

Staff: John Gebhardt  
 Date: 10-2-25



Service Recipient: Robbie Tulloch  
 Service Span: 8/24-8/25

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Allergy to Succinimide, Cleocin, Barbiturates, Lithium, and Remeron. Has adverse reactions. <p style="text-align: right;">Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          *Listed on MAR, only administer meds per dr. order*</p>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Lennox Gastaut Syndrome and seizure disorder Seizures controlled by meds. Staff Trained
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff to cut up food as needed, watch him eating and prompt to take small bites, and not talk with his mouth full.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: acne - cyst behind ears, immunodeficiency, depression, osteoporosis <p style="text-align: right;">DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          *Located in main file, share with EMT in emergency*</p>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Meds administered by trained staff <p style="text-align: right;">Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          *A trained staff will administer meds per a signed dr. order*</p>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: May need help with cleaning after a BM; if he has an accident. Remind to wash his hands.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Remind him to slow down, open eyes Remind him to be careful and watch where he goes.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Reminders to stay with group <p style="text-align: right;"><input checked="" type="checkbox"/> Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</p>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Accepts staff help with redirections if he gets overstimulated. Loud noise and yelling often trigger his reactions. Move to quiet space
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Digging in trash - staff redirect him and tell him that it is not safe. Remind to wash his hands
Unsupervised time while at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 5 minutes in the bathroom.	
Important to: Family, food, outings, hangout time, friends, recorder, music shredding, jokes, his choices, visiting staff and friends	
Important for: His own choices, visiting his friends, Regulating his emotions and talking about his own feelings.	
Likes: Shredding, out to eat, recorder, iPad, music, group home Family and friends.	
Dislikes: coffee, chilli;	
Communication Style: Verbal	
Learning Style: verbal prompts, visuals, and modeling.	