

Staff: Kathryn Helme



Service Recipient: Larry Herrich

Date: 12/13/24

Service Span: 5/21 - 5/25

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>has epilepsy, will monitor for seizure. has PRN seizure meds</u>
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff cuts food into pieces. assist with eating if apparent that tremors are making it hard or asks.</u>
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>ataxia causing tremors, cerebral palsy affecting movement, osteoporosis, and rosacea</u> DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff pass medications to larry as the prescriber orders. staff receive training on administration to ensure no errors occur.</u> Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>larry uses a gait belt for transfer, can stand and pivot in bathroom. uses hand rail for stability. he will ask for assistance as needed or requested. will assist in clothing.</u>
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>uses a wheel chair, staff helps using a pivot transfer, staff will remind him to use a seatbelt, and keep rooms clear of obstacles</u>
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>larry is accompanied by staff, will help with wheelchair as requested. will model social behavior and pedestrian safety rules.</u> <input checked="" type="checkbox"/> Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>has alternating esotropia, which causes hypermetropia and far sightedness. staff will assist in providing larry visual options as a distance, and help clean glasses. sensorineural hearing loss.</u>
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>larry has depressive disorder. staff honor larry's choices and requests. larry's symptoms will be communicated to his residence. staff can offer activities larry enjoys to redirect.</u>
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>Important to:</b> <u>his family, being independent, checkers, mentally stimulating activities, twins and vikings, and his friends are important to larry.</u>	
<b>Important for:</b> <u>Seizure protocol, being involved in his care, continue independence, encourage when feeling depressed, and socializing are important for larry</u>	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient:

Service Span:

**Likes:**

Larry likes long time with staff, going for walks, listening to music, going into the community, and being active.

**Dislikes:**

Larry doesn't like being uncomfortable, in pain, not being included, and not being included.

**Communication Style:**

his communication style is verbal communication and body language.

**Learning Style:**

Larry learns through visual, verbal, and repetition

Staff: ICANTLYN

Date: 12/13/24



Service Recipient: Jillian Jaszewski

Service Span: 7124 - 7125

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: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes seasonal allergies, staff will assist her with symptoms and wiping and blowing her nose. She is allergic to GCFZII *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jill needs bite size pieces, home lunches according to her diet plan, staff ensures she is not eating too fast uses regular spoon, soup plate, and sippy cup, eats independently but may need help finishing
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy, spastic quadriplegia, GERD, and chronic constipation. Staff reports symptoms to residence, Jill will use standing position to help symptoms. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jill receives assistance in medications, she knows which medications she takes at PAI, any concerns or issues will be communicated to her residence. Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jill needs full support with personal cares, uses briefs and liners. she transfers uses the in-ceiling track system.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jill is unable to bear weight and uses staff assistance with transfers, uses primarily her motorized chair and is at risk of falls if not properly secured, she is sometimes needing assistance moving her chair in crowded areas.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Jill is not able to independently display community survival skills safely, staff supports her 1:1 in the community. ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> she likes to be able to choose, it is important to her to work on word searches, stringing beads, and sorting, going on strolls, independence is important to her to move around, doing puzzles, coloring books, cooking, and baking. soft light 70's music, it is important to her to be able to eat her favorite foods	
<b>Important for:</b> it is important for her to maintain her independence as much as possible, being encouraged to eat and operate her wheelchair as much as safely possible, standing in her chair and taking her meds is important for her.	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient:

Service Span:

**Likes:** she likes coloring, people singing to her, arts and crafts, time with her family, group activities, outings, upbeat personalities, and being complimented.

**Dislikes:** being told no, being tired, not being included, and being ignored.

**Communication Style:** she communicates verbally, and understands words and phrases in English and communicate using words and pictures.

**Learning Style:** her learning style is visual, auditory, repetition and routine, staff will assist in doing this in her monthly routine.

Staff: Leah Myr Heltre



Service Recipient: Nikki Reitan

Date: 12/13/24

Service Span: 9/24 - 4/25

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: Medication Allergies? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes She is allergic to sulfon. Will inform residence and doctor meds per dr. order* if prescribed. <p style="text-align: right;">*Listed on MAR, only administer</p>
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: nikki has a bite sized diet. She is monitored during meals and offered assistance. Staff help in reminding her to chew her food. If choking, staff will administer abdominal thrusts and call paramedics
<b>Chronic Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: trisomy-15 mosaic, osteoporosis, scoliosis, oral apraxia, vision, hearing, intellectual disability. Will assist with communication devices, support walking <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: Nikki needs support to administer medications, will add her medication to her drink at lunchtime, per doctors orders, concerns and requests will be communicated to Nikki's residence. <p style="text-align: right;">Daily medication at PAI? <input checked="" type="checkbox"/> No <input 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: She will request the bathroom independently. She is allowed 10 minutes of alone time in restrooms. Staff will accompany her to assist with cleaning and redressing.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Chronic medical conditions make her high fall risk. Staff will cue her to walk carefully, will offer hand or arm in support. If she falls, staff will check for injury and assist appropriate medical treatment, and residence will be notified.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff provide supervision and physical support to her and practice all safety skills, will call 911 as needed in case of emergency. <p style="text-align: right;">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 type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 10 minutes in restrooms	
<b>Important to:</b> her mom, dad, cat, using iPad or computer, music, being with friends, helping with tasks, and going for walks are important to Nikki.	
<b>Important for:</b> it is important for her to use her communication device, maintain her weight, walking, familiar staff, and socializing with others.	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient:

Service Span:

**Likes:** She likes going on walks outside, visiting friends, snacks, youtube, going in to community, Arthur, Mario, and her cat, Gracie.

**Dislikes:** Nikki dislikes others not understanding her preferences, not getting walks, being hungry, and not having time to watch videos.

**Communication Style:** Nikki understands verbal communication, especially when paired w/ gestures.

**Learning Style:** She learns best through practice and repetition. Staff will have her practice multiple times a week.

Lead Review Completed: \_\_\_\_\_

Staff: Kaitlyn Hedde

Date: 12/13/24



Service Recipient: Kelly Pederson

Service Span: 3/24-3/25

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: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Kelly has seasonal allergies, she is able to report if she is feeling ill. Concerns will be noted in her daily progress notes. *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: She may eat too quickly putting her at risk of choking. She has high cholesterol and high blood pressure. She brings meals in compliance to her dietary needs and staff will ensure and report to residence.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: diagnosed with cerebral palsy with right hemiparesis, neurogenic bladder, hip dysplasia, and scoliosis, DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes Staff will assist her as needed to manage her conditions, with EMT in emergency* *Located in main file, share
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Kelly may refuse or choose not to follow doctors orders, she may need assistance in preparing or taking her medications. She currently has no prescribed medications. Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Kelly uses the ceiling track system or huger lift for transfer and uses "U" sling. She wears a brief for occasional incontinence. Staff will unfasten her brief in wheelchair and assist in cleaning.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Kelly cannot transfer independently. May need reminder to use seatbelt. She may choose not to use footrest, which may result in injury. May need assistance with ramps and rough terrain, any concerns about scratches and bruises will be noted.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Kelly may need assistance pushing her wheelchair. Staff will ask, she may not recognize an unsafe situation. Staff will model pedestrian & stranger safety, need 1:1 support, and verbal warnings for crossing the street & provide supervision to meet health & safety needs.
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: She was diagnosed with myopia, and chooses not to wear her prescription lenses. She is able to perform tasks without her glasses.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: physical aggression/contact, throws items. Staff will encourage her to use her words. Staff will encourage her to communicate when upset. Depression, may be difficult to tell if she is really hurt or alarmed. May make false reports, but will still be reported.
<b>Unsupervised time while at PAI?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>15 minutes</u>	
<b>Important to:</b> it is important to her to be able to plan her own schedule, to go out for activities, to go to church, camp, and do arts + crafts	
<b>Important for:</b> It is important for her to have supportive staff, staff that know her well, being able to plan her schedule, and getting out into the community.	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:** She likes participating in activities she enjoys, so creating, coloring, music, and knowing her schedule.

**Dislikes:** Kelly dislikes being bored, not liking activities, not socializing, and bad weather.

**Communication Style:** Kelly communicates verbally and understands verbal communication. Staff will ask clarifying questions if they don't understand her choices.

**Learning Style:** She learns through repetition and routine.

Staff: Kaitlyn Heddie



Service Recipient: Sam Slagterman

Date: 12/13/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes NO known allergies, has bleeding disorders and avoids NSAIDs, which increase risk for bleeding/bruising *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports:
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sam has a texture specific diet, does not drink liquids, all fluids are administered by staff via g-tube, Sam eats independently with a spoon and tupperware, may need encouragement to independently eat when out of routine.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Jacobson syndrome, including Paris-Trousseau syndrome, + thrombocytopenia, severe intellectual disability, scoliosis, harrington rod.</u> DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Staff will take caution when transferring, support in motor skills, communicating, following medical guidelines *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sam does not take any medications at PAI, if he needed, he would need full assistance. Non-scheduled medications will be noted in the daily progress notes. Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sam uses a brief and a catheter. Sam requires assistance from staff and a sling + hoist + in-ceiling track system to be placed on a mat to freshen up.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sam uses both an electric and manual wheelchair, staff will ask him if he needs help and assist him. Sam is unable to push himself in a manual chair, staff will assist.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Sam uses PAI transportation provider. Staff provide supervision and physical support. Staff observe Sam to practice all safety skills. ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Sam has vision impairment, cataracts, myopia, and does not tolerate glasses. Staff will offer visual support and give him time to focus. Sam has mild hearing impairment, staff speak loudly and clearly and give him time to look at who is speaking.
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> sam's family, friends, books, iPad time, knowing what's next, time outside, helping others, playing games, and spending time with certain staff is important to him	
<b>Important for:</b> working with staff aware of his bleeding disorder, oral defensiveness and preferences. receiving his fluids through g-tube and being supported are important	

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:** Sam likes socializing, being helpful, sticking to routine, Barney, Simpsons, books, and playing on the iPad.

**Dislikes:** He dislikes when his friends are sad, hand over hand assistance, being away from peers, waiting, not being understood.

**Communication Style:** He communicates through facial expressions, body language, vocalizations, gestures, short words/phrases, and some sign language.

**Learning Style:** He likes to learn through routine & repetition. is able to best focus in calm/quiet environments.

Staff: Kathryn Heddie



Service Recipient: Donald LeVasseur

Date: 11/13/14

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

<b>Allergies:</b> <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 Allergy to codeine, dilantin, Bactrim, erythromycin, and Augmentin. allergies are posted on MAR and full sheet. <span style="float: right;">*Listed on MAR, only administer meds per dr. order*</span>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Diagnosed with seizure disorder partially controlled by meds. seizure protocol with PRN medication. will be supervised and monitored, all activity will be reported to residence within 24 hours.
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has a diet to prevent choking. Staff support by making sure food is prepared accordingly, and will use CPR an qll in emergencies.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Cerebral palsy, scoliosis, GERD. supported with fine motor skills, mobility, communication, coordination, reporting difficulties to residence, sitting upright 45 minutes after medication, fluid, or feeding. <span style="float: right;">DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*</span>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: receives via g-tube, seizure PRN is in-check, requires full assistance.  <div style="text-align: right;">Daily medication at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*</div>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: wears a brace, assisted in care 2x daily or more as needed. may need 2 brads to prevent clothes from being soiled, uses 2 person lift or in ceiling track
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Conditions make him high risk of falling, unable to bear weight, uses lap belt, requires help with transfers, staff will provide support in transfers
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: due to developmental disabilities, he cannot independently display safe community safety skills. supervision and transportation provider are used as support. <span style="float: right;">Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</span>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Vision impairment corrected with lenses. staff assist in navigation and maintaining clean classes as needed
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> go on outings, music, singing, movies, being talked to and engaged with, horse riding, bowling, dancing, parades, concerts, participating, socializing,	
<b>Important for:</b> receive care for his urinal, having opportunity to visit and socialize with staff, maintain social skills, pleasure tasting.	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:** music therapy, Disney + adele, hearing people sing, movies, trains, stories being read, socializing,

**Dislikes:** sudden / loud noises, not having opportunity to participate, hand over hand assistance

**Communication Style:**

vocalizations, body language, gestures, facial expression

**Learning Style:**

routine + repetition, auditory, visual, and kinesthetic.

Lead Review Completed: \_\_\_\_\_

Staff: Leithlyn Heddie



Service Recipient: Nhia Vang

Date: 12/13/24

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

<b>Allergies:</b> <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 allergic to beta one, rocephin. will notify rec. or not and doctor + avoid administering medications with these ingredients,
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: has seizures and monitored by staff. has a protocol. will report any activity to residence.
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: has a NPO order, receives through g-tube. Staff will administer
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Scoliosis, cerebral palsy, spastic quadriplegia, Microcephaly, osteopenia, GERD, Hip subluxation and dislocation, DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes Staff will monitor visually and report anything. *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Medication gets passed through G-tube  Daily medication at PAI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable briefs and mat table, transfers using in ceiling track system or 2 person Hoyer. Staff will be cautious turning him for his Harrington rod in his back. May cry to indicate his needs to be changed. Staff will observe for signs.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: at risk of falling. transfers using lift or tract. Staff will use caution when transferring and not twisting his back.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nhia is accompanied by staff. Staff move his chair, and model appropriate social behavior. Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Diagnosed with cortical blindness, glaucoma, Staff will offer visual options at a close distance. Staff will verbally describe things.
<b>Behavior Support:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports:

Unsupervised time while at PAI?  No  Yes

Important to: Music, being around peers, culture, working with staff that know him well.

Important for: NPO order, seizure protocol, working with people that know his communication styles

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:**

working with staff that know him well, seeing his peers, listening to music, going into community.

**Dislikes:**

being uncomfortable, in pain, not having needs met, being secluded

**Communication Style:**

facial expressions, body language, vocalizations, will smile/laugh, and cry/crown.

**Learning Style:**

auditory and kinesthetic

Staff: Leahlyn Heddie  
 Date: 12/13/24



Service Recipient: Olivia Moore  
 Service Span: 4/24 - 4/25

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Seizure disorder controlled with medication. has a seizure control PRN. Staff supervises and monitors for seizure activity.
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: NPO, uses a g-tube. Staff assists with her feedings.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy, Chronic lung disease, moderate intellectual disability, 1% feeding times, will be provided with opportunities to develop skills. DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Does not receive regularly scheduled meds. has a PRN. Medication would be through g-tube. Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses disposable briefs. may stand while being changed, or be assisted onto mat table while being cleaned.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: can walk independently, may have trouble on uneven ground or ice. has a vision impairment. will alert staff when help is needed. staff will tell her where obstacles are, and offer their arm in support.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide supervision and physical support to practice pedestrian skills. supported in safety ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs engaging with community
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Vision impairment and mild hearing loss. Support in cleaning + maintaining eye wear as needed, and ensuring she is safe in an environment where vision/hearing is impaired.
<b>Behavior Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Will hit her head against walls + hit staff. Staff will block her attempts at hurting herself or others
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: being able to relax in chair/recliner, her wishes are respected; have a keyboard available	
Important for: walk around, staff to know her well, provide best assistance and care, be encouraged to be independent.	

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:** sitting in recliners with a blanket, listening to music, being read to, going on walks, playing notes on a keyboard.

**Dislikes:** being expected to walk, doing things that don't interest her, waiting

**Communication Style:** vocalizations, body language, gestures, facial expressions

**Learning Style:** auditory, visual, kinesthetic, routine, encourage and not rushing

Lead Review Completed: \_\_\_\_\_

Staff: Kathlyn Heddie



Service Recipient: Justine Pullum

Date: 12/23/24

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

<b>Allergies:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Lactose sensitive, will avoid giving dairy products <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: diagnosed seizure disorder, daily medication and on PRN. Staff will supervise and administer medication if need
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: may eat too quick, without chewing, may grab foods that aren't suited for her. Staff visually monitors as assists as needed.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tuberosclerosis, A.M. hony hea, severe ID. supported in monitoring her chronic medical conditions provided w/ opportunities to develop skills w/ high supervision and structure <small>*Located in main file, share with EMT in emergency*</small>
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: orally with food and drinks, needs assistance in meds and treatment orders.  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: disposable briefs, utilizing track system and Mat table. needs full physical support, every 2 hours or more. Will use railing on mat
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: conditions impact her ability to safely mobilize on her own. She uses a manual wheelchair, equipped with a lap belt. Staff propel/position her throughout the day.
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide physical support and practice all traffic safety skills. supported in safely engaging w/ community Staff will model pedestrian & stranger safety, provide transportation in the community, activities and people of her choices & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: tactile defensiveness to her face, offered sensory activities that don't involve having her face touched. Staff will wipe her face as quickly as possible.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: globe substitution, support in wearing her glasses to prevent from poking eyes, and will call 911 in case of emergency.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> family, involvement, offered choices.	
<b>Important for:</b> seizure pro to COI, glasses, staff that know her well	

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:** be a part of the group, participating in activities, music, dancing, music therapy, finger foods,

**Dislikes:** face touching, being left out, not offered choices

**Communication Style:** non-verbally, facial expressions vocalizations, eye pointing at picture card/objects

**Learning Style:** kinesthetic, vestibular, routine, repetition

Staff: Carlynn Heddie



Service Recipient: Paula Schmidt

Date: 12/3/24

Service Span: 10/24 - 7/25

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

<b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes *Listed on MAR, only administer meds per dr. order*
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Daily Medication, Staff would call 911 in event.
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff prepare meals, unsafe to use knife or microwave.
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind, seizure disorder, moderate IDD, adjustment disorder, tardive dyskinesia. Staff help navigate through unfamiliar areas. DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *Located in main file, share with EMT in emergency*
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No current meds  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes *A trained staff will administer meds per a signed dr. order*
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs help navigating obstacles in new places, staff assist in restroom with support bars. Can independently use bathroom.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Needs reminders when things are moved, verbal guidance when unfamiliar, may need to hold staff arm/hand
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will navigate and help lead her in unfamiliar areas. ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
<b>Sensory Support:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Legally blind, navigation support.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Will cry when upset, usually when feelings are hurt, history of false reports, and talk to imaginary people. Support her by redirecting to current things in environment
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> Parks, trails, color therapy, art projects, music + instruments, being involved	
<b>Important for:</b> Seizure medication daily, knowing environment + where things are	

Lead Review Completed: \_\_\_\_\_

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

**Likes:**

outing, going for rides, being with people.

**Dislikes:**

boredom, not being engaged, being ignored, people being mean

**Communication Style:**

Verbal + English

**Learning Style:**

Hand-over-hand assistance, Verbal cues

Staff: Kaitlyn Huddle



Service Recipient: Carrie Carlson

Date: 12/13/24

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: Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes latex + mor <sup>phine</sup> . will not give medicine with ingredients. <small>*Listed on MAR, only administer meds per dr. order*</small>
<b>Seizures:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: Monitor for activity, follow her protocol. Warn her about loud/sudden sounds
<b>Choking/ Specialized Diet:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: bite sized pieces, support in eating, reminders to chew + swallow
<b>Chronic Medical Conditions:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: cerebral palsy, vit. D deficiency, stroke, brain lesion, DNR/DNI? <input type="checkbox"/> No <input type="checkbox"/> Yes neuromuscular scoliosis, hip subluxation, dystonia, <small>*Located in main file, share with EMT in emergency*</small> staff visually monitor and report concerns to team
<b>Medication:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff dispense and hand her medications, s  Daily medication at PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>*A trained staff will administer meds per a signed dr. order*</small>
<b>Personal Cares:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: stabilizes in ceiling tract + trolley net to mat tables, sling is sent from home. Will use bars or staff immediately nearby mat.
<b>Mobility/Fall Risk:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: She is fall risk due to conditions, straps and buckles are on her chair, and transfer systems,
<b>Community Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: accompanied by staff, staff model safety and appropriate cues. <small>■ Staff will model pedestrian &amp; stranger safety, provide transportation in the community, &amp; provide supervision to meet health &amp; safety needs</small>
<b>Sensory Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: offered physical and verbal assistance to allow her to join in. receives visual descriptions, warnings of upcoming loud noises. Staff watch for over stimulation.
<b>Behavior Support:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may grab + scratch peers, staff will verbally redirect, offer sensory activities, if needed will move peers to her right for their safety.
<b>Unsupervised time while at PAI?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Important to:</b> family, being active + involved, eating sweets, people speaking in gentle tones	
<b>Important for:</b> VNS seizure protocol, redirect when bored, her family coming for her	

Staff: \_\_\_\_\_



Service Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Service Span: \_\_\_\_\_

<b>Likes:</b> MUSIC, BOOKS, MEALS, STRETCHING
<b>Dislikes:</b> being bored, not being part of group, in pain or uncomfortable,
<b>Communication Style:</b> RECEPTIVE + EXPRESSIVE SKILLS, VOCALIZATION, BODY LANGUAGE, FACIAL EXPRESSIONS
<b>Learning Style:</b> VISUAL PROCESSING, MODELING, REPETITION, HAND-OVER-HAND ASSISTANCE