

Staff: Bl Grace

Date: 11/2/24



Service Recipient: Mary Jo Hansen

Service Span: 9/24 - 9/24

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>Oak and Maple leaves, seasonal, valium</u> <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>staff will monitor her for seizure activity, follow her protocol and provide support and comfort as needed</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>smaller bites and remind her to slow down</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Autism spectrum, intellectual disability</u> <u>Seizure disorder, chronic yeast infection</u> <small>DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff are trained on medication procedures, & administration</u> <small>Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>she needs staffs to remind her every 2 hours to go to and use the toilet, and assist to clean herself</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staffs will provide 1:1 support with her while in the community</u> <small>Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</small>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>NA</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>she gets too close to personal space of others; staffs will redirect her and speak to her in a positive tone</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to:	<u>Magazines, coloring, going for walks at parks & malls, dancing, watching America's Got Talent, have her nails been done.</u>
Important for:	<u>staff that understands her, community of people around her, good snacks to choose from, being involved</u>

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Likes: Magazines, coloring, going for walks at Park & Mall, getting her nails done

Dislikes: walks with no purpose, looking disheveled, being ignored, being bored

Communication Style: Able to let others know what she wants, vocalizations and gestures.

Learning Style: Verbal in English. Hand-over-hand

Staff: Alice L. Cox
 Date: Nov 12, 2021



Service Recipient: Mary Jo H.
 Service Span: 9/24 - 9/25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* Oak + Maple leaves Seasonal Valium
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Staff are trained and will monitor No signs since 2007
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Small bites small utensils Reminder to slow down
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism Profound MR, Yeast HepB, Seizures DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff trained Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Uses toilet Needs Reminders to go every 2 hours Need assistance by wiping
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NA
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Protected + Safe ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: NA
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Personal Space Positive tone short directions Bowd easily + impatient
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Magazines, Coloring Walks, parks, malls dancing Nails done, Baking Outings	
Important for: Good Snacks, looking nice, Familiar Staff Being involved	

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Likes:

Magoo's Colby Walls, Parks
Mall

Dislikes:

Does ^{signed} walk w/ no purpose on streets w/ no manners

Communication Style:

Non Verbal Signs, Gestures

Learning Style:

Verbal English H0H

Staff: Laura Stacken
 Date: 1/12/24



Service Recipient: Mary Jo Hansen
 Service Span: 9/24-9/25

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

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Oak & maple leaves, seasonal, Valium <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Was hospitalized for 3 seizures in 1 day in 2002. She was holding her breath causing the issues. Follow protocol
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Intermittent supervision & assistance w/ setting up her meal. She needs staff assist.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Autism, Profound ID IQ less than 20, Hep B carrier, Atypical psychosis, seizure disorder, Chronic yeast infection <small>DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No meds @ PAI Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Verbal reminders every 2 hrs to use toilet. Needs assist to ensure she cleaned herself.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: N/A
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Protect & serve <small>Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs</small>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: N/A
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: gets too close to the personal space of others. Gets along with familiar and new staff. Use a positive tone of voice she responds well. History of minor physical aggression.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: Magazines, coloring, walks parks & malls, dancing, Americas got talent show, fashion, likes to get dressed up, nails done, baking, outings	
Important for: Staff that understand her, community of people around her. good snacks, being involved, looking nice.	

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Likes: Magazines, coloring,

Same as important to Sect.

Dislikes:

Walks with NO purpose. looking disheveled, being ignored, being bored

Communication Style:

Non Verbal, ASL signs, vocalizations & gestures

Learning Style:

Verbal in English, Hand over Hand