

Staff: Mao Thao
 Date: 1/17/25



Service Recipient: Leona Lyon
 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

Allergies: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: Medication Allergies? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Seasonal allergies	*Listed on MAR, only administer meds per dr. order*
Seizures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A ?	Describe Supports: hasn't had an actual seizure in several years. Non-epileptic - used to last over an hour. Now 5-6 mins in length. She needs to be in a quiet Placelarea & music, calming words can help bring her out of these events.	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff prepare her food, she can eat independently. May need a verbal cue to begin eating.	
Chronic Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: severe intellectual disability, cerebral Palsy, Shaken infant syndrome, constipation, Arthritis, contractures (wears leg braces), "non-epileptic events".	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: Leona dose does not take meds while at PAI. If Leona takes medications at PAI at a later date, staff will administer according to the medication Administration training.	
Personal Cares: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: She does not know when she needs to go, wears briefs, can use bathroom independently & requires help to clean herself.	
Mobility/Fall Risk: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: uses a walker, transfer belt, not able to bear much weight.	
Community Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe Supports: recognize social signs but may not follow them appropriately appropriately. utilizes PAI transportation.	■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: wears glasses to help her vision & "lazy eye"	
Behavior Support: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	List & Describe Supports: yell when upset, may hit, but rarely ever happens.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: family dog, missy, Family, being engaged		
Important for: socialization, walker, walk in general, safety issues, leg brace. socialization		

Staff: _____



Service Recipient: _____

Date: _____

Service Span: _____

Likes:

Family, being engaged, 1:1 time w/ staff, calm voice, quiet place

Dislikes:

New activities, being rushed.

Communication Style:

verbal 1-2 words. eye gazing & pointing.

Learning Style:

verbalizing & hand over hand.

Staff: Kaitlyn Heddle
 Date: 1/17/24



Service Recipient: Leana Lyon
 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

Allergies: <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 LEANA has seasonal allergies. Staff will inform her Guardian of any reactions. *Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: seizure proto col staff are trained on, for her non-epileptic events she will be moved to a quiet area to alleviate them.
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: not able to prepare her own food due to tremors. Staff will prepare and may need to cue her to start eating.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: severe intellectual disability, impaired social skills, cerebral palsy, severe constipation, anhritis, contractures, shaken infant syndrome, non epileptic events. 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: Does not take meds while at POC staff are trained on administration if she were to be prescribed. <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>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: uses a brief, and staff will assist her in using the toilet.
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: she uses a walker and a transfer belt. staff will be in arms reach while she is walking to prevent falls.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: she is friendly and may approach strangers, unsafe. ■ 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 wears glasses and may need reminders to wear them.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: she yells when upset and may hit.
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: her family dog, missy. her family, and being engaged.	
Important for: socialization, her walker/walking, leg brace safety issues	

Staff: Kathryn Heddie

Date: 1/17/24



Service Recipient: Jenna Lyon

Service Span: 10/24 - 10/25

Likes: family, being engaged, 1:1 time w/ staff, calm voices and quiet spaces.

Dislikes: new activities, being rushed.

Communication Style: verbal with few words, eye gazing and pointing,

Learning Style: verbalizing steps and hand-over-hand.

Staff: Grace Bi



Service Recipient: Leona Lyon

Date: _____

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

Allergies: <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, Staffs are trained on it - Communicate to guardian via her communication books.	*Listed on MAR, only administer meds per dr. order*
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: - she needs to be in a quiet area and music, calming words	
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: - staffs will give her verbal cue when to begin eating and slow down	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: - severe intellectual disability, cerebral palsy, shaken infant Syndrome, Arthritis	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: Staffs are trained and will administer according to the medication Administration training.	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: She uses the bathroom independently and requires assistance to clean her self from staffs.	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: - she utilizes a walker and transfer belt to assist with walking, not able to bear as much weight as she use to	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staffs provides supervision and support while in the community	■ 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: - Vision, she wear glasses and needs reminder to keep her glasses on	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: - yelling, hitting.	
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Important to: Family, dogs Missy, Family, being engage		
Important for: socialization, walker, walking in general, leg brace		

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Likes: Family, being engage, 1:1 time with staff, calm voice and quiet space

Dislikes: New activities, being pushed

Communication Style: Verbal with 1-2 words, ~~stare~~ eye gazing and pointing

Learning Style: Verbalizing next steps and hand-over-hand.

Lead Review Completed: _____

Staff: Laura Stacken



Service Recipient: Leona Lyon

Date: 1/16/25

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

Allergies: <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 *Listed on MAR, only administer meds per dr. order* <u>Seasonal Allergies</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe Supports: <u>has not had one in several years.</u>
Choking/ Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has hand tremors and is not able to prepare her own food.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Senior ID. CP, constipation, arthritis, shaken infant syndrome, contractures, non-epileptic events</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds @ PAI</u> 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: <u>Brief, uses bathroom independently need assistance</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>utilizes a walker & transfer belt to assist with walking</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Leona is friendly and may approach strangers 1:1 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	List & Describe Supports: <u>Wears glasses to help with her vision</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>yells when she is upset, she may also hit, but that very rarely happens.</u>
Unsupervised time while at PAI? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Important to: <u>Family dog, missy, family, being engaged</u>	
Important for: <u>Socialization, walker, walking in general, safety issues, leg brace</u>	

Staff: _____

Date: _____



Service Recipient: _____

Service Span: _____

Likes:

Family, being engaged, 1:1 time w/staff, calm voice, quiet space

Dislikes:

New activities being rushed

Communication Style:

Verbal w/ 1-2 words, communicates via eye gazing & pointing

Learning Style:

Verbalizing next steps & handoverhand