this stems integrity and staff who know him well	
Likes: lil time with staff socilizing going into the community not sure	
Dislikes:	
Communication Style:	
Learning Style:	

Lead Review Completed: _____

Staff: Ellie

Date: 4/3

Service Recipient: kathy L

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: allergic to Cefuroxime (Cefzolutan) omniPaque (dye) allergies are listed on her medication. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: is diagnosed with Epilepsy and has a physician Seizures are controlled by medications has clonic tonic and cluster seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dysphagia and has a doctor (order NPO) due to her risk of aspiration, if exhibits then staff will administer abdominal thrusts
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, Spastic Quadriplegia edema, hyperkeratosis osteoporosis and osteopenia DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: receives her seizure PRN will and gets med through G-tube. followed by a water flush Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses a disposable brief uses the mat table and a two person lift has a history of UTI and urinary retention.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ~~uses Pat transportation~~ her medical conditions and seizure disorder puts her at risks
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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:	reading books with staff music (Johnny cash) arts and crafts spending time in recliner.
Important for:	repositioning oxygen protocol her seizure protocol her NPO order.
Likes:	likes oldies disney and seasonal music, likes reading books to to rest throughout the day.
Dislikes:	large crowds or loud/chaotic environments music thats not to late/
Communication Style:	non-verbal, eye contact body language facial expression
Learning Style:	Consistent routine and repetition short verbal phrases paired with physical cues and objects

Lead Review Completed: _____

Staff: Ellie

Date: 4/8

PAI

Service Recipient: Shawn Orluske

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: is allergic to Corticosteroids Cashews latex, Pedtazole (combination of antibiotics Erythromycin and Sulfisoxazole Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: diagnosed with Epilepsy and takes meds at home. Seizure controlled Partially by meds may have 2 to 20 seizures a day tonic clonic and drop seizes.
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: is pureed diet to prevent choking. meals and snacks sent from home. tends to pocket food in his cheek has a history of falling asleep wheneating may even have a seizure.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Epilepsy - takes meds at home Scoliosis Spastic Quadriplegic Cerebral Palsy - problems with sensations and visions profound intellectual disability hypotonia - poor muscle tone macrocephaly, skin integrity DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: does not have meds at PAI if he needs his PRN then will get it orally followed by a sip of water Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: uses disposable brief assited every 2 hours or as needed transfered by a 2 person lift with sky roll off the dent of 3
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: his medical needs puts him at a high risk of falling cannot bear weights uses a tilt wheelchair.
Community Support: ☐ No ☐ Yes	Describe Supports: lil in 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: may become over stimulated by busy or loud environments - upset by yelling or biting hands and lip.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: self injures scratching head biting fingers and lips when he is frustrated.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: to have his head towel available throughout the day. his soft basics his vocalization is heard to have social interations throughout the day	
Important for: to be repositioned in the day. to be encouged to drink fluids and bear weight to aid constipation related pain.	
Likes: lil activities painting sensory activitys playing the will going for a stroll · Social many enjoyes chatting. likes to be outside.	
Dislikes: loud noises or crowdded places gets over stimulated does not like music therapy does not like being to warm or not having a fan.	
Communication Style: non-verbal through vocalizations geturses and facial expressions	
Learning Style: routine and repetition.	

Hip dyspasite nerve damaged

Spinal fusion prevents movement between fused vertebrae

Skin Intgrirety - prone to breakdown on his backside

Lead Review Completed: _____

Staff: Ellie

Date: 4/8

Service Recipient: Olivia Moore

Service Span: 4/23-3124

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 a seizure disorder that is controlled with medication She hasn't had one in several years but still has a protocal and RRV her eyes will rapidly move and she won't respond to staff.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order diet to prevent choking recieves all of her nutrition via g-tube.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy - lil with staff during meals Chronic lung disease moderate intellectual disability DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: does not currently recieve meds at PAI does have a seizure RRV Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses a disposable brief and is not able to complete her cares she will stand and will help hold the brief
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: can walk independly but may need help on uneven walk ways or enviroments
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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 vision impairment and mild hearing loss may need help cleaning her glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: when agitated she may hit her head against the wall and will slap staff.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to relax in the chair staff will show her what they are doing to be respected by Stafford Caregivers	
Important for: to get up from chair and to walk around to be encouged by staff to be independent and to participate in activities	
Likes: recliner and blanket likes classic R&B (Stevie wonder enjoys bruno mars being read to to go for walks	
Dislikes: does not like being expected to go on walks if she isn't interested. participate in things she doesn't like.	
Communication Style: vocalization, body language gestures facial expressions	
Learning Style: auditory visual and kinesthetic learns through routine.	

Lead Review Completed: _____

Staff: Ellie

Date: 4/8

Service Recipient: Matthew Morelen

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: has seasonal Allergies staff will help him manage them. Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has a seizure disorder that is partially controlled by medication he is monitored for seizure activity.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: has a history of choking his meals should consist of regular food cut into bite size pieces with regular thin liquids
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, right sided hemiparesis Chronic constipation Folliculitis - a skin condition which his hair follicles becomes inflamed. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: matt requires assistance of his medications Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears a disposable brief needs full asstance in changing wears a transfer belt and will move to the matt table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses manual wheelchair for transportation is assisted with walking.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: vision impairment legally blind in right eye Over Stimulation - in loud or busy environments.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: physical aggression/ conduct has history of reaching out and slapping peers or staff.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: to participate in things he likes to do enjoys meal time to eat food he likes enjoys music therapy and playing the drum	
Important for: to maintain independence in as many activities as he can to receive care from staff that know him well	
Likes: being around whatever is happening female staff music therapy having a good lunch	
Dislikes: to wait for his food not being included in what is happening having staff who don't know him	
Communication Style: vocalization, facial expressions body gestures	
Learning Style: kinesthetic repetition / routine	

Lead Review Completed: _____

Staff: Ellie
Date: 4/8

Service Recipient: Jimmy Mason
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: has no known allergies his body is very sensitive to gluten. requires support to avoid foods with gluten, staff will make sure to avoid cross contamination. 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 a hard time cutting his food due to lack of motor skills supported to do a gluten free diet to eat low fat food and to eat the serving size portions
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild intellectual disability - is supported Down syndrome - genetic disorder. Gout, Keratoconus, Osteoarthritis (knee) (toes) Gastroesophageal Reflux DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes meds by mouth independently does not know when meds are due requires support to ~~so~~ open them up. Daily medication at PAI? ☐ No ☒ Yes trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses the restroom independently needs reminders to clean himself and verbal reminder to wash his hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: his chronic medical conditions impact his ability to safely be mobile on his own. is independent when walking alone.
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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 impairment wears bi lateral hearing aids Keratoconus - vision disoriented
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: has intellectual disability requires support to appropriately express and work through behaviors
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to participate in his community and go on outings weekly Wednesday lunches with his parents routine is important and fun	
Important for: being supported to follow a gluten free diet being physically active walking daily	
Likes: to color and draw in his note book. play cards listen to music (beach boys) using his phone and head phones, going to target, Walmart & Goodwill	
Dislikes: having rewards taken away loud environments (housemates, being rushed	
Communication Style: verbally with outbursts and will communicate his preffered verbaled will point at the thing he wants	
Learning Style: through routine and demonstration	

Lead Review Completed: _____

Staff: Ellie

Date: 4/10

PAI

Service Recipient: Mikhri reiten

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: allergic to sulfa drugs 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 diet to prevent choking nickel sized pieces verbal reminder to chew her food before taking another bite
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Trisomy 13 - rare chromosomal will use her communication device Scoliosis oral Apraxia Hirschsprung DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes her medication orally They will add the caffine to the drink she asks for which Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: will use bathroom independtly allowed up to 10 mins of alone time in the bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: has a stooped posture she walks and sits best at the worst
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 in 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	Yes 10 mins
Important to:	her mom and dad Cat using a computer or ipad listening to music being with friends
Important for:	communication device maintaing her weight walking socializing
Likes:	going on walks outside walking with friends Snacks Arthur Mario her cat
Dislikes:	not getting out for a walk feeling hungry not having time to watch movies
Communication Style:	verbal communication paired with gestures
Learning Style:	practice and repetition

Staff w

Lead Review Completed: _____

Staff: Ellie

Date: 4/10

Service Recipient: Tasha Pohl

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: With a seizure disorder and are considered controlled in the past she has had a petit mal seizure the right side would convulse and she would laugh
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut into nickel sized pieces to prevent choking small bites of food and ensure that she swallows before giving another bite.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, Hydrocephalus profound intellectual disability Spastic Quadriplegic Spinal fusion DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: doesn't have an scheduled or PRN medications will take her medication orally Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: uses an disposable brief uses hoyer lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: high risk at falling and impacts her ability to be safely mobile.
Community Support: ☒ No ☐ Yes	Describe Supports: Lil in 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: limited vision in her left eye no vision in her right eye.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Self injurious behavior, physical aggressive conduct
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: her mom and dad her sister and brother and their families joking around being involved	
Important for: diet order her seizure protocal spending time with family	
Likes: to be independent favorite foods chicken nuggets hotdogs with mustard French fry's Cheese likes to play games	
Dislikes: being rushed being board non genuine people others being loud	
Communication Style: can respond yes and no facial expressions gestures	
Learning Style: practice and repetition short verbal phrases.	

Lead Review Completed: _____

Staff: Ellie

Date: 4/10

Service Recipient: Kelly P

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: Seasonall 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: may eat to quickly will sometimes use her finger to move food around in her mouth has a history of weight problems high cholesterol high blood pressure
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy with right hemi paresis neurogenic bladder, scoliosis, right hip dysplasia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: may refuse doctors orders does not take any 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: Uses the V Sling staff will transfer her to the toilet should not bear any weight.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: due to increase of falls kelly is unable to transfer herself independently
Community Support: ☐ No ☐ Yes	Describe Supports: needs help propelling her chair up hills ramps and long distance ■ 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: myopic near sightedness Cant see far away Clear, able to do things without her glasses
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Physicall agression often will discuss what going on mental or emotional symptoms depression false reporter
Unsupervised time while at PAI? ☐ No ☒ Yes 15 mins	
Important to: to plan her own schedule to go out for fun activity's go to church camp arts and crafts	
Important for: staff to support healthy choices have staff who know her well getting out in the community	
Likes: Participating in activities she enjoys socializing with peers coloring listening to music	
Dislikes: being bored not liking the activities not socializing bad weather	
Communication Style: Verbal understanding Verbal communication	
Learning Style: Repetition routine modeling	

Lead Review Completed: _____

Staff: Ellie

Date: 4/10

PAI

Service Recipient: Kathy Owens

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: allergic to penicillin sensitive to caffine 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 a cardiac diet including low sodium 2000mg a day fluid restriction eats independently
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: had a stroke in 2017, confused, difficulty speaking headache numbness, staff will call 911 if she is having a stroke DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes her meds orally Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears a disposable brief uses the bayer and the mouth toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: I'll in community high risk of falling due to chronic medical conditions
Community Support: ☒ No ☐ Yes	Describe Supports: I'll in 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: needs reading glasses for viewing things in a close distance loss hearing aids
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: mental/emotional health diagnosis depression physical aggression/conduct - may yell or hit pers
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	to have opportunities to participate in activities, enjoys coloring playing games going shopping socializing
Important for:	to manage her health staying active being engaged to advocate for herself
Likes:	Friends family playing bingo arts and crafts going shopping
Dislikes:	making her own choices when she's in pain or discomfort loud environments
Communication Style:	verbal gestures facial expressions responds to an upbeat voice
Learning Style:	auditory visual kinesthetic

Lead Review Completed: _____

Staff: Elie

Date: 4/16

Service Recipient: Tracy Thomas

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: is allergic to Pollen and has Seasonal Allergies. he is also allergic to the antibiotic Penicilling. 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 a pureed diet with regular/thin liquids meals and snacks are sent to PAI from his residence will use a small spoon to encourage bite size pieces.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy, spastic Paraperesis mild intellectual disability, Dementia, OBsessive compulsive disorder depression. DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: does not take medication Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: will use the toilet with reminders and staff will help assist him. he uses a disposable brief.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: has a high risk of falling he can self propel his chair in short distance his legs are different lengths he is able to stand and bear weight.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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 vision impairment putting him at risk of not seeing things clearly
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: self injurious behaviors, verbal/emotional agression
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: friends and staff that he can socialize and having fun during the day that he is able to spend time with his favorite people, holidays, his dolls, having a pencil and paper.	
Important for: to help with activities of daily living he is able to be active and involved to have pencil and paper to communicate with care givers.	
Likes: to visit friends go on outings of his choice play games work on crafts lil go on walks and get ice cream.	
Dislikes: loud or busy active environments and can be frustrated by commotion. doesn't like to rushed and have a hard time being patient during his personal expressions	
Communication Style: uses pictures symbols modified sign language limited writing finger pointing vocalization facial expressions	
Learning Style: tracy learns through routine and repetition learns through verbal instructions and task modeling.	

Lead Review Completed: _____

Staff: Ellie Tieszen

Date: _____

Service Recipient: Larry Therrien

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: N/A Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has epilepsy staff will monitor for seizure activity has a PRN
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized pieces will assist with lunch when at picnics finger food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Ataxia, Cerebral Palsy Osteoporosis Rosacea. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: does not take medication Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Stand and pivot in the bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses a wheelchair and can move himself using his legs
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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 loss that is permanent. is diagnosed with esotropic, Hypermetropia
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: depressive disorder, sadness, irritability loss of interest.
Unsupervised time while at PAI? ☐ No ☒ Yes	
Important to:	Nature mentally stimulating, being independent playing cheetres doing activities
Important for:	Seizure protocol to be involved in his care to be independent encourage and positivity
Likes:	1:1 time with staff going for walks listening to music getting out into the community
Dislikes:	being in pain or uncomfortable not receiving enough attention
Communication Style:	Verbal communicates body language
Learning Style:	Visual verbal repetition

Lead Review Completed: _____

Staff: Ellie

Date: 4/15

Service Recipient: Andy Servian

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: has difficulty swallowing if not cut up to small bite size pieces will need help by staff to use a fork or a spoon. will offer his food 3 times before its considered a refusal.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: has cerabral Palsy, development delay Gerd, may cause discomfort he can bear weight and walk independantly with staff near by 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: wears pull up briefs, Andy will stand for his cares if he has a BM he will lean on the matt table
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: N/A
Community Support: ☒ No ☐ Yes	Describe Supports: is accompained by staff ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs have wheelchair available if walking over 10mins
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: to have books with pictures technology such as tablets enjoys watching videos, Sesame street when staff read to him. looking at his reflection	
Important for: to be provided support by staff. to be provided proper nutional choices and meals are balenced	
Likes: looking at art and being read picture books looking in the mirror likes manipulatives using the ipad, computer and smart board.	
Dislikes: having to wait when staff cant read to him when there are no mirrors he doesn't have his books	
Communication Style: facial expressions, body language gestures, vocalization may understand short verbal phrases	
Learning Style: auditory visual and kinesthetic	

Lead Review Completed: _____

Staff: Ellie

Date: 4/16

Service Recipient: Mark Sheep

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: has Grand mal and Petit Mal Seizures when he has petit mal seizures he will freeze or get stuck in a position will became quiet and appear to be stuck no known triggers to his seizures	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: has dysphagia which makes it difficult to swallow food dislikes chewing prefers for his food drinks nutritional supplements throughout the day.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hypotonic Cerebral Palsy contractures permanent tightning of tissue.	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: requires full support uses a brief and the matt table	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: marks chronic medical condition puts him at a high risk of falling	
Community Support: ☐ No ☐ Yes	Describe Supports: 1:1 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: vision impairment, sound and tactile sensitivity does not like certain noises that are loud.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: self injurey behaviors, may bite finger vocalize physical aggression / conducts	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: his family being active having lots of attention listening to music or TV		
Important for: seizure protocol his pompom family who cares for him eating pureed food nutrional supplements		
Likes: 1:1 time with staff barney listening to music getting out in the community taking off his socks / shoes		
Dislikes: being in pain or uncomfortable being in loud enviroments not recieving enough attention not being included		
Communication Style: Facial expressions vocalization and gestures may look away or push something away		
Learning Style: routine repetition, auditory visual kinesthic learner.		

Lead Review Completed: _____

Staff: Ellie
Date: 4/17

Service Recipient: Gary Bayne
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: has epilepsy his seizures are controlled last observed seizure was in 2014. has generalized tonic clonic seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized diet to prevent choking Gary may eat food quickly needs assistance drinking liquid
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism Diabetes insipidus gastric ulcers migraines osteoarthritis paraplegia Cevical spinal stenosis DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes meds orally with soft foods Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Uses disposable briefs & hayler and lift table
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: his chronic medical condition and seizures put him at a high risk.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: is deaf and understands some ASL uses basic sign language.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Intermittent Explosive disorder
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family friends to participate in group activities hand over hand to eat foods he enjoys	
Important for: for his needs to be met by caregivers ~~correctly~~ to stay active and encourage to propel his wheelchair in short distance	
Likes: to participate activities that interest him and keep him engaged being part of the group playing games crafts	
Dislikes: ignored bored	
Communication Style: receptive and expressive communication skills facial expressions vocalizations has some hearing	
Learning Style: has some hearing and understands verbal requests in english visual physical prompts routine repetition hand over hand	

Lead Review Completed: _____

Staff: Ellie
Date: 4117

Service Recipient: krista young
Service Span: 9/23-7-24

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: is allergic to Phenobarbital and Barbiturates — Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has epilepsy staff will monitor for any seizure activity
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: to be reminded to chew and swallow her food will sometimes wait to eat with staff she wants nickel size pieces.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy Scoliosis Spinal fusion harrington rod fibrocystic breast left hip subluxation — DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: staff will recieve medication from residence. — Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses a brief and uses the ergo for cares
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses two person top bottom lift or will use the ergo
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 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: optic Atrophy and astigmatism
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Physical agression / conduct (spitting) verbal / emotional agression
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family magazines looking nice chapsticks	
Important for: dietary orders different communication style	
Likes: icecream Pringles having her magazine visiting others having her Papa visit.	
Dislikes: working with unfamiliar staff feeling ignored or unheard	
Communication Style: a few phrases yes or no simple signs	
Learning Style: visual processing modeling hand over hand repetition	

Lead Review Completed: _____

Staff: Ellie

Date: 4117

Service Recipient: Sara

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: has a regular diet with solid foods cut into bite size pieces sometimes chooses finger food with left hand
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: cerebral Palsy with mixed tone Scoliosis and Gerd 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: uses a disposable breif and the hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff will make sure rails are up if they walk away
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 support ■ 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: to find things with her eyes and focus on the object
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: family certain staff eating her favorite foods using hand over hand or hand under hand	
Important for: her communication skills making choices . having her team advocate for	
Likes: long walks outside getting to visit other rooms eating chips, cookies hot food watching tiV being with her mom	
Dislikes: a good day for Sara involves eating chips and cookies going out for walks	
Communication Style: non-verbally familiar words verbally as well as communicate by reaching for a desired item .	
Learning Style: auditory visual kinesthetic repetition	

Lead Review Completed: _____

Staff: Ellie

Date: 4/17

Service Recipient: Nhia Vang

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: is allergic to betadine and Rocephin. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has seizures but is monitored by staff
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO order recieves all nutrition through G-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Scoliosis, Cerebral Palsy spastic quadriparesis microcephaly. 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: Uses a disposable brief and the hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: is at risk of falling due to chronic medical conditions.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: cortical Blindness loss of vision that causes damage to the optic nerve open angle glaucoma
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	he knows music being arounde peers his culture working with staff
Important for:	NPO order seizure protocol working with people that know his communicaton style
Likes:	working with staff that know him seeing his peers music getting out in the community
Dislikes:	being in pain or uncomfortable. not having his needs met
Communication Style:	facial expressions - body language vocalizations
Learning Style:	auditory and kinesthetic

Lead Review Completed: _____

Staff: Ellie

Date: 4/24

Service Recipient: Monica B

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: has a history of Pica, may eat non edible items paper, band aids, tape or any small item that may fit in his mouth	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Attention Deficit hyperactivity Cerebral Palsy, intellectual disability	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: uses argo and wears a disposable brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at high risk of falling due to her medical conditions will remind her to keep her arms in.	
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: poor impulse control may pick at her cuticles, fingers and bug bites	
Unsupervised time while at PAI? ☐ No ☐ Yes		
Important to: Family and friends, having access to her communication board. those who are working for ~~her~~ with her to make choices throughout her day.		
Important for: being active, being with people who know her well, her family		
Likes: to visit with peers likes music and pet therapy going on outings arts and crafts (painting) board games with her peers		
Dislikes: With transitions as she does not like to wait loud noises to many people in her Space		
Communication Style: non verbal will eye point . will reach out for what she wants		
Learning Style: receptive communication skills able to understand verbal communication verbal instruction visual processing & repetition		

Lead Review Completed: _____

Staff: Ellie

Date: 4/24

Service Recipient: John Boeck

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: is allergic to Penicillin amoxicillin, Bactrim high fat milk products latex and anethesia. Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Staff and Johns nurse will monitor John for seizure activity
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Oropharyngeal dysphagia has difficulty initiating a swallow John recieves half of his nutrition via G-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Agenesis of Corpus Colosseum Spastic Quadriplegia tachycardia Adrenal insufficiency Colitis Panhypopituitarism DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Johns nurse will give his medication recieves all his mediation thrugh his nurse Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears a disposable brief. will transfer using the hoyer lift
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: has Spastic Quadrapresis will wear a chest strap for transportation.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: will present choices verbally raise your hand for whatever item is being presented.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: his family TV and game shows, music singing Sperding time outside.	
Important for: his trach health protocal his NPO order	
Likes: being around people that make him laugh watching game shows having people sing to him	
Dislikes: loud and unexpected noises not being included with whats going on around him.	
Communication Style: vocalization, body language uses the mack switch may yell out if he doesn't like something.	
Learning Style: auditory and kinesthetic	

Lead Review Completed: _____

Staff: Ellie

Date: 4/24

Service Recipient: Bob Bronner

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: Amoxicillin and Penicillin Baby powder Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure disorder partially controlled with medication
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet to prevent choking has schatzki ring may cause gaging and difficulty swallowing.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy Polymyalgia Rheumatica Shatzki ring Spastic Quadriplegia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes meds orally with apple sauce Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses a disposable brief can use the toliet or the orjo
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: his chronic medical condititon puts him at high risk has helmet if needed to Protect his head.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: Vision impairment Over Stimulation
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: hitting head throwing himself back in his chair may hit his head with hand
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to go for walks enjoys his mealtime enjoys drums and maracas	
Important for: to have his needs met by caregivers to have staff who knows them	
Likes: likes playing maracas or drums being apart of the grup moving himself in hrs chair having a quiet enviroment	
Dislikes: being bored being overwhelming enviraments being ignored being in his chair all day	
Communication Style: non verbal facial expressions body language eye pointing	
Learning Style: routine repetition short verbal phrases	

Lead Review Completed: _____

Staff: Ellie

Date: 4/24

Service Recipient: Carrie Carlson

Service Span: 3/23 - 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: latex morphine	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has a VNS which is located on her left side of her chest her VNS magnet is kept on her wheelchair	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: comes prepared as it should be eaten bite size pieces needs reminders to eat slowly and chew	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: cerbral Palsy that effects balance movement and muscle tone vitamin D defincey	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: uses disposable briefs sling sent from home uses hoyer lift.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: due to her medical condition she is at high risk of falling	
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: will be sitting close to activity and offered physical and verbal assistance	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may grab or scratch her peers	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: Things important to carrie are her family being active and involved eating sweets and being around people who speak		
Important for: her VNS seizure protocal having redirect when bored		
Likes: listening to music reading books mealtimes being able to stretch out.		
Dislikes: being bored or not being apart of the group being in pain or uncomfortable unexpectd loud noises		
Communication Style: receptive expressive communication skills uses vocalizations body language facial expressions		
Learning Style: visual processing modeling repetition hand over hand when person support is present		

Lead Review Completed: _____

Staff: Ellie

Date: 7/18

PAI

Service Recipient: Henry H

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: is lactose intolerant and is at risk of illness and discomfort if given lactos. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: epilepsy Henrys seizures are partially controled by medications has PRN
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: NPO diet due to his history of aspiration and esophageal dysmotility as risk of choking
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Asthma (RAD) prevents lungs from fully expanding CP affects muscle control and coordination esophageal dysmotility moderate intellectual disability. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes meds via g-tube his seizure medd is administed buccally. Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Wears a brief with 1 staff and the orjo
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: at a high risk of falling due to his seizures
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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: Socialize with peers and staff a very social loves to build relationships with people to be able to make choices

Important for: to be provided support from staffs / caregivers to have his medical orders followed

Likes: coloring listening to music family friends socializing

Dislikes: not having people to socialize with. not spending time with family not participating in activities

Communication Style: vocalizations hand / body gestures facial expressions

Learning Style: auditory visual kinesthic he benifiets from routine repetition.

Lead Review Completed: _____

Staff: Ellie

Date: 7/18

Service Recipient: Jill J

Service Span: 07/23 - 06/24

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: has minor seasonal allergies itchy, water eyes, runny nose and sneezing may need helping. 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: Jill is on a regular volume diet cut into bite size pieces
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Cerebral Palsy – affects movement muscle tone or posture Spastic Quadriplegia – when stomach acid can flow back Gerd Chronic Constipation – straining hard stool. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes her med orally Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears a brief changed every 2 hours a brief and a liner
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: is unable to bear weight requires staff for transfers
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: to make choices to work on word searches stringing beads going on walks to be able to participate	
Important for: to maintain her independence encouraged to eat on her own and navigate her chair	
Likes: coloring people singing arts n crafts time with her family	
Dislikes: being told no being tired not getting enough rest not being included.	
Communication Style: verbally with those around her understands words and phrases	
Learning Style: visual auditory repetition	

Lead Review Completed: _____

Staff: Ellie

Date: 7/18

Service Recipient: Angelina M

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: Angelina is allergic to Reglan Benadryl and Vancomycin 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: Angelina has a NPO order does not eat orally Her feeding Pump will be checked that it is running
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hypertonia - inability to control the use the legs arms and body Osteopenia bones are weaker then normal Ehrlele - Danlos - increased to sensitivity to bruising and slow healing DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Staff will request meds from her residence via g-tube Daily medication at PAI? ☐ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: has a colostomy bag and wears a disposable brief uses the matt table and the in ceiling track system
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses in track ceiling system will be provided with pillows in the cares room to help her be more comfortable
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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: Joking around with others being dressed nice being involved in the group	
Important for: her NPO order working with people that know her communication her baclofen pump being able to make choices	
Likes: being with her fav staff looking nice being complimented getting her nails done	
Dislikes: being ignored having people not understand her being in pain	
Communication Style: facial expressions eye pointing vocalization	
Learning Style: auditory visual through repetition	

Lead Review Completed: _____

Staff: Ellie

Date: 7/18

Service Recipient: Donald Levasseur

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: is allergic to the following codeine, dilantin, Bactrim, erythromycin The extent of his allergic is unknown Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: has a seizure disorder, that is partially controlled by medication typical seizures 4 to 5 mins involves his limbs flaring outward has PRN
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: has a diet order to prevent choking and has a history of choking on his oral manipulatives
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CP, Scoliosis gastroesophageal reflux Gerd DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: receives meds via G-tube except for his seizure PRN which is administered in the check Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: wears a disposable brief twice a day utilizes the hoyer lift
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: at high risk of falling unable to bear weight and is at risk of falling out of his chair
Community Support: ☒ No ☐ Yes	Describe Supports: 1:1 in 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: vision impairment which is corrected with lenses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: to go on outings listen to music hear people sing watching movies and being talked and engaged by staff	
Important for: to visit and socialized with staff and peers to maintain his social skills	
Likes: music therapy Adele, disney hearing people sing movies trains listening to stories	
Dislikes: Sudden or loud noises not being able to participate in groups and activities	
Communication Style: vocalization body language gestures	
Learning Style: routine repetions.	

Lead Review Completed: _____

Staff: Ellie T

Date: 8/5

Service Recipient: Sharmiki Byndum

Service Span: 7/24 - 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 She will let you know when experiencing symptoms would tylenol / Acetaminophen. 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: Feeding pump - g-tube continous feeding via pump (80cc/hour) Pleasure feeding 2-3 oz mother care spoon lil support during pleasure feeding
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild/moderate intellectual disability CP, Spastic Quadriplegia - difficulty in controlling movements in the arms and legs neuromuscular / spinal fusion; osteoporosis, Dystonia. DNR/DNI? ☐ No ☒ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: takes med via g-tube She likes to participate in her med pass by the name of the meds. Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: uses disposable briefs uses mat table two person hoyer lift.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: has electric chair show her how to navigate with it.
Community Support: ☒ No ☐ Yes	Describe Supports: lil in 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: Seeing things but not processing what the item is has noise canceling headphones
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: N/A
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Family friends music being independent advocating for herself.	
Important for: her protocols her team	
Likes: to write letters and emails listening to music recliner spending time with friends	
Dislikes: loud environments stomach being upset feeling unheard.	
Communication Style: Verbal in english understands verbal communications	
Learning Style: auditory visual kinesthetic repetition.	

Gastroesophageal reflux (GERD)

Irritable bowel syndrome (IBS)

Lead Review Completed: _____