

Staff: Andrew Swearingen

Date: 12-26-24



Service Recipient: Pam Huston

Service Span: Sept. 2024 - Sept 2025

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: Pam is allergic to Dilantin, Felbatol, Lyrica, Tegretol. Staff is aware and trained on her allergies.	Medication Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes <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: She will be supervised and monitored for seizure activity. It is important to help keep her calm & relaxed.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will cut her food into bite size pieces. Provide verbal prompts to slow down and chew thoroughly.	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Staff supports her in this area	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: She will take meds with applesauce or water. Staff supports with this.	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: She is accepting of staff assistance in this area.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supports in this area. she may trip/fall due to ice, obstacles.	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will support her on outings, staff will model and demonstrate community safety.	<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: She likes to relax, recliner under a blanket	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Use positive verbal correction when re-directing	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Community outings, getting her hair/nails done, resting in her recliner, having choices/decisions.		
Important for: Choices/decisions, independence, wears her helmet when standing, family,		
Likes: Community outings, relaxing, diet coke, crafts.		
Dislikes: Food that is hard to chew, waiting, loud noise.		
Communication Style: Verbal cues, spending time with her		
Learning Style: Encourage her to participate in groups		

Staff: Andrea Swearingen

Date: 12-26-24



Service Recipient: Hope Gustafson

Service Span: Jan 2024 - Jan 2025

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>There are no allergies</u>	Medication Allergies? <input type="checkbox"/> No <input 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: <u>no seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She can eat independently. Uses a fork and spoon she may eat too quickly.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>Staff supports her in this area</u>	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: <u>She is accepting of supports in this area</u>	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 checked="" type="checkbox"/> Yes	Describe Supports: <u>Staff will support her when needed</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She is aware that she needs to be careful when walking, especially on icy/slippery surfaces. She is independent when walking. May get distracted. Staff supports</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She enjoys going into the community. Will accept redirection when needed.</u>	<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: <u>She is aware when it is too loud and needs to move to a quieter place. She may run away or "collapse" when she is overstimulated. Staff supports in this area.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>When she gets upset she may hit herself in the head, pull hair, grab, hit, or throw objects. Staff supports her in this area and is accepting of staff re-direction.</u>	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: <u>Have a calm environment, try new things. Having her iPad.</u>		
Important for: <u>She likes to be independent as much as possible. Taking walks, listening to music, going out in the community, and participating in group activities.</u>		
Likes: <u>She likes the iPad, coffee, music, walking</u>		
Dislikes: <u>loud environment, change in her routine, escalators,</u>		
Communication Style: <u>Verbal cues, visual cues, visual prompts (clocks, timers)</u>		
Learning Style: <u>ipad, observe others. Staff will support her in her interests and likes.</u>		

Staff: Andrea Swearingen

Date: 12-26-24



Service Recipient: Nezi O'Leary

Service Span: Dec 2023 - Dec 2024

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

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>no allergies</u>	Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Listed on MAR, only administer meds per dr. order*</small>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: <u>no seizures</u>	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She is able to eat independently and understands verbal prompts given by staff, she may eat/drink too quickly staff supports her with this.</u>	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports: <u>there are no chronic medical conditions</u>	DNR/DNI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <small>*Located in main file, share with EMT in emergency*</small>
Medication: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: <u>She does not take meds at PAI but is accepting of taking medications when needed</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>She is usually independent in the bathroom (staff will wait outside the door)</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>there are no mobility issues</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff will assist while out on outings.</u>	<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: <u>she likes to sit at the table and play with the puzzle, matching colors.</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	

Unsupervised time while at PAI? No Yes

Important to: she likes to shred paper, once a week visit other rooms

Important for: Being included in groups, having options, and being positive.

Likes: music, visiting friends, being included, being understood shopping

Dislikes: changes in her routine, certain textures of food

Communication Style: verbal prompts,

Learning Style: modeling, verbal, reminders hand over hand