

Staff: Julia Baker
 Date: 12/16/24



Service Recipient: Annie Hillstaal
 Service Span: 11/24 - 11/25

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

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|--|---|---|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: allergic penicillin & clostridium | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: eats independently - pureed diet | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Hearing loss in right ear, Trisomy (intellectual disability & physical defects) incl. severe sun sensitivity, OCD, Anxiety | DNR/DNI? <input checked="" 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: | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: needs full assistance in bathroom | |
| Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Unsteady, wide gait. Staff will guide Annie around obstacles. | |
| Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <input checked="" type="checkbox"/> 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: Staff will not change wet clothes, only blood/feces | |
| Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Annie seeks out drinks, may create sores, especially on arms, may pinch herself or remove sleeves and band aids, may smear food, beverages, blood, feces on clothes/shoes | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: relating, walks, visiting, art projects | | |
| Important for: time to visit, staff keeps drinks out of reach | | |
| Likes: getting hair/nails done, walks, visiting, art projects, pop, coffee, sweets & pizza, fashion. | | |
| Dislikes: tomatoes, V8 juice, the celery, crunch foods, egg/tuna salad, being rushed, band-aids, not earning her pop | | |
| Communication Style: non-verbal, gestures, some signs, will push things away she dislikes | | |
| Learning Style: repetition, hand over hand | | |

Staff: Julia Baker
 Date: 12/5/24



Service Recipient: Elizabeth Rawn
 Service Span: 10/24 - 10/25

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

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|---|---|--|
| Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Staff are allergy trained. Liz's eyes may get red and irritated. Liz has Alphasen drops. | Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order* |
| Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | Describe Supports: | |
| Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Liz needs reminders to take small bites and to chew her food well. Staff will place food in separate bowls and give ^{hand-} guided food explanations. | |
| Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | List & Describe Supports: Glaucoma - Liz accepts support. | DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency* |
| Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: | Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order* |
| Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Liz requires verbal prompts. | |
| Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Liz is blind and will use cone in unfamiliar settings. Staff can offer Liz a hand for assistance as well of let her know about environmental transitions and obstacles. | |
| Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: Staff will offer a hand or arm to guide Liz in the community. | <input type="checkbox"/> 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: Liz is not independent and may need prompts to "step up", "slow down" or "here is the curb" in community settings. | |
| Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: Liz has SIB and PICA. She may bite her fingers and wrists. Staff is not to provide Band-Aids and will inform guardians of bandage needs. Staff will also monitor Liz to make sure she doesn't ingest items. | |
| Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Important to: music (playing on keyboard or listening), family, recitals, outings, walks, shredding, routine, choices | | |
| Important for: music (playing and listening to music), family, outings, having choices, routines, schedules, assistance in unfamiliar places, encouragement to try new activities | | |
| Likes: music/piano, contract work, swimming, walking, swinging, eating out, family, recitals, boat rides, campfires, rides at como + moa, Taco John's, cookies, pizza, burgers + fries | | |
| Dislikes: Liver & onions, egg salad, mashed potatoes, loud people/places, crowds, movie theatres, danger, small inedible items, people who hit/pinch, uneven surfaces | | |
| Communication Style: verbal | | |
| Learning Style: Verbal, hand over hand, repetition. | | |

doesn't ingest items. staff can provide pillows and music to soothe.