

DEI Investigation Meeting Zoom Transcript

Interviewee: Sichole Jackson

Date: 12/15/25

Time: 3.02pm to 3.52pm

Key takeaways

- Si'Chole was interviewed regarding allegations about her conduct at Plainview building, specifically related to treatment of residents and staff.
- Si'Chole denied all allegations, stating she was targeted by staff who were resistant to the structure and oversight she implemented.
- The allegations included comments about a resident named Billy being "too fat," restricting food portions, discarding staff food items, coffee redistribution, and treating staff with accents more harshly.
- Si'Chole provided context that she was enforcing proper food safety protocols, advocating for residents' proper nutrition, and following HR directives regarding language use.
- Si'Chole claimed she improved the house significantly, addressing previous citations and implementing proper training, which was met with resistance from staff.

Discussed topics

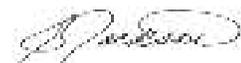
Allegations regarding resident Billy

Elizabeth presented allegations that Si'Chole commented Billy was "too fat" and restricted his food portions.

- **Details**
 - **Si'Chole:** Strongly denied ever making such comments about Billy or using those words.
 - **Si'Chole:** Explained she observed staff (specifically Jackson) giving Billy only rice and potatoes while keeping chicken for themselves.
 - **Si'Chole:** Reported this incident to her supervisor who instructed her to get more chicken for the residents.
 - **Si'Chole:** Stated she was advocating for proper nutrition for residents who should receive protein, vegetables, and starches.
 - **Si'Chole:** Indicated the nurse Ishri Prashad witnessed these incidents.
- **Conclusion**
 - Si'Chole denied the allegations and presented herself as an advocate for proper resident care.
 - Si'Chole believes staff targeted her because she reported their improper behavior.

Food disposal allegations

Elizabeth presented allegations that Si'Chole discarded staff members' personal food items even when labeled.



- **Details**
 - **Si'Chole:** Denied discarding properly stored food items.
 - **Si'Chole:** Explained she followed compliance regulations requiring food to be properly labeled, sealed, and dated.
 - **Si'Chole:** Described finding improperly stored food (raw vegetables left unwrapped, food in napkins) that created pest issues.
 - **Si'Chole:** Stated she placed signs on refrigerators explaining proper food storage requirements.
 - **Si'Chole:** Mentioned a staff member (Moise) asked about a missing thermos, but she had no knowledge of it.
- **Conclusion**
 - Si'Chole acknowledged discarding food but only when it violated storage protocols.
 - Si'Chole indicated this was standard practice across all houses she managed, not targeted at specific staff.

Coffee incident allegations

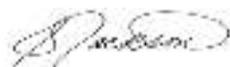
Elizabeth presented allegations about Si'Chole questioning excessive coffee supplies and restricting staff access, while sharing with a staff member in another house.

- **Details**
 - **Si'Chole:** Explained there was excess coffee in the basement that no one was using.
 - **Si'Chole:** Stated she redistributed the coffee to houses where it would be used by residents.
 - **Si'Chole:** Denied restricting staff access to coffee.
 - **Si'Chole:** Mentioned the coffee was moved during basement cleaning after a flood.
- **Conclusion**
 - Si'Chole denied restricting coffee access and explained she was efficiently redistributing unused resources to houses where they were needed.

Treatment of staff with accents

Elizabeth presented allegations that Si'Chole spoke more harshly to staff who couldn't express themselves well in English.

- **Details**
 - **Si'Chole:** Strongly denied treating staff differently based on language or accent.
 - **Si'Chole:** Explained she had to enforce a policy about speaking English around residents.
 - **Si'Chole:** Referenced an employee handbook policy requiring staff to communicate with residents in a language they can understand.
 - **Si'Chole:** Mentioned a specific staff member (Raymond Luma) who had Justice Center reports about speaking in another language over residents.



- **Si'Chole:** Stated she had to provide in-service training about language use as a corrective action.
- **Conclusion**
 - Si'Chole denied discriminating based on accent but acknowledged enforcing English-speaking policies around residents.
 - Si'Chole suggested Raymond Luma might have made these allegations due to being repeatedly corrected.

House management and staff resistance

Si'Chole provided context about her management approach and the resistance she faced.

- **Details**
 - **Si'Chole:** Stated she was initially covering for an AD who was out, then given the house permanently.
 - **Si'Chole:** Explained the house had 60+ citations in its last audit that needed correction.
 - **Si'Chole:** Described implementing structure, training, and oversight that wasn't previously present.
 - **Si'Chole:** Reported finding staff sleeping during shifts, using cell phones during one-to-one care, and other compliance issues.
 - **Si'Chole:** Stated she bought new furniture and made positive changes acknowledged by leadership.
 - **Si'Chole:** Mentioned the COO (Chris O'Connor), VP (Sally Burgess), and director (Deanna Allen) visited and saw positive changes.
 - **Si'Chole:** Named Michelle Norette as the covering manager who worked with her.
- **Conclusion**
 - Si'Chole believes staff targeted her because they resisted the structure and accountability she implemented.
 - Si'Chole was removed from the house around late October/early November.

Challenges

- Resistance from staff to oversight and structure implementation
- Staff allegedly targeting Si'Chole with false reports to remove her from the position
- Communication barriers between staff and residents when non-English languages were used
- Proper food storage and distribution for both residents and staff
- Ensuring residents received proper nutrition according to their dietary needs

Action items

- **Si'Chole**
 - Provide transcript edits and additional points to Elizabeth (within 48 hours)
 - Send email evidence supporting her statements (within 48 hours)
- 
- Provide documentation of refrigerator signage regarding food storage
 - Send evidence of house meetings discussing food storage policies

- Locate and share policy documentation regarding language use
- Find evidence of communication about expectations across all houses

(Please see all corresponding emails/statements sent.)

Please see attached email message forwarded to me on 9/3. Once I was assigned Kirkland permanently, I had to complete and issue these recommendations. Please note recommendations for in-services to be given for English only speaking guidelines. This was recommended by HR. But I exercise this throughout my program because I follow the Employee hand book strongly and implement its guidelines. Staff complained that it was me targeting them and I was just doing my job. I chose the covering manager who happens to be Haitian, and not that that matters, but because she was good and strong and we worked well together. And to be very frank, 99% of the staff who work in Kirkland are Haitian. So that would be very difficult to assume I “only” target the Haitians. Cultures do not matter to me. Only your job performance. And as you can see from the CAPS and audits, and my meeting agenda’s from my other locations, I teach and train, advocated strongly and passionately for the individuals there, and these staff needed extensive training, but felt that they were being challenged and corrected to do the right thing and were so used to doing their own things in the house, that having fulltime oversight in the house would compromise that. So, I was targeted to be removed. And for these reasons I was removed.

A handwritten signature in cursive script, appearing to read "Jackson". The signature is written in black ink on a white background.

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 10:53 AM
To: Elizabeth Adenekan
Subject: FW: (2025-029204) Kirkland IRA- Neglect
Attachments: Xerox Scan_09292025143043.pdf; Xerox Scan_09292025142737.pdf; Xerox Scan_09292025140325.pdf; Xerox Scan_09292025140124.pdf; Xerox Scan_09292025135920.pdf; Xerox Scan_09292025135804.pdf; Xerox Scan_09292025135650.pdf; Xerox Scan_09292025135617.pdf



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From: Sichole Jackson
Sent: Monday, September 29, 2025 10:12 PM
To: Fabrizio Compagno <fcompagno@AHRC.org>; Sally A. Burgess <sburgess@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>; Jennifer Bonarrigo <jbonarrigo@citizens-inc.org>; Darlene Roth <droth@citizens-inc.org>; Investigation Documents <investigationdocs@AHRC.org>
Cc: Chris O'Connor <coconnor@AHRC.org>; Eric Rosen <erosen@AHRC.org>; Karen Tanzillo <ktanzillo@citizens-inc.org>; Lisa Shortell <lshortell@AHRC.org>; Linda Aikens-Mallory <lmallory@AHRC.org>
Subject: RE: (2025-029204) Kirkland IRA- Neglect

Hi, Fabrizio. Tuesday will be 9/30. But I am forwarding the requested documents. Additionally, the requested photos was sent to the JC webmaster email address as they previously requested. If there is anything more needed, please don't hesitate to reach out. I will be away from 10/1-10/6. My covering AD will be Tessa Guillaume-Lewis.



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From: Fabrizio Compagno <fcompagno@AHRC.org>
Sent: Friday, September 26, 2025 8:23 AM
To: Sally A. Burgess <sburgess@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>; Sichole Jackson <sjackson@citizens-inc.org>; Jennifer Bonarrigo <jbarrigo@citizens-inc.org>; Darlene Roth <droth@citizens-inc.org>; Investigation Documents <investigationdocs@AHRC.org>
Cc: Chris O'Connor <coconnor@AHRC.org>; Eric Rosen <erosen@AHRC.org>; Karen Tanzillo <ktanzillo@citizens-inc.org>; Lisa Shortell <lshortell@AHRC.org>; Linda Aikens-Mallory <lmallory@AHRC.org>
Subject: (2025-029204) Kirkland IRA- Neglect

Good morning,

Please see the VPCR for an allegation of neglect field on behalf of the Kirkland IRA. Please provide us with the immediate protections (asap), and initial reports for each resident named in the VPCR. Additionally, attached is the investigation checklist, which is due by **Tuesday, 9/28/25, by 9:00 AM**. Thank you.

View

VPCR Incident Information

Element Name	09/25/2025 16:25:36
incidentSummary	Jean R Dupont and Louise Rho (staff) were sleeping with the bedroom egress blocked by a recliner and falsified documents when they should have been supervising P Cusanelli, W Hoffman, N Jacovelli, J McCabe, and G Miller (recipients)
incidentType	Abuse and Neglect
witnessedByReporter	Yes
incidentDateDiscoveredFrom	
incidentDateDiscoveredTo	09/25/2025 00:25:01
incidentDateFrom	
incidentDateTo	09/25/2025 00:25:00
incidentNarrative	911 currently needed? No 911 or law enforcement contact made prior to report? No If 911 or law enforcement was contacted, who responded? N/A Reporter's Role and Agency: Assistant Director, Citizens Options Unlimited How did Reporter become aware of the incident? Discovered Location of Incident: IRA; 38 Kirkland Drive, Greenlawn NY 11740 Date and Time of Incident: 9/25/25 at 12:25 AM SOA: OPWDD Suspect(s), DOB (if known) and Title: Jean R Dupont (overnight awake DSP) and Louise Rho (overnight awake DSP) Victim and DOB: Paul Cusanelli (DOB unknown), William Hoffman (DOB unknown), Nicholas Jacovelli (DOB unknown), John McCabe (DOB unknown), and Gordon Miller (DOB unknown) Incident: On the overnight of 9/25/25, Sichole Jackson (Assistant Director) arrived at the IRA for routine overnight observation and drills. Sichole noticed that the IRA lights were off. She sat outside for a short period, trying to figure out where staff could be. Sichole then entered the IRA. As soon as she entered, Sichole could see Louise Rho (overnight awake DSP) stretched out and sleeping on the living room sofa. Her head was resting on the arm of the sofa, her shoes were off, and she was

covered by what appeared to be a shearling coat. Louise did not wake. Sichole then saw that Jean R Dupont (overnight awake DSP) was sleeping on a recliner that had been moved to between the kitchen and hallway and plugged in an outlet in the kitchen. The recliner blocked the egress of the recipients living in the IRA, Paul Cusanelli, William Hoffman, Nicholas Jacovelli, John McCabe, and Gordon Miller (recipients). Jean was covered with a blanket and his shoes were off. Sichole woke the staff and asked who was the asleep overnight staff. Jean pointed to the upstairs where Unknown (staff) was sleeping. The shift of the two staff members started at 11 PM on 9/24/25, so they had only been at work for 1 hour and 25 minutes when the Sichole entered the IRA. Most of the men receive periodic checks during the night. However, the supervision of Nicholas reverts to 1:1 supervision whenever he wakes due to his behaviors. John uses a wheelchair for movement during a fire drill. Sichole believes several of the individuals have diagnoses of seizure disorders. Sichole checked the individuals and saw no visible injuries or problems. She took a photograph of the recliner blocking the individual's egress. She also took photographs of the sleep documentation, which was pre-filled for the night. At the time Sichole entered the room of William, he was sitting and rocking on his bed. The documentation stated he was sleeping at the time. Supervision: The individuals receive periodic checks during the night, except for Nicholas. Nicholas receives 1:1 supervision while awake but was sleeping at the time. Witnesses: Sichole Jackson (Assistant Director) Injuries: No problems found. Cameras: Yes Where: Outside Notifications: Deanna Allen (Director of Residential) Safeguards: The staff will be retrained on fire evacuation. They will also receive counseling for sleeping during their shift and blocking egress.



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Form OPWDD 149: Investigative Report Format

(Revised 4/30/15)

State of New York
**OFFICE FOR PEOPLE WITH
DEVELOPMENTAL DISABILITIES**

For additional guidance in completing this form please see line by line instructions, available at www.opwdd.ny.gov.

Person Receiving Services: Nicholas "Nick" Jacovelli	DDSO: Long Island	
	Reporting Agency: Citizen's Options Unlimited	
Address: 38 Kirkland Drive Greenlawn, New York 11740	Master Incident Number: 2025-009458	Agency Incident Number:
	Date/Time of Incident: 3/26/2025 @9:01pm	
Incident Location: Other	Date/Time of Discovery (if appropriate): 3/26/2025 @9:01pm	
	Incident Classification: Inappropriate Use of Restraints	

Introduction/Description of Incident:
As per the VPCR Report that was reported to the Justice Center by Samantha Schwartzberg (RA Coordinator), on (3/31/2025), at 4:33pm and the OPWDD Form 147:
 During an annual audit on 3/26/2025 it was discovered while reviewing an individual's (Nicholas Jacovelli's) Behavior Plan and ABC data that staff were using Scip-R technique (arm control) without being current in their certification. I contacted Lisa Shortell to discuss she told me to wait until we have confirmed that all staff were not current. Through emails with Tessa Guillaume it was confirmed the staff were expired in their certification. Eric Rosen Vice President of Quality Improvement and Corporate Compliance also contacted. No cameras in the house Immediate protections: n/a

Background Information:
As per Life Plan, IPOP, Individualized Plan of Nursing Services and Medical Oversight, Individualized Eating Guidelines, and Formal Behavior Support Plan-Restrictive:

Nicholas Jacovelli is a 30-year-old male who currently resides at the Kirkland Drive IRA in Greenlawn, New York. Nicholas is very energetic young man who is nonverbal and does not use words to communicate. He will make sounds, vocalizations, and gestures when he wants something or to express his emotions. He has his own bedroom and is fully ambulatory; however, there is a room sensor to indicate when he is about to open the door so that staff are aware and can help keep him safe. Nicholas is 1:1 supervision during his awake hours due to his SIB and aggression. He also has a behavior support plan to address his SIB and aggression. Nicholhas is very affectionate at times but can also be very impatient, as he will sometimes pull and lead staff to things he wants, like being in the shower. Nicholas is currently diagnosed with Profound Intellectual Disability, Autism Spectrum Disorder, Impulse Control Disorder, Hyperprolactinemia, Bipolar Disorder, ADHD, Conduct Behavior Disorder, SIB, Anxiety Disorder, Aggressive Behavior, Cataracts in both eyes, and Recurrent Otitis Media. Nicholas's levels of supervision while in the bathroom is currently Range of Sight/Scan and his while asleep it is currently Periodic Checks. He requires 1:1 staff supervision to always ensure his safety, with a slight exception when he is in the bathroom and sleeping in his bed. Nicholas has Rights Restriction/SCIP-R in his current Formal Behavior Support Plan-Restrictive: 1:1 Supervision, SCIP-R Arm Control, Protective Body Wear (Shoulder Guard and Sleeves), Room Sensor, Padded Furniture/Wall, and Body Checks.

Immediate Protections:

- On 4/1/2025 Justin DeNigris (AD CLS), presented an In-Service Training regarding: Using SCIP-R Techniques on Service Recipients of the Kirkland Drive IRA. This training was offered to all the Staff Members of the Kirkland Drive IRA. Only one targeted staff member, Marie Antenor (DSP), received the training, signed/acknowledged that she was trained on (4/2/2025). The following targeted staff members did not receive the training as of (4/3/2025): Claude Borgart (DSP), and Machli Midi (DSP Sub).

Investigatory Question:

- On or about 3/26/2025, did Claude Borgart (DSP), use a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while his certification was expired, resulting in Inappropriate Use of Restraints?
- On or about 3/26/2025, did Marie Antenor (DSP), use a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while her certification was expired, resulting in Inappropriate Use of Restraints?

3. On or about 3/26/2025, did Machli Midi (DSP Sub), use a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while his certification was expired, resulting in Inappropriate Use of Restraints?

Investigative Process

- 1.) **Testimonial Evidence:** a) The following individuals were interviewed during the course of this investigation:

<u>Name</u>	<u>Title</u>	<u>Date(s) Interviewed</u>	<u>Interviewer</u>
Samantha Schwartzberg	RA Coordinator	4/1/2025	Angel L. Cotto 3 rd
Amanda Legros	House Manager	4/10/2025	Angel L. Cotto 3 rd
Nicholas Jacovelli	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
Claude Borgart	DSP	4/10/2025	Angel L. Cotto 3 rd
Marie Antenor	DSP	4/10/2025	Angel L. Cotto 3 rd
Machli Midi	DSP Sub	4/28/2025	Angel L. Cotto 3 rd

b) The following individuals were interrogated during the course of this investigation: None

Note: Other parties present during interrogations must also be identified below. N/A

- 2.) **Documentary Evidence:**

The following documents were reviewed and copies are attached:

D1) VPCR: (3/31/2025)

D2) OPWDD Form 147: (4/1/2025)

D3) Incident Report: (4/1/2025)

D4) Immediate Protection: Justin DeNigris (AD CLS), presented an In-Service Training regarding: Using SCIP-R Techniques on Service Recipients of the Kirkland Drive IRA, (4/1/2025).

D5) Citizen's Kirkland Drive IRA Master Staffing Pattern, dated for (2/27/2025).

D6) Citizen's Kirkland Drive IRA Weekly Staff Schedule, dated for (3/22/2025-3/28/2025).

D7) AHRC Nassau Learning and Professional Development Department SCIP-R Certification for Machli Midi (DSP Sub). Class conducted by Vanessa Wright (Staff Dev. Trainer-SCIP-R Instructor), dated for (1/19/2024).

D8) AHRC Nassau Relias Transcript Printouts for the following staff members: Machli Midi (DSP Sub), Marie Antenor (DSP), and Claude Borgart (DSP), (4/11/2025).

D9) Citizen's Kirkland Drive IRA Individualized Eating Guidelines for Nicholas Jacovelli (Service Recipient), completed by Linda McDonald (SLP), and Tara LaCamera (SLP), dated for (5/23/2022).

D10) Citizen's Kirkland Drive IRA Formal Behavior Support Plan-Restrictive for Nicholas Jacovelli (Service Recipient), developed by Fangchi Ren (BIS) and reviewed by Jennifer Goot (AD Psych Services), and Christine Schulte (PhD-Director Psych Services), without Staff Signature Page, dated for (8/30/2024).

D11) Citizen's Kirkland Drive IRA Individualized Plan of Nursing Services and Medical Oversight for Nicholas Jacovelli (Service Recipient), completed by Ishri Prashad (RN-House Nurse), with Staff Signature page attached, dated for (7/16/2024).

D12) Citizen's Kirkland Drive IRA IPOP for Nicholas Jacovelli (Service Recipient), completed by Amanda Legros (House Manager), with Staff signature page attached, dated for (7/1/2024).

D13) Citizen's Kirkland Drive IRA Life Plan for Nicholas Jacovelli (Service Recipient), dated for (9/26/2024).

- 3.) **Demonstrative Evidence:** N/A

- 4.) **Physical Evidence:** N/A

- 5.) **Written Statements:**

<u>Name</u>	<u>Title</u>	<u>Date</u>	<u>Interviewer</u>
Samantha Schwartzberg	RA Coordinator	4/1/2025	Angel L. Cotto 3 rd
Amanda Legros	House Manager	4/10/2025	Angel L. Cotto 3 rd
Claude Borgart	DSP	4/10/2025	Angel L. Cotto 3 rd
Marie "Suzie" Antenor	DSP	4/10/2025	Angel L. Cotto 3 rd
Machli Midi	DSP Sub	4/28/2025	Angel L. Cotto 3 rd

Summary of Evidence:

1. **VPCR:** During an annual audit on 3/26/2025 it was discovered while reviewing an individual's (Nicholas Jacovelli's) Behavior Plan and ABC data that staff were using Scip-R technique (arm control) without being current in their certification. I contacted Lisa Shortell to discuss she told me to wait until we have confirmed that all staff were not current. Through emails with Tessa Guillaume it was confirmed the staff were expired in their certification. Eric Rosen Vice President of Quality Improvement and Corporate Compliance also contacted. No cameras in the house Immediate protections: n/a

2. **OPWDD Form 147:** During an annual audit on 3/26/2025 it was discovered while reviewing an individual's (Nicholas Jacovelli's) Behavior Plan and ABC data that staff were using Scip-R technique (arm control) without being current in their certification. I contacted Lisa Shortell to discuss she told me to wait until we have confirmed that all staff were not current. Through emails with Tessa Guillaume it was confirmed the staff were expired in their certification. Eric Rosen Vice President of Quality Improvement and Corporate Compliance also contacted. No cameras in the house Immediate protections: n/a OTHER CONSUMER PROTECTION: Staff involved were trained on not using SCIP techniques until certified to sign up for the class (Continue on separate sheet if necessary) 21. LIST ALL THE IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL/DENTAL TREATMENT OR COUNSELING PROVIDED. [Other, Staff Retraining]
3. The pool of witnesses were determined by the VPCR, the staffing assignments, testimonies, written statements, and documentary evidence.
4. As per Immediate Protection, In-Service Training conducted by Justin DeNigris (AD CLS), regarding using SCIP-R techniques. The training discussed the importance of not using SCIP-R moves, if the Staff Member is not certified or their certification has expired. The training also discussed that Service Recipients and/or Staff Member can sustain injuries and can also be considered inappropriate use of restraints. It also discussed the importance of documenting in the Service Recipient's ABC Data sheets and completing a full body check to ensure no bruising, redness, scratches, and/or injuries. It should also be noted that both Claude Borgart (DSP), and Machli Midi (DSP Sub), as of (4/3/2025), were not trained. Marie Antenor (DSP) received the training and signed/acknowledged that she was trained on (4/2/2025).
5. As per Citizen's Kirkland Drive IRA Master Staffing Pattern, it shows that both Claude Borgart (DSP), and Marie Antenor (DSP), are full-time Staff Members of the Kirkland Drive IRA.
6. As per Citizen's Kirkland Drive IRA Weekly Staff Schedule, dated for (3/22/2025-3/28/2025), it shows that the reported targeted Staff Members: Claude Borgart (DSP), Marie Antenor (DSP), and Machli Midi (DSP Sub), worked during the week of the reported incident.
7. As per AHRC Nassau Learning and Professional Development Department SCIP-R Certification for Machli Midi (DSP Sub). Its shows that Machli took/passed his SCIP-R training and was certified from dates: (1/19/2024-1/19/2025), expiring on (1/20/2025). It also showed that Machli's work location is the West Islip IRA.
8. As per AHRC Nassau Relias Transcript Printouts for the following staff members: Machli Midi (DSP Sub), Marie Antenor (DSP), and Claude Borgart (DSP), regarding SCIP-R training. Machli was last certified in SCIP-R on (1/19/2024) and has not been recertified since (1/20/2025). Marie has not been certified in SCIP-R since her hire date of (10/12/2020). Claude was last certified in SCIP-R on (11/18/2022) and has not been recertified since (11/19/2023).
9. As per the Initial Incident Report completed by Tessa Guillaume-Lewis (AD CLS), on behalf of Nicholas Jacovelli (Service Recipient), on (4/1/2025), stating the following: "During an annual audit on 3/26/2025 it was discovered while reviewing an individual's (Nicholas Jacovelli's) Behavior Plan and ABC data that staff were using Scip-R technique (arm control) without being current in their certification. I contacted Lisa Shortell to discuss it. She told me to wait until we have confirmed that all staff were not current. Through emails with Tessa Guillaume, it was confirmed the staff were expired in their certification. Eric Rosen Vice President of Quality Improvement and Corporate Compliance also contacted. No cameras in the house Immediate protections: n/a"
10. As per testimony and written statement of Samantha Schwartzberg (RA Coordinator), "during an annual audit on 3/26/2025 it was discovered while reviewing Nicholas Jacovelli's Formal Restrictive Behavior Plan and ABC Data that staff were using SCIP-R technique (Arm Control) without being current in their certification. Claude Bogart, Machli Midi, and Marie "Suzie" Antenor. I contacted Lisa Shortell Director of Quality Assurance to discuss the matter. Mrs. Shortell instructed me to wait until we confirmed that all staff were not current. Through emails with Tessa Guillaume Assistant Director of CLS, it was confirmed that the three staff were all expired in their certification. Eric Rosen Vice President of Quality Improvement in Corporate Compliance also contacted."
11. As per testimony and written statement of Amanda Legros (House Manager), "Staff have been told that they needed to sign up for SCIP-R training. Staff stated that when they look at Relias for classes, classes are always full; I have tried to look into the classes for them, but nothing was open. Some staff would find a class but not

attend the class. I have spoken to staff about signing up for classes and they would tell me they did or cannot find one. Currently we are trying to get an instructor to teach the whole House, as everyone needs to be certified.”

12. Due to being nonverbal, Nicholas Jacovelli (Service Recipient), could not provide the investigator with relevant information regarding the incident that was reported on (3/26/2025). The attempted interview was on (4/10/2025), at the Kirkland Drive IRA.
13. As per testimony and written statement of Claude Borgart (DSP), “I Claude Borgart am acknowledging that my SCIP-R Certification is expired and I am in the process to enroll very soon, April or May 2025. I am aware to work with Nicholas Jacovelli, I have [make sure] my certification is active annually.” It is noted as per Claude, he admitted to working with Nicholas Jacovelli (Service Recipient), without an active SCIP-R Certification.
14. As per testimony and written statement of Marie “Suzie” Antenor (DSP), “I acknowledge and admit that my SCIP-R is expired and understand in order to maintain working with Nick Jacovelli I need to be actively SCIP-R certified on a yearly basis. I am currently attending SCIP-R training this month April 2025.” It is noted as per Marie, she admitted to working with Nicholas Jacovelli (Service Recipient), without an active SCIP-R Certification.
15. As per testimony and written statement of Machli Midi (DSP Sub), “On April 28, 2025 I talked to Mr. Angel about Nicholas J. who requires for a person to work with him, he needs the SCIP-R trained. My SCIP-R has expired; I have to renew it so that I can work with Nicholas.” It is noted as per Machli, he admitted to working with Nicholas Jacovelli (Service Recipient), without an active SCIP-R Certification.
16. It is noted that the AHRC Nassau ABC Data/Replacement Skills Sheet for Nicholas Jacovelli (Service Recipient), was not sent to the investigator for this investigation upon request.

Conclusions:

1. It is concluded that on or about (3/26/2025), Claude Borgart (DSP), used a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while his certification was expired, resulting in Inappropriate Use of Restraints is **Confirmed**. This is based on testimonies, written statements and documentary evidence. As per documentation from AHRC Nassau Relias Training, Claude has not been SCIP-R certified since (11/19/2023) and has been assigned to provide 1:1 Supervision to Nicholas and Claude admitted to providing Arm Control on Nicholas knowing that his SCIP-R was expired; henceforth, creating a preponderance of evidence to support this allegation.
2. It is concluded that on or about (3/26/2025), Marie Antenor (DSP), use a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while his certification was expired, resulting in Inappropriate Use of Restraints **Confirmed**. This is based on testimonies, written statements and documentary evidence. As per documentation from AHRC Nassau Relias Training, Marie has never been SCIP-R certified since her hire date of (10/12/2020), and has been assigned to provide 1:1 Supervision to Nicholas and Marie admitted to providing Arm Control on Nicholas knowing that she is not currently SCIP-R certified; henceforth, creating a preponderance of evidence to support this allegation.
3. It is concluded that on or about (3/26/2025), Machli Midi (DSP Sub), use a restraint (SCIP-R) (Arm Control), on Nicholas Jacovelli (Service Recipient), while his certification was expired, resulting in Inappropriate Use of Restraints **Confirmed**. This is based on testimonies, written statements and documentary evidence. As per documentation from AHRC Nassau Relias Training, Machli has not been SCIP-R certified since (1/20/2025), and has been assigned to provide 1:1 Supervision to Nicholas and Machli admitted to providing Arm Control on Nicholas knowing that his SCIP-R was expired; henceforth, creating a preponderance of evidence to support this allegation.
4. It is a concern that Marie Antenor (DSP), has not been SCIP-R certified since her hire date of (10/12/2020), and has been working full-time at the Kirkland Drive IRA, providing support to the Service Recipients who have SCIP-R in their Behavior Support Plans.
5. It is a concern that both Claude Borgart (DSP), and Machli Midi (DSP Sub), as of (4/3/2025), were not trained on the Immediate Protection that was given by Justin DeNigris (AD CLS), regarding using SCIP-R techniques.
6. It is a concern that the AHRC Nassau ABC Data/Replacement Skills Sheet for Nicholas Jacovelli (Service Recipient), was not sent to the investigator for this investigation upon request.
7. It is a concern that the Individualized Eating Guidelines for Nicholas Jacovelli (Service Recipient), was sent to the

investigator without a Staff Signature Page.

8. It is a concern that the following Service Plan of Nicholas Jacovelli (Service Recipient): Formal Behavior Support Plan-Restrictive, Individualized Plan of Nursing Services and Medical Oversight, IPOP, and Life Plan were not signed/acknowledged by Machli Midi (DSP Sub), who has been assigned and working with Nicholas.

Recommendations:

1. It is recommended that the Assistant Director ensures that Claude Borgart (DSP), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), while his SCIP-R was expired.
2. It is recommended that the Assistant Director ensures that Marie Antenor (DSP), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), when she has not been SCIP-R certified since her hire date of (10/12/2020).
3. It is recommended that the Assistant Director ensures that Machli Midi (DSP Sub), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), while his SCIP-R was expired.
4. It is recommended that the Assistant Director ensures that the following Staff Members participate in Full SCIP-R training as soon as possible: Claude Borgart (DSP), Marie Antenor (DSP), and Machli Midi (DSP Sub).
5. It is recommended that the Assistant Director ensures that both Claude Borgart (DSP), and Machli Midi (DSP Sub), receive the Immediate Protection training regarding: Using SCIP-R Techniques.
6. It is recommended that the Assistant Director ensures that the following Service Plans of Nicholas Jacovelli (Service Recipient): Formal Behavior Support Plan-Restrictive, Individualized Plan of Nursing Services and Medical Oversight, IPOP, and Life Plan are all signed/acknowledged by Machli Midi (DSP Sub).

Full Name of Investigator (Print)	Agency/Title:	Signature/Date:
Angel L. Cotto 3 rd	<u>AHRC Nassau</u> QA Coordinator	6/4/2025

Gina Chason

From: Gina Chason
Sent: Monday, August 11, 2025 11:28 AM
To: Deanna Allen
Cc: Laura Franzen; Sally A. Burgess
Subject: Amani Mills - Confirmed Sexual Harassment - Kirkland
Attachments: HR Acuity Final.pdf

Hi Deanna

An HR Acuity report had been presented where alleged Sexual Harassment was substantiated, I believe program was awaiting the ADs return, to generate the below Corrective Actions. Please provide status update. (Attached is the report for reference)

The recommendations were as follows:

Jaxon Placide – Substantiated Sexual Harassment & Hostile Work Environment – Written Supervision
Reassign Sexual Harassment Training via Relias
In-Service English Only Speaking Guidelines
Team Building Coursework

Stephane Casseus – Failing to report Sexual Harassment, Time and Attendance Concerns – Verbal Supervision
Re-Assign Sexual Harassment Training
In-Service English Only Speaking Guidelines
Team Building Coursework – Emotional Intelligence Training

Emmanuela Audate – Substantiated Hostile Work Environment – Verbal Supervision
In-Service English Only Speaking Guidelines
Team Building Coursework- Emotional Intelligence Training

Marie Antenor – Support Meeting Time and Attendance



115 E. Bethpage Rd., #22
Plainview, NY 11803



With Distinction

Gina Chason | HR Business Partner

Pronouns: she, her

T: 516.293-1111 ext. 5146

F: 516.626-1653

gchason@ahrc.org



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INCIDENT MANAGEMENT CORRECTIVE ACTION PLAN

TRAINING SUBMITTED NEEDS TO INCLUDE THE ENTIRE CURRICULUM, PRESENTER, DATE PRESENTED, AND A STAFF ROSTER TO SHOW ALL STAFF WERE TRAINED. BLANKS IN TRAINING DOCUMENTS REQUIRE EXPLANATION. PLEASE DO NOT SUBMIT THE CAP UNTIL IT IS COMPLETED WITH ALL SUPPORTING DOCUMENTS, INCLUDING THIS FORM COMPLETED.

Name of service recipient: Nicholas Jacovelli, Michael Harley, Gordon Miller, Paul Cusanelli, John McCabe, William Hoffman		Master Incident Number: 2025-008772	
Location: Kirkland Dr., Greenlawn		Classification: Neglect	
Date CAP form sent: 7/15/25		Due Date: 8/14/25	
Corrective Actions		Action Taken and Name & Title of Person Responsible for Implementation	Proof of Implementation Attached
1.	It is recommended that the Assistant Director ensure administrative action against DSP, Claude Bogart for neglect, failing to ensure that appropriate supervision was maintained for Service Recipient, Gordon Miller which allowed him to access a cup on the table.		<input type="checkbox"/>
2.	It is recommended that the Assistant Director ensure administrative action against DSP, Claude Bogart for neglect for failing to ensure that he properly followed John McCabe's eating guidelines.		<input type="checkbox"/>
3	It is recommended that the Assistant Director ensure administrative action against DSP, Louise Rho for neglect for failing to ensure that the door to the medication room was locked and secured prior to walking away from the medication room.		<input type="checkbox"/>
4	It is recommended that the Assistant Director ensure administrative action against DSP, Kervens Andre for neglect for failing to ensure that the food he made was safely covered/stored if it was not being eating immediately.		<input type="checkbox"/>
5	It is recommended that the Director ensure that the Assistant Director and Management are retrained on ensuring that the house is maintained cleanly and free of odors.		<input type="checkbox"/>
6	It is recommended that the Director ensure that the Assistant Director and Management are retrained on ensuring that all staff are trained and acknowledge service plans of recipients prior to working with them.		<input type="checkbox"/>
7	It is recommended that the Director ensure that the Assistant Director is retrained on ensuring that immediate protections are completed in a timely fashion.		
8	It is recommended that the Assistant Director review if additional staff are required on the overnight and/or during the 7am-9am period as it appears that Service Recipient, Nicholas Jacovelli is awake prior to 7am, which may interfere with medication times and breakfast.		
Name & Title of Person Completing This Form: _____ Date: _____			

INCIDENT MANAGEMENT CORRECTIVE ACTION PLAN

TRAINING SUBMITTED NEEDS TO INCLUDE THE ENTIRE CURRICULUM, PRESENTER, DATE PRESENTED, AND A STAFF ROSTER TO SHOW ALL STAFF WERE TRAINED. BLANKS IN TRAINING DOCUMENTS REQUIRE EXPLANATION. PLEASE DO NOT SUBMIT THE CAP UNTIL IT IS COMPLETED WITH ALL SUPPORTING DOCUMENTS, INCLUDING THIS FORM COMPLETED.

Name of service recipient: Nicholas Jacovelli		Master Incident Number: 2025-009458	
Location: Kirkland Drive, Greenlawn		Classification: Inappropriate use of restraint	
Date CAP form sent: 6/6/25 *IRC 6/18/25		Due Date: 7/5/25	
Corrective Actions		Action Taken and Name & Title of Person Responsible for Implementation	Proof of Implementation Attached
1.	It is recommended that the Assistant Director ensures that Claude Borgart (DSP), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), while his SCIP-R was expired.		<input type="checkbox"/>
2.	It is recommended that the Assistant Director ensures that Marie Antenor (DSP), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), when she has not been SCIP-R certified since her hire date of (10/12/2020).		<input type="checkbox"/>
3	It is recommended that the Assistant Director ensures that Machli Midi (DSP Sub), receives administrative action for using a SCIP-R (Arm Control), on Nicholas Jacovelli (Service Recipient), while his SCIP-R was expired.		<input type="checkbox"/>
4	It is recommended that the Assistant Director ensures that the following Staff Members participate in Full SCIP-R training as soon as possible: Claude Borgart (DSP), Marie Antenor (DSP), and Machli Midi (DSP Sub).		<input type="checkbox"/>
5	It is recommended that the Assistant Director ensures that both Claude Borgart (DSP), and Machli Midi (DSP Sub), receive the Immediate Protection for this incident, which was training regarding: Using SCIP-R Techniques.		<input type="checkbox"/>
6	It is recommended that the Assistant Director ensures that the following Service Plans of Nicholas Jacovelli (Service Recipient): Formal Behavior Support Plan-Restrictive, Individualized Plan of Nursing Services and Medical Oversight, IPOP, and Life Plan are all signed/acknowledged by Machli Midi (DSP Sub).		<input type="checkbox"/>
7	<u>IRC Recommendation:</u> It is recommended that Assistant Director ensure the management team is retrained on the expectation to ensure that only SCIP trained staff are assigned to people that have SCIP-R in their BSP.		
8	<u>IRC Recommendation:</u> It is recommended that the Assistant Director submit training records for Nicholas Jacovelli's Individualized Eating Guidelines. If all staff have not been trained then ensure training is completed.		
Name & Title of Person Completing This Form: _____ Date: _____			

Carol St. IRA – Staff Meeting Agenda

Topic: Professional Expectations, Communication, Safety, and Person-Centered Support

Facilitator: Rochelle Howell

Location: Carol St. IRA

1. Welcome & Meeting Purpose (5 minutes)

- **Reinforce the importance of professionalism, safety, communication, and person-centered care**
 - **Staff responsibility in creating a respectful, safe, and supportive home environment**
-

2. Using Appropriate Language on the Floor

- **Communicate in clear, respectful language the people supported can understand**
 - **Speak English when working and in the presence of individuals supported**
 - **Avoid using other languages that may make people feel excluded or confused**
-

3. Workplace Conduct & Expectations

- **Proper Work Attire: Follow dress code guidelines (review - Employee Handbook)**
 - **Negativity in the Workplace: Encourage positivity and teamwork**
 - **Reporting Concerns: Use proper communication channels to raise issues**
 - **Checking Emails: Required once per week to stay updated**
-

4. Cleanliness of the Home

- **Maintain a clean, organized, and sanitary environment**
 - **Follow the chore schedule and complete daily cleaning tasks**
 - **Cleanliness impacts health, safety, and dignity of individuals supported**
-

5. Emergency Preparedness: Fire Evacuation Plan

- **Fire Evacuation Training:** Staff must know the fire evacuation plan and practice it regularly
 - **Evacuation Numbers:** Staff are to know their assigned evacuation number and its responsibilities
 - **Emergency Roles:** Each staff must understand their role in assisting individuals during emergencies
 - **Accountability:** Fire drills are not optional and must be taken seriously
-

6. Administrative Expectations

- **Training Compliance:** All required trainings must be current
 - **Transportation Logs:** Must be filled out every time an agency vehicle is used
 - **Music & Television:** Must reflect the choices and preferences of people supported
-

7. Cellphone Use on Shift

- **Cell Phone & Bluetooth Devices:** Not permitted while working on the floor
 - **No texting or phone use during direct support unless for emergencies/work-related use**
-

8. Person-Centered Meal Support

- **Offer Choices:** Staff must offer individuals options during mealtime
 - **Respect Preferences:** Meals should reflect cultural, medical, and personal preferences
 - **Encourage Participation:** Support individuals in choosing meals and assisting with prep when appropriate
-

9. Reminders & Staff Accountability

- **Staff are responsible for understanding and following all expectations**
- **Supervisory support and follow-up will occur where needed**

- **Reminder to document training completion and acknowledgment**
-

10. Open Forum (Optional – 10 minutes)

- **Questions, concerns, or suggestions from staff**
- **Opportunity to share ways to improve support and communication**

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 11:34 AM
To: Elizabeth Adenekan
Subject: FW: House Meeting Agenda
Attachments: Carol St IRA house meeting.docx

Please see the house meeting agenda for another of my locations.



**Citizens Options
Unlimited**

115 E. Bethpage Road
Plainview, NY 11803

Si'Chole L. Jackson | Residential Assistant Director

T: 516.293.1111 ext 5611

C: 516.618.3047

sjackson@citizens-inc.org



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From: Sichole Jackson <sjackson@citizens-inc.org>
Sent: Tuesday, December 16, 2025 10:25 AM
To: Sichole Jackson <sjackson@citizens-inc.org>
Subject: FW: House Meeting Agenda



**Citizens Options
Unlimited**

115 E. Bethpage Road
Plainview, NY 11803

Si'Chole L. Jackson | Residential Assistant Director

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C: 516.618.3047

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From: Sichole Jackson
Sent: Monday, August 18, 2025 4:23 PM
To: Rochelle Howell <rhowell@citizens-inc.org>; ctzs 3315h Carol St <ctzs3315h@citizens-inc.org>; Elsbeth Thomas <ethomas@citizens-inc.org>
Subject: House Meeting Agenda

Oh my goodness!! I am so sorry, Rochelle. Your message was an oversight on my part. Hopefully, you still need this. I apologize again!



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Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 10:51 AM
To: Elizabeth Adenekan
Subject: FW: Incident # 2025-009458
Attachments: Training - NJ's Eating Guidelines - Not all signatures.pdf; Kirkland Staff Roster - 7.25.docx

115 E. Bethpage Road
Plainview, NY 11803
Si'Chole L. Jackson | Residential Assistant Director
T: 516.293.1111 ext 5611
C: 516.618.3047

Sjackson@citizens-inc.org

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-----Original Message-----

From: Karen Tanzillo <ktanzillo@citizens-inc.org>
Sent: Friday, August 22, 2025 9:45 AM
To: Sichole Jackson <sjackson@citizens-inc.org>
Subject: RE: Incident # 2025-009458

Hi Si'Chole,
If the attached roster is accurate there are several staff that need to sign the training on NJ's eating guidelines.

Thank you,

Karen Tanzillo | Quality Assurance Administrator Ktanzillo@ahrc.org

-----Original Message-----

From: Sichole Jackson <sjackson@citizens-inc.org>
Sent: Wednesday, August 20, 2025 3:01 PM

To: Karen Tanzillo <ktanzillo@citizens-inc.org>
Cc: Fabrizio Compagno <fcompagno@AHRC.org>
Subject: Incident # 2025-009458

115 E. Bethpage Road
Plainview, NY 11803
Si'Chole L. Jackson | Residential Assistant Director
T: 516.293.1111 ext 5611
C: 516.618.3047

Sjackson@citizens-inc.org

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-----Original Message-----

From: AHRC CTZ <actz@AHRC.org>
Sent: Wednesday, August 20, 2025 2:56 PM
To: Sichole Jackson <sjackson@citizens-inc.org>
Subject: Xerox Scan

Please open the scanned attachment

Number of Images: 14
Attachment File Type: PDF

Device Name: VersaLink C405
Device Location: Plainview CTZ Room 172

My signature on this form indicates that the above mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after training, I am to contact the presenter.

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 10:47 AM
To: Elizabeth Adenekan
Subject: FW: Investigation Report- Kirkland IRA- Neglect (2025-008772)
Attachments: Kirkland (3.25.2025) Neglect 2025-008772.doc; CAP - Kirkland Drive - Neglect.doc

CAP regarding food storage (POCA). Although the AD Justin Denigris initially had this house when this incident occurred, I inherited this CAP to complete which included a recommendation for administrative actions against a staff: "It is recommended that the Assistant Director ensure administrative action against DSP, Kervens Andre for neglect for failing to ensure that the food he made was safely covered/stored if it was not being eating immediately." Additionally, for not following the individual's eating guidelines which was an ongoing concern during my tenure in Kirkland which required ongoing trainings between myself, the covering manager, Michelle Nerette, and the RN of the location, Ishri Prashad. There were trainings in place for the previous AD as I had just inherited this location when the results of the investigation came back.



**Citizens Options
Unlimited**

115 E. Bethpage Road
Plainview, NY 11803

Si'Chole L. Jackson | Residential Assistant Director

T: 516.293.1111 ext 5611

C: 516.618.3047

sjackson@citizens-inc.org



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From: Justin DeNigris <jdenigris@citizens-inc.org>
Sent: Wednesday, July 23, 2025 11:48 AM
To: Sichole Jackson <sjackson@citizens-inc.org>
Subject: FW: Investigation Report- Kirkland IRA- Neglect (2025-008772)



**Citizens Options
Unlimited**

115 E. Bethpage Rd., #402
Plainview, NY 11803

Justin DeNigris | Assistant Director of Residential Services

T: 516.293.1111 ext. 5106

JDeNigris@citizens-inc.org



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From: Karen Tanzillo <ktanzillo@citizens-inc.org>
Sent: Monday, July 21, 2025 9:16 AM

To: Justin DeNigris <jdengris@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>

Cc: Fabrizio Compagno <fcompagno@AHRC.org>

Subject: FW: Investigation Report- Kirkland IRA- Neglect (2025-008772)

Please see associated CAP, which is due 8/14. Deanna, there are recommendations on this one that needs your follow-up.

Thank you,



Karen Tanzillo | Quality Assurance Administrator

ktanzillo@ahrc.org



From: Fabrizio Compagno <fcompagno@AHRC.org>

Sent: Tuesday, July 15, 2025 9:58 AM

To: Sally A. Burgess <sburgess@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>

Cc: Karen Tanzillo <ktanzillo@citizens-inc.org>; Lisa Shortell <lshortell@AHRC.org>

Subject: FW: Investigation Report- Kirkland IRA- Neglect (2025-008772)

Good morning,

Please note that the CAP for this incident is due on **8/14/25**. Please send the completed CAP To Karen T.

Thank you



115 E. Bethpage Rd., #22
Plainview, NY 11803



Fabrizio Compagno | Assistant Director of Quality Improvement and Compliance.

T: 516.293-2016, ext. 5550

fcompagno@ahrc.org



From: Fabrizio Compagno

Sent: Tuesday, July 15, 2025 9:54 AM

To: Sally A. Burgess <sburgess@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>

Cc: Stanford Perry <sperry@AHRC.org>; Chris O'Connor <coconnor@AHRC.org>; Eric Rosen <erosen@AHRC.org>; Karen Tanzillo <ktanzillo@citizens-inc.org>; Lisa Shortell <lshortell@AHRC.org>; Angel Cotto <acotto@AHRC.org>; Nicol Elio <nelio@ahrc.org>

Subject: Investigation Report- Kirkland IRA- Neglect (2025-008772)

Good morning,

Attached is the investigation report pertaining to an allegation of neglect completed on behalf of the Kirkland Drive IRA.

Thank you,



115 E. Bethpage Rd., #22
Plainview, NY 11803



Fabrizio Compagno | Assistant Director of Quality Improvement and Compliance.

T: 516.293-2016, ext. 5550

Fcompagno@ahrc.org



Form OPWDD 149: Investigative Report Format

(Revised 4/30/15)

State of New York
**OFFICE FOR PEOPLE WITH
DEVELOPMENTAL DISABILITIES**

For additional guidance in completing this form please see line by line instructions, available at www.opwdd.ny.gov.

Person Receiving Services: Nicholas Jacovelli, Michael Harley, Gordon Miller, Paul Cusanelli, John McCabe, William Hoffman	DDSO: Long Island	
	Reporting Agency: Citizen's Options Unlimited	
Address: 38 Kirkland Drive Greenlawn, New York 11740	Master Incident Number: 2025-008772	Agency Incident Number:
	Date/Time of Incident: 3/25/2025 @ 6:30am	
Incident Location: Other	Date/Time of Discovery (if appropriate): 3/25/2025 @ 6:30am	
	Incident Classification: Neglect	

Introduction/Description of Incident:
As per the VPCR Report that was reported to the Justice Center by Samantha Schwartzberg (RA Coordinator), on (3/25/2025), at 11:15am and the OPWDD Form 147: Arrived at 6:20am for the annual survey, through observations we had the following concerns 1. Pungent odor of urine throughout the home. As well as food wrappers on the floor and old food left in the stove. 2. The large holes in the wall throughout the residence and a urine-soaked love seat with a giant tear exposing the cushion. 3. Privacy concerns regarding an individual (NJ) walking fully naked to bathroom. 4. Eating guidelines not being followed as well as aspiration guidelines not being followed. Staff remained in the kitchen while individual (GM) attempted to drink liquids without thick it. In addition, individual (JMC) was not assisted to sit in the correct position after eating. He is currently on aspiration guidelines. 5. 1:1 guideline not being followed for individual (NJ). Went throughout the morning with inconsistent supervision. 6. Medications left unsecured while individuals were awake and walking throughout the residence. 7. Breakfast was cooked at 7:10am and remained on the table for over an hour not covered before served to individuals unheated. 8. Through interview with Manager Amanda Legros, AD Tessa Guillaume and BIS Alexa it was reported that MH is being provided 1:1 supervision during waking hours 7a-11pm for behavioral concerns even though his is a ROS supervision level. There is no consent and not indicated in his plan. Supervision levels: Nicholas Jacovelli 1:1 John McCabe ROS /Eating 1:1 Michael Harley: ROS Gordon Miller ROS/Eating 1:1 Cameras: not in residence, only outside Safeguards: unknown at time

Background Information:
As per Life Plan, IPOP and Behavior Support Plan:

Michael Harley is a 53-year-old man who resides lives in Greenlawn, New York. Michael is diagnosed with profound intellectual disability, ADHD, bipolar disorder, impulse control disorder, mood disorder, insomnia, mild thrombocytopenia, osteopenia, and other medical conditions that all being monitored professionally. Michael is non-verbal and uses facial expressions and hand gestures to communicate his wants and needs. He requires staff assistance and supervision to complete ADL skills. Eating guidelines are in place with preparation and proportioning guidelines and close supervision with prompting from staff is required in order to ensure his safety and to prevent choking. Aspiration guidelines are also in place. Michael receives psychiatric services and behavioral support to assist with interfering behaviors and symptoms related to his diagnoses. A behavior support plan is in place for additional support in providing strategies to encourage positive coping skills. It is noted that Michael does have erratic sleeping patterns which is addressed in his behavior support plan. As per IPOP, periodic checks are required when Michael is in his bedroom and hourly checks while he is sleeping. Range of scan is required when he is in common places, while in the bathroom, while ambulating and when in the community. 1:1 supervision is required while Michael is eating.

John McCabe is a 32-year-old man who resides lives in Greenlawn, New York. John is unable to express himself using words and tends to make noises to express when he wants something or is not content. According to his IPOP, John requires a range of sight or scan supervision in common areas such as home, work program and when in the bathroom. When in his bedroom, John requires periodic checks and 1:1 supervision while eating/dining and ambulating. John also requires full assistance with all ADL's and needs extensive assistance with personal hygiene and personal care skills. As per his BSP, John McCabe's presenting behaviors as listed as self-stimming behaviors described as hitting his hands on any object such as chairs and tables in an effort to stimulate himself. Physical agitation is also listed as one of John's presenting behaviors described as when John does not receive something he wants (typically tangible) he will swat, push,

hit someone.

Nicholas Jacovelli is a 30-year-old male who currently resides at the Kirkland Drive IRA in Greenlawn, New York. He also goes by "Nick". Nicholas is very energetic young man who is nonverbal and does not use words to communicate. He will make sounds, vocalizations, and gestures when he wants something or to express his emotions. He has his own bedroom and is fully ambulatory; however, there is a room sensor to indicate when he is about to open the door so that staff are aware and can help keep him safe. Nicholas is 1:1 supervision during his awake hours due to his SIB and aggression. He also has a behavior support plan to address his SIB and aggression. Nicholas is very affectionate at times but can also be very impatient, as he will sometimes pull and lead staff to things he wants, like being in the shower. Nicholas is currently diagnosed with Profound Intellectual Disability, Autism Spectrum Disorder, Impulse Control Disorder, Hyperprolactinemia, Bipolar Disorder, ADHD, Conduct Behavior Disorder, SIB, Anxiety Disorder, Aggressive Behavior, Cataracts in both eyes, and Recurrent Otitis Media. Nicholas's levels of supervision while in the bathroom is currently Range of Sight/Scan and his while asleep it is currently Periodic Checks. He requires 1:1 staff supervision to always ensure his safety, with a slight exception when he is in the bathroom and sleeping in his bed. Nicholas has Rights Restriction/SCIP-R in his current Formal Behavior Support Plan-Restrictive: 1:1 Supervision, SCIP-R Arm Control, Protective Body Wear (Shoulder Guard and Sleeves), Room Sensor, Padded Furniture/Wall, and Body Checks.

William Hoffman is a 38-year-old man who resides in Greenlawn, NY. He also goes by "Billy". His communication skills are limited to gestures and one-word responses that may be difficult to understand. William enjoys listening to music, and watching tv shows. William is independent in the common areas of his home, in his bedroom, while eating, and while ambulating. He is independent, but needs staff present while in the bathroom and when in the community. When he is asleep, he requires period checks. William has a seizure disorder for which he is prescribed medication, however there was no seizure protocol in place at the time of this incident. As per his IPOP, William Hoffman requires periodic checks when asleep, he is independent with staff present in the community and in the bathroom, and he is independent in common areas, his bedroom, while eating, and while ambulating. William is unable to report when he is not feeling well.

Paul Cusanelli is a 32-year-old man who resides in Greenlawn, NY. He can communicate with some words such as "yes", "no", "OK" or facial expression. He can ambulate independently without restrictions. He does slouch a bit when he walks. Paul's hobbies include watching YouTube videos such as Clifford the Big Red Dog, Blue's Clues, and old black and white shows such as little Rascals on his iPad. He likes to watch cartoons and animation. He also enjoys going out in the community, and spending time with family and friends. He follows a monitoring plan while at home which was put in place due to challenging behaviors displayed when frustrated. When there is a lot of noise coming from peers or when the environment is overstimulating, he becomes frustrated and throws objects which in the past have attempted to hit his peers. He has not attempted to hit anyone in over a year but can still throw objects out of frustration which is why his monitoring plan is still in place. Overall, he enjoys going out with his dad on Sundays and looks out for it. His level of supervision at home or in the community is range of sight or scan due to the level of support he needs for day-to-day tasks and because he does not have safe traveling skills while out in the community.

Gordon Miller is a 32-year-old man who resides in Greenlawn, NY. Some people call him "Gordie" Gordon does not use words to communicate, however can make his wants and needs understood by using hand gestures and facial responses. Gordon enjoys animals, and love his dogs and horses. He also likes listening to all types of music. Gordon is independent with staff present while in his bedroom and while in the community. He requires period checks while in his bedroom and while asleep. Gordon requires range of sight or scan supervision while in the common area so his home, while eating/dining and while ambulating. Gordon has a behavior support plan in place to assist him with presenting behaviors of physical aggression, poor interpersonal skills, difficulty following directives, and anal digging/fecal smearing.

Immediate Protections:

1. The residence was unable to provide any documentation of immediate protections which were identify as all staff being retained on all service plans of all residents in the Kirkland IRA..

Investigatory Question:

1. On or around 3/25/2025, did the staff and administration at the Kirkland IRA fail to ensure that the residence was clean and sanitary, by not addressing issues of a pungent odor of urine, a love seat soaked in urine, food wrappers on the floor, and old food left on the stove, thereby constituting neglect on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller?
2. On or around 3/25/2025, did the staff and administration at the Kirkland IRA fail to ensure that the residence was presentable for its residents, not addressing several patched and open holes in the walls, thereby constituting neglect on behalf of Service Recipients, Michael Harley, John McCabe, Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller?

3. On 3/25/2025, did DSP, Kervens Andre fail to follow supervision guidelines of Service Recipient, Nicholas Jacovelli, which allowed him to walk to the bathroom naked, violating his privacy, thereby constituting neglect on behalf of Nicholas?
4. On 3/25/2025, did DSP, Louise Rho fail to follow supervision guidelines of Service Recipient, Nicholas Jacovelli, which allowed him to walk to the bathroom naked, violating his privacy, thereby constituting neglect on behalf of Nicholas?
5. On 3/25/2025, did DSP, Claude Borgart fail to follow supervision and eating guidelines for Service Recipient, Gordon Miller which allowed him to grab someone else's cup of thin liquids off the table and attempt to drink it, thereby constituting neglect on behalf of Gordon?
6. On 3/25/2025, did DSP, Claude Borgart fail to follow eating guidelines for Service Recipient, John McCabe by failing to have him sit in an upright position for 30 minutes after eating, thereby constituting neglect on behalf of John?
7. On 3/25/2025, did DSP, Kervens Andre fail to follow supervision guidelines for Service Recipient, Nicholas Jacovelli, which allowed him to consistently be unsupervised at various points throughout the morning, thereby constituting neglect?
8. On 3/25/2025, did DSP, Louise Rho fail to ensure that the medication room was locked and secure when leaving the area while residents were moving about the house, thereby constituting neglect on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller?
9. On 3/25/2025, did DSP, Kervens Andre fail to ensure that the food he made for breakfast around 7am was covered and safely preserved in order to be served, as it sat on the table for over an hour, thereby constituting neglect?
10. On 3/25/2025, did administration at the Kirkland IRA fail to ensure that all proper procedures were in place to ensure that Service Recipient, Michael Harley's 1:1 was approved and given consent, thereby consulting neglect?
11. On 3/25/2025, did DSP, Jaxon Placide fail to follow supervision guidelines, dining guidelines, or agency policies for Service Recipients, Nicholas Jacovelli, Gordon Miller, John McCabe and Michael Harley, thereby consulting neglect?
12. On the overnight of 3/24/2025 into 3/25/2025, did the management at the Kirkland IRA fail to ensure that DSP, Kervens Andre was properly trained on the plans of the service recipients he was assigned to for his first shift at the house, which caused him to fail to maintain appropriate supervision levels, follow eating guidelines, and follow repositioning guidelines, thereby constituting neglect on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller?

Investigative Process

1.) **Testimonial Evidence:** a) The following individuals were interviewed during the course of this investigation:

<u>Name</u>	<u>Title</u>	<u>Date(s) Interviewed</u>	<u>Interviewer</u>
Dennis Urquhart	RA Coordinator	3/28/2025	Angel L. Cotto 3 rd
Samantha Schwartzberg	RA Coordinator	4/1/2025	Angel L. Cotto 3 rd
Amanda Legros	House Manager	4/10/2025	Angel L. Cotto 3 rd
Justin DeNigris	AD CLS	4/10/2025	Angel L. Cotto 3 rd
Louise Rho	DSP	4/10/2025	Angel L. Cotto 3 rd
Jaxon Placide	DSP	4/10/2025	Angel L. Cotto 3 rd
Claude Borgart	DSP	4/10/2025	Angel L. Cotto 3 rd
Marie "Suzie" Antenor	DSP	4/10/2025	Angel L. Cotto 3 rd
Michael Harley	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
Nicholas Jacovelli	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
John McCabe	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
Gordan Miller	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
William Hoffman	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
Paul Cusanelli	Service Recipient	4/10/2025	Angel L. Cotto 3 rd
Alexa Litwak	BIS	4/17/2025	Angel L. Cotto 3 rd

Kervens Andre

DSP Sub

5/8/2025

Angel L. Cotto 3rd

b) The following individuals were interrogated during the course of this investigation: None
Note: Other parties present during interrogations must also be identified below. N/A

2.) Documentary Evidence:

The following documents were reviewed and copies are attached:

D1) VPCR: (3/25/2025)

D2) OPWDD Form 147: Nicholas Jacovelli, Michael Harley, Gordon Miller, Paul Cusanelli, John McCabe, William Hoffman (3/25/2025)

D3) Incident Report: Nicholas Jacovelli, Michael Harley, Gordon Miller, Paul Cusanelli, John McCabe, William Hoffman (3/25/2025)

D5) Citizen's Kirkland Drive IRA Master Staffing Pattern, dated for (2/27/2025)

D6) Citizen's Kirkland Drive IRA Weekly Staff Schedule, dated for (3/22/2025-3/28/2025)

D7) Letter to Subject: Louis Rho, Jaxon Placide, Claude Borgart, and Kervens Andre, (4/10/2025)

D8) Northwell Health Huntington Hospital ER Discharge Documents: Michael Harley and Paul Cusanelli. (3/25/2025)

D9) Eating Guidelines for John McCabe (5/23/22)

D10) Eating Guidelines for Gordon Miller (2/9/24)

D11) Behavior Support Plan with Staff Signature Page: Nicholas Jacovelli (8/30/2024), Michael Harley (11/20/2024), and Gordon Miller (6/30/2024)

D12) Behavior Monitoring Plan and Staff Signature Page: John McCabe (7/20/2024), William Hoffman (7/31/2024), and Paul Cusanelli (12/29/2023)

D13) Individualized Plan of Nursing Services and Medical Oversight and staff signature page: Nicholas Jacovelli (7/16/2024), Gordon Miller (11/12/2024), John McCabe (10/24/2024), William Hoffman (7/16/2024), and Paul Cusanelli (11/12/2024).

D14) Individualized Plan of Protective Oversight and Staff Signature Page: Nicholas Jacovelli (7/1/2024), Michael Harley (7/1/2024), Gordon Miller (2/2/2024), John McCabe (5/17/2024), William Hoffman (11/23/2023), and Paul Cusanelli (10/3/2024)

D15) Life Plan: Nicholas Jacovelli (9/26/2024), Michael Harley (6/6/2024), Gordon Miller (8/17/2023), John McCabe (11/12/2024), William Hoffman (11/14/2023), and Paul Cusanelli (8/23/2024).

3.) Demonstrative Evidence: N/A

4.) Physical Evidence: N/A

5.) Written Statements:

<u>Name</u>	<u>Title</u>	<u>Date</u>	<u>Interviewer</u>
Dennis Urquhart	RA Coordinator	3/28/2025	Angel L. Cotto 3 rd
Samantha Schwartzberg	RA Coordinator	4/1/2025	Angel L. Cotto 3 rd
Amanda Legros	House Manager	4/10/2025	Angel L. Cotto 3 rd
Justin DeNigris	AD CLS	4/10/2025	Angel L. Cotto 3 rd
Louise Rho	DSP	4/10/2025	Angel L. Cotto 3 rd
Jaxon Placide	DSP	4/10/2025	Angel L. Cotto 3 rd
Claude Borgart	DSP	4/10/2025	Angel L. Cotto 3 rd
Marie "Suzie" Antenor	DSP	4/10/2025	Angel L. Cotto 3 rd
Alexa Litwak	BIS	4/17/2025	Angel L. Cotto 3 rd
Kervens Andre	DSP Sub	5/8/2025	Angel L. Cotto 3 rd

Summary of Evidence:

- VPCR:** Arrived at 6:20am for the annual survey, through observations we had the following concerns 1. Pungent odor of urine throughout the home. As well as food wrappers on the floor and old food left in the stove. 2. The large holes in the wall throughout the residence and a urine-soaked love seat with a giant tear exposing the cushion. 3. Privacy concerns regarding an individual (NJ) walking fully naked to bathroom. 4. Eating guidelines not being followed as well as aspiration guidelines not being followed. Staff remained in the kitchen while individual (GM) attempted to drink liquids without thick it. In addition, individual (JMC) was not assisted to sit in the correct position after eating. He is currently on aspiration guidelines. 5. 1:1 guideline not being followed for individual (NJ). Went throughout the morning with inconsistent supervision. 6. Medications left unsecured while individuals were awake and walking throughout the residence. 7. Breakfast was cooked at 7:10am and remained on the table for over an hour not covered before served to individuals unheated. 8. Through interview with Manager Amanda Legros, AD Tessa Guillaume and BIS Alexa it was reported that MH is being provided 1:1 supervision during waking hours 7a-11pm for behavioral concerns even though his is a ROS supervision level.

There is no consent and not is indicated in his plan. Supervision levels: Nicholas Jacovelli 1:1 John McCabe ROS /Eating 1:1 Michael Harley: ROS Gordon Miller ROS/Eating 1:1 Cameras: not in residence, only outside Safeguards: unknown at time

2. **OPWDD Form 147:** Arrived at 6:20am for the annual survey, through observations we had the following concerns
 1. Pungent odor of urine throughout the home. As well as food wrappers on the floor and old food left in the stove.
 2. The large holes in the wall throughout the residence and a urine-soaked love seat with a giant tear exposing the cushion.
 3. Privacy concerns regarding an individual (NJ) walking fully naked to bathroom.
 4. Eating guidelines not being followed as well as aspiration guidelines not being followed. Staff remained in the kitchen while individual (GM) attempted to drink liquids without thick it. In addition, individual (JMC) was not assisted to sit in the correct position after eating. He is currently on aspiration guidelines.
 5. 1:1 guideline not being followed for individual (NJ). Went throughout the morning with inconsistent supervision.
 6. Medications left unsecured while individuals were awake and walking throughout the residence.
 7. Breakfast was cooked at 7:10am and remained on the table for over an hour not covered before served to individuals unheated.
 8. Through interview with Manager Amanda Legros, AD Tessa Guillaume and BIS Alexa it was reported that MH is being provided 1:1 supervision during waking hours 7a-11pm for behavioral concerns even though his is a ROS supervision level. There is no consent and not is indicated in his plan. Supervision levels: Nicholas Jacovelli 1:1 John McCabe ROS /Eating 1:1 Michael Harley: ROS Gordon Miller ROS/Eating 1:1
3. The pool of witnesses were determined by the VPCR, the staffing assignments, testimonies, written statements, and documentary evidence.
4. As per the Initial Incident Report completed by Tessa Guillaume-Lewis (AD CLS), on behalf the following Service Recipients: Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller on (3/25/2025), stating the following: "1. Pungent odor of urine throughout the home. As well as food wrappers on the floor and old food left on the stove. 2. The large holes in the wall throughout the residence and urine-soaked seat with a giant tear exposing the cushion. 3. Eating Guidelines not being followed as well as Aspiration Guidelines not being followed. 4. Medication left unsecured while Individuals were awake and walking throughout the residence. 5. Breakfast was cooked at 7:10am and remained on the table for over an hour not covered before served to the Individuals unheated."
5. Due to being nonverbal and having limited verbal skills, the following Service Recipients: Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller could not provide the investigator with relevant information regarding the incident.
6. As per Citizen's Kirkland Drive IRA Master Staffing Pattern, it shows that the following Staff Members: Amanda Legros (House Manager), Louis Rho (DSP), Jaxon Placide (DSP), Claude Borgart (DSP), and Marie Antenor (DSP), are all full-time employees at the Kirkland Drive IRA. Its is noted that Kervens Andre (DSP Sub), is a full-time employee at the Port Washington Blvd IRA located 150 Port Washington Blvd Manhasset, New York 11030, and was subbing at the Kirkland Drive IRA covering an Overnight Awake shift 3/24/25-3/25/2025.
7. As per Citizen's Kirkland Drive IRA Weekly Staff Schedule, dated for (3/22/2025-3/28/2025), it shows that on the overnight shift, (from 11pm until 9am) DSP, Kervens Andre was assigned to supervise Service Recipient, John McCabe, Nicholas Jacovelli and William Hoffman. DSP, Louise Rho was scheduled to supervise Service Recipients, Michael Harley, Gordon Miller, and Paul Cusanelli. DSP, Andrea Epps was scheduled as the overnight asleep staff, which was from 11pm until 7am. During the morning shift, (7am-3pm) DSP, Claude Boguart was assigned to John, Gordon, Paul and William, and DSP, Jaxon Placide was assigned to Michael. DSP, Maire "Suzie" Antenor, was assigned to supervision of Nicholas, however she did not arrive until 9am and took Nicholas straight to his day program.
8. As per testimony and written statement of Dennis Urquhart (RA Coordinator), "On March 25th 2025, I, Dennis Urquhart, Regulatory Affairs Coordinator arrived at the Kirkland IRA around 6:20am. With me was Ms. Samantha Schwartzberg, Regulatory Affairs Coordinator. There were a number of concerns we had that morning. We entered the residence and immediately noticed a pungent odor of urine in the air. It could be smelled throughout the residence. Staff on shift were Ms. Louise Rho, Mr. Kervens Andre, Mr. Claude Bogart, and Mr. Jaxon Placide all DSPs. We started the observation by asking the staff various questions including what staff responsibilities were, who they were assigned to, other names of the staff on shift, etcetera. Ms. Rho indicated that she did not know who she was responsible for. Mr. Andre has stated he was only a Sub Staff and was uncertain who else would be working that morning. Ms. Schwartzberg continued observation. Throughout the residence there were

large holes in the walls. Some were patched and some were not. The walls were dirty. In the living room a love seat was discovered with the fabric ripped exposing the cushioning. This love seat smelled horribly of urine. Pieces of the cushioning could be seen on the floor in the front of the sofa. All of the seating in the living room were made of cloth materials and appeared dirty. Further observation of the kitchen revealed a pan of what appeared to be macaroni and cheese, and it was difficult to determine how long it had been there for. The oven was also dirty. Various other appliances in the kitchen were also either in need of repair or a thorough cleaning (dishwasher and can opener). The two downstairs bathrooms smelled of raw sewage. The residence was overall dirty. Throughout that morning supervision was not maintained for the individuals in the home. Nicholas Jacovelli receives 1:1 staffing from 7am until 11pm. This was not consistently provided to him throughout the morning observation. When the morning staff were asked who was his 1:1 staffing, none of the staff seemed to know. This was also the issue on the second day of the audit. There appeared to be no communication and teamwork amongst the staff. Later in the morning, I was sitting at the dining room table with Ms. Schwartzberg. Ms. Tessa Guillaume, Assistant Director, was in the living room assisting John McCabe. No other staff were in the immediate area when Gordon Miller entered the living room. I believe Gordon is Range of Scan Supervision. On the table where the remnants of another person's breakfast including a cup of regular juice (thin liquids). Gordon went straight for the table and Ms. Tessa Guillaume screamed out to staff "Gordon is going for the juice", No one responded so Ms. Schwartzberg, who was closest to Gordon, approached him and asked him for the cup. Gordon only laughed and raised the cup above his head. Gordon stepped away from Ms. Schwartzberg and I ran around the table to Gordon just as he raised the cup to his mouth. Gordon is on a Formal Eating Guidelines with Aspiration Guidelines. Gordon is not to drink thin liquids, only liquids thickened to nectar consistency. So I managed to get a hold of the bottom of the cup before he took his sip. I asked Gordon to please let me have the cup that wasn't his and I would get him his own. When that didn't work, I asked him if I could have some of his drink, anything to get him to release the cup. He then pulled the cup upwards, so I let it go, letting the contents spill on the floor and myself instead of him ingesting it. Gordon smiled and walked away unbothered Ms. Tessa Guillaume was informed of the concern regarding the survey as was Mr. Eric Rosen VP of compliance."

9. As per testimony and written statement of Samantha Schwartzberg (RA Coordinator), "Myself, Samantha Schwartzberg, Regulatory Affairs Coordinator and my coworker Dennis Urquhart, Regulatory Affairs Coordinator arrived at 6:20am for the annual survey at 38 Kirkland Drive Greenlawn, NY. Immediately upon entering the residence a pungent odor of urine was permeating throughout the home. As well as food wrappers on the floor and old food left on the stove. There were large holes in the walls throughout the residence and a urine-soaked love seat with a giant tear exposing the cushion in the living area. While conducting morning observation, a privacy concern regarding an individual Nicholas Jacovelli, walking fully naked from his room to the bathroom was immediately noticed. His IPOP indicated he does need assistance maintaining his privacy. In addition, breakfast sat cold on the table and fed to the Individuals. Individual Nicholas Jacovelli is currently a 1:1. These guidelines were not being followed on the morning of 3/25/2025 since throughout the morning he was not provided with 1:1 guideline, as his plan requires. When questioned staff did not even know who was assigned to Nick. Nicholas Jacovelli-Eating Guidelines/Supervision level, indicates he is Arm's Length. This was not consistently provided since staff Louise Rho got up from the table leaving food and drinks accessible in which Nick did drink from his cup. During that afternoon Mr. Urquhart and I came downstairs while Tessa G. Assistant Director was attending to another individual. At this time food and drinks were left out on the table. Gordon Miller is on Aspiration Guidelines that requires "thick-it" in his liquids and is an Arm's Length Supervision Level when eating, went over and grabbed the drink with no "thick-it" and attempted to drink it. Staff remained in the kitchen while Gordon attempted to drink liquids without "thick-it". In addition, individual John McCabe was not assisted to sit in the correct position after eating. He is currently on Aspiration Guidelines as well. Staff, Claude Borgart, sat him upright for 5 minutes, he then walked over and put the Lazy Boy that John was sitting in, into a reclined position. John McCabe's Aspiration Guidelines indicate he should remain in an upright position after eating for 30 minutes. I indicated to Claude that John needs to remain upright due to the guidelines. Lastly through interview with manager Amanda Legros, Assistant Director, Tessa Guillaume and BIS Alexa, it was reported that Michael Harley is being provided with 1:1 supervision during waking hours of 7am through 11pm for behavioral concerns even though he has ROS (Range of Scan supervision level. There is no consent, and this is not indicated in his behavior plan. Mr. Urquhart and I stepped outside to contact Lisa Shortell, Director of QA and Eric Rosen, Vice President of Quality Improvement and Corporate Compliance and made them aware of what was going on and then reported it to the Justice Center". During her testimony, when asked about the medication being left unlocked, Ms. Schwartzberg stated that she observed the staff, Louise Rho leave the med room with the key in the door and walk away. When asked if the staff was still in range, Ms. Schwartzberg stated that she was not.
10. As per testimony and written statement of Amanda Legros (House Manager), "I, Amanda, know that there are times when Nick comes out of his room naked. A one to one is not in his room when he is asleep or having private time. Staff does go meet Nick once the chime is heard where he is also redirected by the staff. Staff

usually would have already thickened juice for GM [Gordon Miller]. I believe that as staff turned around for a second GM [Gordon] was ready to get to the drink. Staff were quick to intervene, as I was told that he did not drink it. Staff were in-service on positioning guidelines for JM. [John McCabe] Staff stated they had forgotten and were a bit nervous. There were four staff on shift, one person should have taken NJ [Nicholas Jacovelli]. Overnight staff who had Nick, had to give medication so a morning staff could have gotten NJ [Nicolas Jcovelli]. As I was told For MH's [Michael Harley] supervision, we were working on getting consent. For the time being, we would treat MH [Michael] like a one to one. I have never seen staff leave medication unattended. Overall Kirkland needs a makeover, maintenance has been to the house to help cover damage, we have been put on a list for painting. House smelt like urine because of the couch that was damaged. Order was placed to Raymour and Flannigan, but couch was not available till April. This was the first time I heard of staff serving cold food, as I have observed hot food being served at any other time."

11. As per testimony and written statement of Justin DeNigris (AD CLS), "I understand that there were a lot of concerns that were brought up during the recent RA audit. Though I was not there to witness it I was informed of the following: Nick was not provided with his 1:1 staffing throughout the morning nor was his privacy protected. I cannot comment on his 1:1 staffing not being provided, however staff are in the process of all being retrained on his guidelines. The privacy issue, staff should be redirecting Nick to stay in the bathroom or to wear his towel, but at the end of the day, that is who Nick is. Gordon's eating guidelines were not followed. I understand that Gordon was able to get someone else's drink that did not have thick it. Unfortunately, this is a known behavior for Gordon. Staff do the best that they can to provide the proper oversight for the house, but again this is a difficult house with many behaviors and unfortunately staff are not always fast enough. John should be sitting up for at least 30 minutes after eating. I was informed that staff did not wait the full 30 minutes before reclining John in his recliner. I cannot speak on exactly what happened as I was not there, but as a precaution all guidelines will be reviewed for accuracy and staff will be trained. Michael was assigned a 1:1 without consent. This was an oversight on the Administration's side. Staff were doing what they were informed to do. Myself, Sally Burgess and Chris O'Connor put an 1:1 in place for Michael due to his unsteady gait and behaviors which cause him to sustain an injury from a peer. I was informed that the Medication cabinets were left unsecured. Again, I cannot speak on this as I was not there. However, staff on shift were retrained on ensuring meds are secured at all times and all staff will be retrained of the same. Food was prepped and then left on the stove for 45 minutes before being served to people supported. Again, I cannot speak on this as I was not there, but all staff are being retrained on food precautions and food safety and proper storage. Physical appearance of the residence, everyone is aware of the holes throughout the residence and the need for a paint job. We are working with Maintenance to keep all holes patched and get the house painted, however, this is a continued issue due to the behaviors of the people supported living in the house. This is not the right environment for everyone here and this is being looked into. This is the same for the urine smell, staff do their best to clean while also providing proper oversight to people supported. On top of that, we have agency cleaners that come every Friday to assist in keeping up with the cleaning. Furthermore, we were aware of the condition of Michael's love seat, a new one had been ordered but was delayed due to things out of our control. This order has been cancelled since another order was placed for a different one, the old one was taken to the trash in the meantime. The above information is true to the best of my knowledge." It is noted as per Justin, he was on vacation when this incident was reported back on (3/25/2025).
12. As per testimony and written statement of Louise Rho (DSP), "On March 25th around 5:55am the audit came. I opened the door for them gave them a mask and presented myself. There was Kervens and I for the overnight 11pm to 9am. I had meds and Kervens had breakfast. But it was the first time Kervens was working with me or on the shift. He didn't know or wasn't aware of exactly how to address with everything, like the guidelines or their food, etcetera. Of course, Nicholas Jacovelli was showered and dressed but I was administering meds and the other DSP was preparing breakfast. Nicholas Jacovelli was in his room after a couple of minutes he came outside without clothes on him. We have Gordon Miller as well, who went out of his room and was looking for food. The Audit Officer was with me, but I had to close the Med room door to ask Gordon to go back to his room and I forgot the key in the door but I didn't leave the med room completely out of my sight of the meds. It was a lot in the morning because I was giving meds and assisting them with care and breakfast and more."
13. As per testimony and written statement of Jaxon Placide (DSP), "Today is April 10th and I talked about the date of March 25th. I have the morning shift 7am to 3pm when I arrived I saw two people sitting in the living room I said good morning my name is Jaxon Placide, the lady spoke to me and gave me her name and after I took a mask and started working. We had a new guy, Kervens he didn't know exactly what he was supposed to do. I tried to help him take care of Gordon and William but after that I went to drop off Gordon and John at Day Program. William went with me for the ride because he always with me. I think I don't have anything else to say. Thank you I didn't know exactly who's was taking care of Nicholas J."

14. As per testimony and written statement of Claude Borgart (DSP), "March 25th early in the morning the auditors were here. Unfortunately they reported some concerns. 1) regarding John McCabe- I was assigned to him fed him and after that put him in his chair recliner and forgot the 30 minute position after eating to keep him upright. 2) Nicholas Jacovelli- I wasn't aware that Nicholas J was undressed all over the house. I was with him while he was using the shower until Susie came. After that I dropped Susie and Nicholas to program. 3) Gordon Miller- I don't remember who was with him while he was eating at the table. 4) Michael Harley-I thought that Michael was a 1:1 since after the incident that happened with another one of his peers but due to health concerns the management recommended Jackson and I go to the ER with him and Paul. We left around 10 AM and spent the whole day after 8:00 PM and we brought them home after they was discharged discharge paperwork was brought to the house."
15. As per Northwell Health Huntington Hospital Emergency Department Discharge Documents for the following Service Recipients: Michael Harley and Paul Cusanelli, on 3/25/25, it shows that both Michael and Paul were taken to the Emergency Room. Michael was taken due to Influenza and Paul was taken due to Right Leg Pain. They were both discharged the same day. Michael and Paul returned to the Kirkland Drive IRA later that evening after being discharged at about 6pm.
16. As per testimony and written statement of Marie "Suzie" Antenor (DSP), "On March 25th I was scheduled to work for the morning however my start time was at 9:00 AM to 3:00 PM because I was assigned to Nicholas J for day program because that was his one to one. He was in his room. Because of my start time I wasn't there to witness Gordon's incident about his drink. Because of my start time that day for the day program with Nicholas J from 9:00 AM to 3:00 PM I wasn't there to witness to John situation. I came at 9:00 AM to go straight to Nick J to go to day program. I didn't see Michael that morning so I wasn't aware if he was provided a one to one. I wasn't assigned to give meds I came in at 9:00 AM so I wasn't aware about the keys. I wasn't witness of the breakfast because when I came they were already done. About the house damage, in regards to me I always report to management."
17. As per testimony and written statement of Alexa Litwak (BIS), "I spoke with Angel Cotto about an incident that occurred on 3/25/25 at the Kirkland residence from the audit. Angel stated that Michael was given a 1:1 staff for medical and behavior supports with no consent. This was not listed in his BSP as well. I explained that my supervisor and I obtained consent on April 8th, 2025 for Michael to receive these supports. There was some confusion surrounding this situation since my supervisor and I thought the 1:1 staff was given just for medical support. The situation has been resolved and his BSP is currently being revised to make this official."
18. As per testimony and written statement of Kervens Andre (DSP Sub), "On March 24th 2025 I was assigned to an overnight shift at 38 Kirkland my first day at that location. The morning early came to auditors I wasn't too familiar with the guys' names but I was aware of their guidelines. The staff that was working with me did her best to fill me in but during the period of time the auditors came. Another came and I was assigned to the kitchen the house was not dirty but I smelled urine when I came. I read their food guidelines plus I wasn't the one helping Gordon. At this time unfortunately I don't recall staying along with Michael Harley. I probably was getting him something but I didn't see anyone else being with him. Also, I did see the couch but all I can do was to sanitize and put it back a cover on top of it."
19. As per behavior plans of Service Recipients, Nicholas Jacovelli, Michael Harley, Paul Cusanelli, John McCabe, and Gordon Miller, they all have presenting behaviors of physical aggression and/or property destruction.
20. As per Behavior Support Plan of Service Recipient, Michael Harley, it states that he requires range of sight or scan in the common areas of his home. As per his IPOP, it states that he requires range of sight or scan while in the common areas of his home and period checks when in his bedroom.
21. As per behavior support plan of Service Recipient, Nicholas Jacovelli, he requires 1:1 supervision between the hours of 7am-11pm, and during the overnight, (11pm-7am), staff will utilize the room sensor. The room sensor will alert staff when Nicolas is leaving his room, and staff will immediately provide support or redirection as needed. It is noted that DSP, Louise Rho signed to acknowledge she was trained on Nicholas' BSP on 8/22/24. DSP, Kervens Andre did not sign to acknowledge he was trained. As per his IPOP, Nicholas requires 1:1 supervision at all times when he is awake. It is noted that DSP, Louise Rho signed on 3/6/25 to acknowledge she was trained on Nicholas' IPOP and DSP, Kervens Andre did not sign.
22. As per Service Recipient, John McCabe eating guidelines, staff should ensure that John remains upright for 30

minutes after eating. The residence was unable to provide a staff signature sheet from prior to the date of the incident.

23. As per Service Recipient, John McCabe's IPOP, it states that staff should ensure that John remains upright for 30 minutes after eating. DSP, Claude Bogart signed to acknowledge that he was trained on John's IPOP on 2/2/25.
24. As per Service Recipient, Gordon Miller's eating guidelines, he requires arm's length/1:1 supervision when he is eating. The residence was unable to provide a staff signature sheet from prior to the date of the incident.
25. As per Service Recipient, Gordon Miller's IPOP, he requires range of sight or scan supervision while in the common areas of his home. DSP, Claude Bogart signed to acknowledge he was trained on Gordon's IPOP on 3/8/25.
26. It is of note that when this investigator visited the Kirkland IRA on 4/10/25, the loveseat was removed from the residence. It was outside, in the backyard awaiting for a scheduled pickup from the town. No odor of urine was noted during this visit.

Conclusions:

1. It is concluded that the allegation of neglect on or around 3/25/2025 against the staff and administration at the Kirkland IRA failing to ensure that the residence was clean and sanitary, by not addressing issues of a pungent odor of urine, a love seat soaked in urine, food wrappers on the floor, and old food left on the stove on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller is **substantiated**. This is based on testimonies, written statements, and documentary evidence. As RA Coordinators, Samantha Schwartzberg and Dennis Urquhart, it is noted that the house smelled of urine, which was likely due to a urine soaked love seat which had remained in the house despite the inability to keep it clean and sanitary. In addition, RA Auditors also noted food wrappers on the floor and old food crusted pans in the sink. Per AD, Justin DeNigris, a new loveseat had been ordered, however had not arrived and therefore the old love seat had not been removed, despite its odor and it being ripped and unsanitary. In addition, the uncleanliness of the residence was noted by the RA Auditors. As a result, this allegation is supported.
2. It is concluded that the allegation of neglect against staff and administration at the Kirkland IRA fail to ensure that the residence was presentable for its residents by not addressing several patched and open holes in the walls on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller is **unsubstantiated**. This is based on testimonies, written statements, and documentary evidence. As RA Coordinators, Samantha Schwartzberg and Dennis Urquhart, it is noted that the house had many patched and unpatched holes in the walls. Per testimony of AD, Justin DeNigris, it is noted that administration was aware of the holes in the walls, and the needed paint job. Per Mr. DeNigris, maintenance requests have been submitted to fix them, however due to presenting behaviors of physical aggression of several of the residents, as noted in their BSPs, the walls are a constant struggle to maintain.
3. It is concluded that the 3/25/2025 allegation of neglect against DSP, Kervens Andre for failing to follow supervision guidelines of Service Recipient, Nicholas Jacovelli, which allowed him to walk to the bathroom naked, violating his privacy, is **unsubstantiated**. This is based on testimonies, written statements, and documentary evidence. As per his IPOP and BSP, Nicholas requires 1:1 supervision during waking hours of 7am-11pm, however it appears that Nicholas was awake much earlier as DSP, Louise Rho reports that she had given him a shower and dressed him earlier in the morning. Per his BSP, if Nicholas is to be awake, prior to 7am, staff are to redirect him back to his room. It is unknown why he was showered earlier than 7am. In addition, it is noted that as per Ms. Rho and Mr. Andre, both staff were completing morning duties; Ms. Rho administering meds, and Mr. Andre was making breakfast at the time Nicholas was reported leaving his room, unclothed. It should also be noted that Mr. Andre was a sub staff, with the previous overnight being his first at the house. While it is noted that Mr. Andre, was assigned to supervision of Nicholas, Mr. Andre did not sign to acknowledge he was trained on any of the plans of the residents, including Nicholas'. While Mr. Andre stated that he had read their plans, he was not sure of their names. As a result, this allegation is unsupported.
4. It is concluded that the 3/25/2025 allegation of neglect against DSP, Louise Rho for failing to follow supervision guidelines of Service Recipient, Nicholas Jacovelli, which allowed him to walk to the bathroom naked, violating his privacy, thereby constituting neglect on behalf of Nicholas is **unsubstantiated**. This is based on testimonies, written statements, and documentary evidence. As per his IPOP and BSP, Nicholas requires 1:1 supervision during waking hours of 7am-11pm, however it appears that Nicholas was awake much earlier as Ms. Rho reports that she had given him a shower and dressed him earlier in the morning. Per his BSP, if Nicholas is to be awake,

prior to 7am, staff are to redirect him back to his room. It is unknown why he was showered earlier than 7am. In addition, it is noted that as per Ms. Rho and DSP, Kervens Andre, both staff were completing morning duties; Ms. Rho administering meds, and Mr. Andre was making breakfast at the time Nicholas was reported leaving his room, unclothed. It should also be noted that Mr. Andre was assigned to supervision of Nicholas as Ms. Rho was completed medication administration. As a result, this allegation is unsupported.

5. It is concluded that the 3/25/2025 allegation of neglect against DSP, Claude Borgart for failing to follow supervision and eating guidelines for Service Recipient, Gordon Miller which allowed him to grab someone else's cup of thin liquids off the table and attempt to drink it, thereby constituting neglect on behalf of Gordon is **substantiated**. This is based on testimony, written statements, and documentary evidence. The staffing assignment sheet stated that on the morning of 3/25/25, Mr. Borgart was responsible to supervise Gordon along with Service Recipients, John McCabe, Paul Cusanelli, and William Hoffman, Mr. Borgart stating that he was unaware of who was supposed to be supervising Gordon. Per Gordon's IPOP, he requires range of sight or scan supervision and had Mr. Borgart been following the supervision guidelines, he would have been able to react to Gordon grabbing the cup on the table. As a result, this allegation is supported.
6. It is concluded that the 3/25/2025 allegation of neglect against DSP, Claude Borgart for failing to eating guidelines for Service Recipient, John McCabe by failing to have him sit in an upright position for 30 minutes after eating is **substantiated**. This is based on testimony, written statements, and documentary evidence. In his own statement, Mr. Borgart stated that he "forgot" about John having to sit upright for 30 minutes after eating. In addition, Mr. Borgart signed to acknowledge he had been trained on John's IPOP, which states this. As a result, this allegation is supported.
7. It is concluded that the 3/25/2025 allegation of neglect against DSP, Kervens Andre for failing to follow supervision guidelines of Service Recipient, Nicholas Jacovelli, which allowed him to consistently be unsupervised at various points throughout the morning is **unsubstantiated**. This is based on testimonies, written statements, and documentary evidence. As per his IPOP and BSP, Nicholas requires 1:1 supervision during waking hours of 7am-11pm. It is noted that per his testimony, Mr. Andre was unaware of who is assigned residents were, and their levels of supervision. It is noted that Mr. Andre was a sub staff, and was not trained on the individuals in the residence. Mr. Andre stated that it was his first shift at the IRA. Mr. Andre did not sign to acknowledge he was trained on anyone of the residents' plans and stated that he did not even know their names. It should also be noted that Nicholas' 1:1 AM staff, DSP, Marie "Suzie" Antenor did not arrive until 9am, which makes the staffing assignments a little more confusing during this time. As a result, this allegation is unsupported.
8. It is concluded that the 3/25/2025 allegation of neglect against DSP, Louise Rho for failing to ensure that the medication room was locked and secure when leaving the area while residents were moving about the house, is **substantiated** behalf of Service Recipients, Michael Harley, John McCabe, Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller. This is based on testimonies, written statements, and documentary evidence. Per her testimony, QA Coordinator, Samantha Schwartzberg stated that Ms. Rho has left the med room with the key in the door and left the area. Ms. Rho admits to leaving the key in the door, however stated she was within sight and had to leave in order to assist Gordon with verbal redirection. As the medications need to be locked up when staff are not present, this allegation is supported.
9. It is concluded that the 3/25/2025 allegation of neglect against DSP, Kervens Andre for failing to ensure that the food he made for breakfast around 7am was covered and safely preserved in order to be served, as it sat on the table for over an hour is **substantiated**. This is based on testimonies, written statements and documentary evidence. As per all testimonies and statements, Mr. Andre was assigned to make breakfast, which he did around 7am. Per additional testimony, the RA Auditors arrived around 6:50am, and witnessed the food sitting on the table around 7:10am, uncovered with no staff to ensure that it was not taken by any individuals with eating guidelines. As a result, this allegation is supported.
10. It is concluded that the 3/25/2025 allegation of neglect against the administration at the Kirkland IRA for failing to ensure that all proper procedures were in place to ensure that Service Recipient, Michael Harley's 1:1 was approved and given consent is **substantiated**. This is based on testimonies, written statements and documentary evidence. Per all testimonies and written statements, it states that Michael was placed on a 1:1 by administration due to medical and behavioral supports, however per BIS, Alexa Litwak, it was a miscommunication as she was unaware it was also due to behavioral supports. As a result, this allegation is supported.
11. It is concluded that the 3/25/2025 allegation of neglect against DSP, Jaxon Placide for failing to follow supervision guidelines, dining guidelines, or agency polices for Service Recipients, Nicholas Jacovelli, Gordon Miller, John

McCabe and Michael Harley, thereby consulting neglect is ***unsubstantiated***. This is based on testimonies, written statements and documentary evidence. Per the staffing assignments, Mr. Placide was assigned 1:1 supervision of Michael. Mr. Placide also stated he attempted to assist DSP, Kervens Andrew with Gordon and William as Mr. Andre “didn't know exactly what he was supposed to do”. Mr. Placide then took John and Gordon to program. There are no reports of any lack of supervision or following guidelines for Mr. Placide’s assigned recipient, Michael, and Mr. Placide was not assigned to supervision of Nicholas, Gordon, or John on the morning of 3/25/25. As a result, this allegation is unsupported.

12. It is concluded that the 3/25/2025 allegation of neglect against management at the Kirkland IRA on behalf of Service Recipients, Michael Harley, John McCabe Nicholas Jacovelli, William Hoffman, Paul Cusanelli, and Gordon Miller for failing to ensure that DSP, Kervens Andre was properly trained on the plans of the service recipients he was assigned to for his first shift at the house, which caused him to fail to maintain appropriate supervision levels, follow eating guidelines, and follow repositioning guidelines, thereby constituting neglect is ***substantiated***. This is based on testimonies, written statements, and documentary evidence. Per his own statement, along with other staff, it is noted that Mr. Andre was unsure of the service plans of any of the service recipients in the residence as this was his first shift at the house. Mr. Andre was not properly trained to know what individuals required 1:1 supervision, their eating guidelines, or their behavior support plans. As a result, Mr. Andre did not provide the adequate supervision to the service recipients he was assigned to.

13. It is of concern that the residence was unable to provide any documentation of immediate protections.

Recommendations:

1. It is recommended that the Assistant Director ensure administrative action against DSP, Claude Bogart for neglect, failing to ensure that appropriate supervision was maintained for Service Recipient, Gordon Miller which allowed him to access a cup on the table.
2. It is recommended that the Assistant Director ensure administrative action against DSP, Claude Bogart for neglect for failing to ensure that he properly followed John McCabe’s eating guidelines.
3. It is recommended that the Assistant Director ensure administrative action against DSP, Louise Rho for neglect for failing to ensure that the door to the medication room was locked and secured prior to walking away from the medication room.
4. It is recommended that the Assistant Director ensure administrative action against DSP, Kervens Andre for neglect for failing to ensure that the food he made was safely covered/stored if it was not being eating immediately.
5. It is recommended that the Director ensure that the Assistant Director and Management are retrained on ensuring that the house remains cleanly and free of odors.
6. It is recommended that the Director ensure that the Assistant Director and Management are retrained on ensuring that all staff are trained and acknowledge service plans of recipients prior to working with them.
7. It is recommended that the Director ensure that the Assistant Director is retrained on ensuring that immediate protections are completed in a timely fashion.
8. It is recommended that the Assistant Director review if additional staff are required on the overnight and/or during the 7am-9am period as it appears that Service Recipient, Nicholas Jacovelli is awake prior to 7am, which may interfere with medication times and breakfast.

Full Name of Investigator (Print)	Agency/Title:	Signature/Date:
Angel L. Cotto 3 rd	<u>AHRC Nassau</u> QA Coordinator	7/14/2025

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 12:03 PM
To: Elizabeth Adenekan
Subject: FW: Kirkland Drive Staff Meeting Agenda
Attachments: Kirkland IRA Residence Hse Mtg.docx



**Citizens Options
Unlimited**

115 E. Bethpage Road
Plainview, NY 11803

Si'Chole L. Jackson | Residential Assistant Director

T: 516.293.1111 ext 5611

C: 516.618.3047

sjackson@citizens-inc.org



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From: Sichole Jackson
Sent: Tuesday, July 15, 2025 9:49 AM
To: Deanna Allen <dallen@citizens-inc.org>; Jacques Charles <jcharles1@citizens-inc.org>; Amanda Legros <alegros@citizens-inc.org>; Justin DeNigris <jdenigris@citizens-inc.org>; Ishri Prashad <iprashad@citizens-inc.org>; Alexa Litwak <alitwak@citizens-inc.org>; Lauren Jaquay <ljaquay@citizens-inc.org>; Jennifer Goot <JGoot@AHRC.org>; Diane Baptiste <dbaptiste@citizens-inc.org>
Subject: RE: Kirkland Drive Staff Meeting Agenda



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From: Sichole Jackson <sjackson@citizens-inc.org>
Sent: Thursday, July 10, 2025 5:50 PM
To: Deanna Allen <dallen@citizens-inc.org>; Jacques Charles <jcharles1@citizens-inc.org>; Amanda Legros <alegros@citizens-inc.org>; Justin DeNigris <jdenigris@citizens-inc.org>; Ishri Prashad <iprashad@citizens-inc.org>;

Alexa Litwak <alitwak@citizens-inc.org>; Lauren Jaquay <ljaquay@citizens-inc.org>; Jennifer Goot <JGoot@AHRC.org>; Diane Baptiste <dbaptiste@citizens-inc.org>

Subject: RE: Kirkland Drive Staff Meeting – Tuesday

Okay. Great! Thank you.



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From: Deanna Allen <dallen@citizens-inc.org>

Sent: Thursday, July 10, 2025 5:23 PM

To: Sichole Jackson <sjackson@citizens-inc.org>; Jacques Charles <jcharles1@citizens-inc.org>; Amanda Legros <alegros@citizens-inc.org>; Justin DeNigris <jdenigris@citizens-inc.org>; Ishri Prashad <iprashad@citizens-inc.org>; Alexa Litwak <alitwak@citizens-inc.org>; Lauren Jaquay <ljaquay@citizens-inc.org>; Jennifer Goot <JGoot@AHRC.org>; Diane Baptiste <dbaptiste@citizens-inc.org>

Subject: RE: Kirkland Drive Staff Meeting – Tuesday

Thank you Sichole. I will also send a virtual invite in the event someone wants to attend but cannot be there in person.



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115 E. Bethpage Rd., #44
Plainview, NY 11803

Deanna Allen | Director of Residential Services

T: 516.293.2016, ext. 5329

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dallen@citizens-inc.org



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From: Sichole Jackson <sjackson@citizens-inc.org>

Sent: Thursday, July 10, 2025 5:17 PM

To: Jacques Charles <jcharles1@citizens-inc.org>; Deanna Allen <dallen@citizens-inc.org>; Amanda Legros <alegros@citizens-inc.org>; Justin DeNigris <jdenigris@citizens-inc.org>; Ishri Prashad <iprashad@citizens-inc.org>; Alexa Litwak <alitwak@citizens-inc.org>; Lauren Jaquay <ljaquay@citizens-inc.org>; Jennifer Goot <JGoot@AHRC.org>; Diane Baptiste <dbaptiste@citizens-inc.org>

Subject: Kirkland Drive Staff Meeting – Tuesday

Good afternoon. We will be holding the Kirkland Drive Staff Meeting on Tuesday in two sessions to accommodate schedules:

- **Morning Session:** 10:00 AM
- **Evening Session:** 6:00 PM

If you are unable to attend one session, we ask that you make every effort to attend the other.

Each discipline is encouraged to attend and bring any pertinent training materials you would like to review with the staff. If you're unable to attend but would still like your materials presented, please forward them to me in advance so I can review them with the staff on your behalf.

Thank you.



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Kirkland IRA Residence

MANDATORY STAFF MEETING AGENDA

Presenter: Si'Chole Jackson, (covering AD)

Welcome & Introductions

Welcome, everyone, to the Kirkland IRA House Meeting.

Leadership Team:

- **Manager:** Amanda Legros
 - **Assistant Director:** Justin DeNigris
 - **Director:** Deanna Allen
 - **House Nurse:** Ishri Prashad, RN
 - **Behavior Intervention Specialist (BIS):** Alexa Litwak
-

Director's Address

Presented by: *Deanna Allen*, Director of Citizens Residential Program

Behavioral Supports Forum

Presented by: *Alexa Litwak*, BIS

Nursing Forum

Presented by: *Ishri Prashad, RN*
(See attached RN training documents)

Topics:

- **AMAP Protocols:**
 - Only certified AMAPs may administer medication.
 - Administer meds on time and ensure medication supply (check overstock).

- Back of the MAR must include initials and full name.
 - Store all Chem RX deliveries appropriately—**no items** left on the medication counter.
 - Keep the med room clean and dispose of garbage properly.
 - **Diets & Consistencies** (*Discussion*)
 - **Treatment Sheets** (*Discussion*)
 - **Healthcare Documentation (HCD):**
 - Complete HCD forms for **any** medical concern, injury, or incident.
 - Include who was notified, date/time, and any instructions provided.
 - Other
-

Professionalism & Conduct

- Kirkland is a **home for the people we support**, but a **workplace for staff**.
 - Do **not** recline or put feet up on furniture.
 - Do **not** eat or drink in the living room or in front of individuals.
 - Television content must be chosen based on individual preferences.
 - Arrive **ready to work**, actively engage individuals, and always offer **choices**.
-

Time & Attendance

- Be on time. **Seven (7) minutes late** is considered late.
 - Overtime must be pre-approved **unless** you're waiting for relief—note in the communication log and inform management.
 - **You must stay** if no coverage is found.
 - **Minimum staffing:**
 - AM/PM: 3 staff
 - Overnight: 2 awake, 1 asleep
 - **No staff may leave until their relief arrives.**
-

Lateness

- Notify the manager **before your shift** if you expect to be up to 10 minutes late.
-

Communication Log

- Read and **initial** all entries at the beginning of your shift.
- Follow all directives. Notify the manager if there's a concern.

- The writer of any log entry must ensure all team members initial it.
-

Transfer of Responsibility (ToR)

- Complete the **ToR binders for NJ** at the start of your shift and as needed.
-

Cell Phone & Bluetooth Policy

- **No personal device use** while working with individuals.
 - Phones must be **on silent or vibrate** when in the residence.
-

Van Safety Checklist

- Complete van logs **each time** the van is used.
 - Do **not** return the van on or near empty.
 - Keep the van **clean** and follow log examples in the front of the binder.
 - Please ensure that you know your gas pin#. This number should not be shared.
-

Certifications (*Discussion*)

- Maintain current training in:
 - AMAP
 - CPR
 - SCIP
 - Annual Trainings (RELIAS)

Please note: If you are not certified for either of these courses, please notify management and also contact the training department to sign you up for the courses you require. This will be expected to be done no later than July 31st. Your management/AD will follow-up with you to ensure that this has been completed.

Recreation Calendar

- Must be followed. Notify the manager and update the communication log for any changes.
- Suggestions for community outings are welcome.

Documentation & Notes

- **Bussing and daily notes** must be completed **at the time** services are rendered.
 - **Behavioral Data:** Document all behaviors (old and new) on data sheets.
 - Complete **Medisked entries** by **9:00 PM**. Notify management if there are access issues.
-

Incident Reports

- All staff must know how to complete incident forms.
 - Report and document all incidents **promptly**.
-

Log Book Entries

- Each shift requires at least one entry in the **communication log**.
-

Eating Guidelines (*Discussion*)

- Follow each person's specific eating guidelines consistently.
 - Mealtimes
-

Personal Care & Appearance

- Ensure all individuals are:
 - **Weather-appropriate** in attire
 - **Well-groomed** (clean face and hair)
 - Assist with keeping individual bedrooms clean and tidy.
-

Fire Evacuation & Staff Assignments

- Know your **Fire Evac #** and assigned responsibilities from the beginning of your shift.
 - Assignment and fire # details are posted—review them regularly.
-

Privacy

- Always ensure **dignity and privacy** for the individuals we support. (*Discussion*)
-

Open Discussion: Issues & Concerns

- Please feel free to bring forward any concerns.
- **Management is here to support you.**



Citizens Options Unlimited

Citizens Options Unlimited, Inc
Kirkland IRA
Staff Roster: July 2025

	Training: NJ's Eating Guidelines
Amanda Legros, Manager	<input type="checkbox"/>
Jacques Charles, Assistant Manager	<input checked="" type="checkbox"/>
Marie Suzie Antenor, DSP	<input checked="" type="checkbox"/>
Louise Rho, DSP	<input checked="" type="checkbox"/>
Jaxon Placide, DSP	<input type="checkbox"/>
Noble Benoit, DSP	<input type="checkbox"/>
James Bernard, DSP	<input type="checkbox"/>
Stephanie Casseus, DSP	<input checked="" type="checkbox"/>
Andrea Epps, DSP	<input type="checkbox"/>
Jean Robert Dupont, DSP	<input type="checkbox"/>
Isaiah Mohammed, DSP	<input type="checkbox"/>

Additional signatures on the training are from substitute staff

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 11:04 AM
To: Elizabeth Adenekan
Subject: FW: Language in-service
Attachments: In-Service and Signature Language.doc

Please see the email thread as this is the in-service that was requested as a result of an incident at Kirkland.



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From: Sichole Jackson
Sent: Thursday, September 11, 2025 2:44 PM
To: Michelle Nerette <mnerette@citizens-inc.org>; Kytasha Burgess <kburgess@citizens-inc.org>
Subject: Language in-service

Please present to all staff. Ensure that Jaxon Placide, Emmanuela Audate, Stephane Casseus, and Marie Antenor all sign because tenicahally it is for them, but I am generalizing it because ALL staff need to be advised.



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Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 11:37 AM
To: Elizabeth Adenekan
Subject: FW: Scan From CTZ 3275 Kirkland Dr
Attachments: Xerox Scan_07252025161253.pdf

Please see previous training done by prior AD for audit regarding proper food storage.

115 E. Bethpage Road
Plainview, NY 11803
Si'Chole L. Jackson | Residential Assistant Director
T: 516.293.1111 ext 5611
C: 516.618.3047

Sjackson@citizens-inc.org

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-----Original Message-----

From: Sichole Jackson <sjackson@citizens-inc.org>
Sent: Friday, July 25, 2025 4:28 PM
To: Justin DeNigris <jdenigris@citizens-inc.org>
Subject: FW: Scan From CTZ 3275 Kirkland Dr

115 E. Bethpage Road
Plainview, NY 11803
Si'Chole L. Jackson | Residential Assistant Director
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-----Original Message-----

From: Scans <printerscans@ahrc.org>

Sent: Friday, July 25, 2025 4:14 PM

To: Sichole Jackson <sjackson@citizens-inc.org>

Subject: Scan From CTZ 3275 Kirkland Dr

Please open the scanned attachment

Number of Images: 8

Attachment File Type: PDF

Device Name: VersaLink B405

Device Location:

Elizabeth Adenekan

From: Sichole Jackson
Sent: Tuesday, December 16, 2025 12:01 PM
To: Elizabeth Adenekan
Subject: Please see attached
Attachments: 8-11-2025 Follow up on Corrective Actions.pdf

Please see attached email message forwarded to me on 9/3. Once I was assigned Kirkland permanently, I had to complete and issue these recommendations. Please note recommendations for in-services to be given for English only speaking guidelines. This was recommended by HR. But I exercise this throughout my program because I follow the Employee hand book strongly and implement its guidelines. Staff complained that it was me targeting them and I was just doing my job. I chose the covering manager who happens to be Haitian, and not that that matters, but because she was good and strong and we worked well together. And to be very frank, 99% of the staff who work in Kirkland are Haitian. So that would be very difficult to assume I “only” target the Haitians. Cultures do not matter to me. Only your job performance. And as you can see from the CAPS and audits, and my meeting agenda’s from my other locations, I teach and train, advocated strongly and passionately for the individuals there, and these staff needed extensive training, but felt that they were being challenged and corrected to do the right thing and were so used to doing their own things in the house, that having fulltime oversight in the house would compromise that. So, I was targeted to be removed. And for these reasons I was removed.



**Citizens Options
Unlimited**

115 E. Bethpage Road
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Citizens Options Unlimited

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic: N. Jacovelli Diet plan and eating guidelines			
Presented by: Justin DeNigris, Assistant Director		Date initiated: 4.3.25	
Print Name	Signature	Title	Date
Amani Mills	Apannella	DSP	04/04/25
STEPHAN CASSEY		DSP	04/03/25
MARIE ANTEROP Claude Hoff	 Marie Anterop	DSP DSP	04/02/25 4/15/25
Louise Rho		DSP	4/18/25
Jacques Charles		assist mgr	7/15/25
Guiddel saint jean		DSP	7/23/25

Individualized Eating Guidelines Dining Plan

Name: Nicholas Jacovelli
Address: Citizens: 38 Kirkland Drive, Greenlawn, NY
Day Program: No day program currently
Clinician: Linda McDonald, MA, CCC-SLP/Tara LaCamera, MS, CCC-SLP
Date: 5-23-3022

1. Food cut to ½ inch.
2. Drink: All liquids allowed including thin liquids.

Staff should provide verbal prompts when necessary for Nicholas to take a sip of drink after every few bites of food.

3. Staff to provide verbal prompts when necessary for Nicholas to:
 - Sit upright in his chair with his head in a neutral position while eating.
 - Chew thoroughly.
 - Eat slowly.
 - Take a small amount of food on fork or spoon.
 - “Chew” and swallow completely before taking additional food.
 - Take small sips of drink throughout the meal.
4. **Arm’s length supervision:** an assigned staff person, remaining within one arm’s length (your own arm) of Nicholas during mealtimes and other times when he is eating or drinking; staff must be looking at Nicholas at all times. A clear transfer of responsibility is required when the designated staff member needs to be relieved of their responsibility. Staff should not be assigned to another person requiring a supervision level of specific location awareness or greater.
5. Dentition: Nicholas has natural dentition.
6. Staff should discontinue the meal and alert a supervisor should Nichols demonstrate any signs of difficulty such as coughing, gagging, or choking.

Nicholas Jacovelli

Diet:

2000 calorie, high fiber diet with double portions as desired.

Eating guidelines as per speech pathologies:

1. Food cut to ½ inch.
2. Drink: All liquids allowed including thin liquids.

Staff should provide verbal prompts when necessary for Nicholas to take a sip of drink after every few bites of food.

Citizens Options Unlimited, Inc.
MEAL PATTERN

INDIVIDUAL: Nicholas Jacovelli TYPE PLAN: Diet: 2000 calorie, high fiber diet with double portions as desired, and follow eating guidelines as outlined by the speech department of food cut to ½ inch thick all liquids allowed.

NUTRITION COMPOSITION:	CALORIES:	
PROTEIN:	FAT:	CARBOHYDRATE:
SERVINGS FOR THE DAY:		
4 MILK		
3 VEGETABLE		
4 FRUIT		
9 STARCH		
8 PROTEIN (meat, eggs, etc- see protein exchange list).		
3 FAT		
MENU PATTERN	SAMPLE MENU	
BREAKFAST		
1 MILK	1.5 cup unsweetened cereal such as cheerios	
1 FRUIT	1 cup skim milk	
2 STARCH	1 hard boil egg	
1 PROTEIN	¾ cup blueberries	
FAT		
1 fruit serving Morning snack 1 individual fruit cup in extra light syrup or own juice		
LUNCH		
1 MILK	2 slices of whole wheat bread	
VEGETABLE	3 oz. turkey cold cuts	
SALAD	1 Tbsp. low fat mayonnaise	
1 FRUIT	1 unsweetened applesauce	
2 STARCH		
3 PROTEIN		
1 FAT		
1 starch & 1 milk serving AFTERNOON SNACK 1 individual cup low fat yogurt and 8 animal crackers		
DINNER		
MILK		
2 VEGETABLE	Salad with 2 Tbsp. reduced fat salad dressing.	
1 SALAD	4 oz. baked chicken cutlet	
FRUIT	1 medium baked potato topped with 1 Tbsp. light margarine	
3 STARCH	1 cup broccoli	
4 PROTEIN		
2 FAT		
1 fruit & 1 milk & 1 starch serving BEDTIME SNACK 2 graham crackers with flavored low fat yogurt and 1 small pear		

SPECIAL INSTRUCTIONS: Weigh and measure food.

Encourage fresh fruits and vegetables

Encourage half of your starches to be whole grain (e.g. whole wheat pasta, brown rice, whole wheat bread)

Encourage low fat dairy such as skim milk, low fat yogurt and low fat cheeses

Encourage low sodium products such as low salt turkey, low sodium ham and roast beef, and snacks such as crackers or pretzels with no visible salt

Encourage drinks that are low calorie and/or diet. Choices can be water, seltzer, diet soda, diet Snapple, diet ice tea or flavored water.

Encourage healthy cookies techniques such as baking, broiling, grilling, steamed or roasted. Food should not be fried.

Avoid spices and seasonings with added sodium such as adobo, adobo light, sazón

Avoid fried foods and high fat meats (salami, kielbasa, bologna, olive loaf, bacon)

Avoid sweets (candy, cookies, sweetened beverages such as regular soda, regular Snapple and fruit punch)



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38 Kirkland Drive, Greenlawn NY 11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below-mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic: Audit

- Please be reminded that it is required that each employee, including substitute staff, complete their annual training each year. For example, if you complete your annual training on 3/15/22, you must complete it again by 3/14/23. It is your responsibility to be aware of when your annual training is due. As per the recent memo presented, all staff have until March 17th to complete their annual training. Please also ensure your Sexual harassment trainings are completed yearly. All training required to provide safe care for the people we support must be done in a timely manner and when a review is due, it is the responsibility of the staff to complete the training. These training courses include SCIP, AMAP, ANNUAL, and SEXUAL HARRASSMENT; which is due every year. CPR is due every two years. #1
- As per the new safety protocols enacted by OPWDD face covering should be worn by staff when working at the residence. Please ensure you are always wearing the mask whenever the people we support when you are working with them. #7
- Please ensure choices are always presented to the people we support when working with them to promote independence. Please ensure they are feeding themselves or encouraging them to do so. It is important for the people we work with to learn and enhance their independence in their lives. #8 and #39
- Please ensure that the people we support have access to the community they live in. This is promoted by accompanying them to the businesses and activities in their community. When this is done, please complete the transportation safety checklist in its entirety. #9 and #14
- Please ensure you are protecting the people we support by not leaving the keys to the medication room on the door as anyone can go into the room and ingest substances or medications not meant for them. #10
- Everyone's privacy must be maintained as such, please do not place personal information about the people we support in a public area where anyone can look at the information. HIPPA practices must be always maintained. Also, please ensure that you are encouraging everyone to be properly cloth in the house when out in the common areas. That includes offering a robe to someone leaving their room naked. #11 and #13
- Please ensure you are practicing sanitary and safe practices, along with proper food storage. This is for the health and safety of the people we support. Do not leave food out in the open, store safely in the fridge with a proper cover and date. Please also ensure that food preparation is completed when the



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38 Kirkland Drive, Greenlawn NY 11740

person is about to eat. Do not prepare the food and leave it sitting out waiting for the person to eat it. If the food is prepared before and becomes cold, please reheat it. Also, please ensure that the equipment used to prepare food is clean and sanitized after each use. #12 and #19, #34

- Please ensure you know your responsibilities to the people we support. That includes knowing your staff assignment and the person you are responsible for evacuating in an emergency. #15
- Please ensure that the door chimes are always on as this is there for the person's safety and protection. Also, please ensure that you are following the level of supervision for everyone residing at 38 Kirkland Drive be it the LOS when eating or walking around their home. #17 and #18, # 41, 43
- Please follow all the aspiration guidelines as this is for the safety of the people residing here at 38 Kirkland Drive. Also, please follow their guidelines for their safety when eating. #20 and #40
- Please ensure you review all plans and information about the people we support, and you are asking questions if the information is not clear. Once understanding is gained, you are acknowledging that you have reviewed the information by signing the plans. #27
- Collecting data is a vital part of providing continuous care to the people we support. Please ensure when collecting data, you are concise and accurate, and you have provided all the required information on the data sheets. Also please ensure the forms are completed in its entity (BSP, BM, Transport, Body Checks, TR etc.). #25 and #28, # 30, 31, 32
- Please ensure that the safety equipment is safe and works as it is meant too. If the pads have holes, please ensure you let management know to provide another set. #29
- Please ensure the furniture is in good working condition and is safe and sanitized for the use of the people we support. #38
-

Presented by: Tessa Guillaume-Lewis		Date: 3/26/25	
Print Name	Signature	Title	Date
Amanda Legros		Manager	4/8/25
Claude Borgart		Direct Support Professional	4/20/25
Marie Suzie Anttenor		Direct Support Professional	4/25/25
Noble Benoit		Direct Support Professional	5/1/25
Jaxon Placide		Direct Support Professional	4/25/25
Louise Rho		Direct Support Professional	4/25/25
Stephane Casseus		Direct Support Professional	5/02/25



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38 Kirkland Drive, Greenlawn NY 11740

Jean Robert Dupont	<i>Jean Robert</i>	Direct Support Professional	<i>5/6/25</i>
Andrea Epps	<i>Andrea Epps</i>	Direct Support Professional	<i>4/30/25</i>
Noble Benoit		Direct Support Professional	
Amani Mills	<i>no longer here</i>	Direct Support Professional	

Citizens Options Unlimited

Policy Name: Levels of Supervision		
Section #	Policy #	Approval Required: <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Board of Directors
Department(s): All departments providing support to people; all clinical departments		

Purpose for Policy: Levels of Supervision (LOS) will be used in accordance with OPWDD's standard terminology throughout New York State. This policy establishes consistent terminology, definitions, and factors to consider when planning, documenting, and delivering the necessary Levels of Supervision to people receiving services. LOS refers to the minimum level of need a person has for an identified activity and environment. Therefore, LOS is not a characterization of a person's general need for support. Rather, an individual may require identification of more than one minimum LOS in plans to address their support needs across different environments and activities. This policy and procedure also details documentation requirements and transfer of responsibility requirements related to Levels of Supervision.

Applicability: All programs and employees providing support to people, all clinical staff completing clinical plans and guidelines.

Policy/Procedure:

The following are agency wide standardized levels of supervision for use when defining the level of support for a person. The person/advocate and their team will determine the need for specific charting.

Levels of Supervision are listed below in a least to most restrictive hierarchy.

Independent: Person does not require a specified level of supervision and is considered independent

- Staff may make themselves available to the person, as needed
- Staff may be assigned to supervise other people, may have duties other than supervision, and do not need to be present at all times

Independent with Staff Present: Staff member is aware of the location of the person(s) and is within a planned vicinity to assist the person(s). There is no formal schedule of checks

- Staff must be able to respond to a person's needs
- If specific proximity is required, this should be specified in the persons' plan
- Staff may supervise more than one person and can perform duties other than supervision
- Staff must remain in the vicinity of the person until the responsibility of supervision is transferred to another trained staff. Staff must receive verbal confirmation

Periodic checks: Staff observe the person(s) supported as specified in their plan (can be visual or audio or both). This includes signs of life checks

- Staff must be able to respond to a person's needs
- Staff must have the ability to visually see, audibly hear or otherwise have a clear awareness of (depending on the reason for the periodic checks) the person(s) when required, as determined by the plan (e.g. staff visually checks on/sees the person(s) within a specific timeframe- 15 minutes, 1 hour, 2 hours, 2X per night)
- The frequency, proximity, and staff response time are specific to activity and are detailed in the person(s) service plans

- Staff may supervise more than one person and can perform duties other than supervision
- Staff must transfer responsibility of supervision to another staff when needing to be relieved. Staff must receive verbal confirmation

Range of Sight or Scan: The person(s) supported must be within the direct or indirect visual field of staff, as defined in the person's plan. Assigned staff can see the individuals(s) when they look around

- Assigned staff must be in the same area as the person(s) supported (e.g. same room) depending on the reason for range of scan, as specified in the person's plan
- The person(s) supported is/are immediately in the line of sight or with limited range of movement of the staff (e.g. staff turns head or body around) so that the person(s) supported can be seen, as defined in the plan of care. Staff must be in the same area as the person(s) supported
- Staff must be able to respond efficiently to the person's needs to prevent/minimize risks. Staff must continually monitor the environment and evaluate risks while providing support when needed
- Staff may supervise more than one person or may be assigned other responsibilities while providing this level of supervision, but if clearly defined in the plan specific to the environment or activity
- Staff must transfer responsibility of supervision to another staff when needing to be relieved. Staff must receive verbal confirmation

1:1 supervision: One (or more) staff are assigned to one person supported as specified in the person's plan. Includes 2:1 or 3:1 ratio if required

- Staff must maintain close proximity that allows them to prevent or minimize the impact of issue for which 1:1 is assigned. Specific proximity requirements should be specified in the person's plan
- Staff must be in a proximity that allows an immediate response
- Staff cannot supervise more than one person supported at a time with this level of supervision and cannot perform other work duties besides supervision of the person
- Staff must transfer responsibility of supervision to another staff when needing to be relieved. Staff must receive verbal confirmation

Documentation requirements for Levels of Supervision

- Staff assignment sheets/ staff schedules will be used to document the staff providing supervision to people supported

Transfer of Responsibility for Levels of Supervision:

- Staff must receive verbal confirmation from the relieving staff that they are ready, willing, and able to take over the supervision responsibility
- Assigned staff may not discontinue providing the supervision until the relieving staff has physically assumed supervision responsibility and is within the necessary proximity to the person supported
- If the person supported, family, and/or team members determine that formal documentation regarding a level of supervision is required, specific methods will be identified in the person's plan

Person(s)

Responsibility

QIDP

Ensures that levels of supervision are appropriate for a person and are consistent throughout all clinical guidelines, evaluations, and documentation.

All Program Staff

Ensures the use of standardized Levels of Supervision in all documentation. Ensures appropriate transfer of responsibility.

Note: certain guidelines will require additional detail and elaboration to ensure appropriate supervision and oversight.

Psychology/Behavioral Health Staff

For Restrictive Behavior Support Plans containing either 1:1 or 2:1 staff supervision, four specific factors must be considered based on the person's need and level of supervision, must be based on input from the person supported and the team, and must be detailed in the Behavior Support Plan:

- A determination regarding the person's supervision level in the community.
- A determination regarding the person's supervision level in the bathroom.
- A determination if the designated staff member(s) can administer medications to the person they support.
- A determination regarding the supervision level during times the person supported is awake (at home and day program/work) and times the person supported is asleep.

Executive Director Approval

Board of Directors Approval

Date of Initial Adoption	
Date of Last Review	
Date of Last Revision	
Date of Discontinuation	



**Mandatory Face Coverings in OPWDD Certified Services
Addition of 14 NYCRR Section 633.26**

Emergency/Proposed Rulemaking Regulations

Effective Date: Upon Filing

- A new section 633.26 is added to read as follows:

633.26 Mandatory Face Coverings

(a) Applicability

(1) This section applies to all agencies providing services or operating facilities that are certified or operated by OPWDD (hereinafter "Providers of Services").

(b) Legal Basis

(1) Section 13.07 of the Mental Hygiene Law charges the OPWDD with the responsibility for seeing that persons with developmental disabilities are provided with care and treatment, and that such care, treatment and rehabilitation is of high quality and effectiveness.

(2) Section 13.09 of the Mental Hygiene Law gives the commissioner of OPWDD the power and responsibility to adopt regulations that are necessary and proper to implement matters under his or her jurisdiction.

(3) Section 16.00 of the Mental Hygiene Law grants the commissioner of OPWDD the power and responsibility to adopt regulations to effectuate the provisions and purposes of article 16 of such law, including procedures for the issuance and amendment of operating certificates, and for setting standards of quality and adequacy of facilities.

(4) Section 16.11 of the Mental Hygiene Law authorizes the commissioner of OPWDD to provide for the oversight of facilities and providers of services holding operating certificates pursuant to section 16.03 of this article.

(c) Mask wearing requirements

(1) All Providers of Services shall require all staff, volunteers, contractors, vendors, visitors and individuals receiving services to wear appropriate face coverings, consistent

Note: New material is underlined and deleted material is in [brackets].

with any directives issued by OPWDD and consistent with guidance from the Centers for Disease Control and Prevention (CDC).

(d) Exemptions from face covering requirements

(1) Face coverings are not required to be worn by:

(i) Children under two years of age

(ii) A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability, or

(iii) A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by an Occupational Health and Safety Administration workplace risk assessment.

(e) Enforcement

(1) OPWDD will enforce this mandate as part of its oversight activities in accordance with the authority set forth in subsection b of this section.

Note: New material is underlined and deleted material is in [brackets].

Citizens Sleep Chart

Seizure Disorder - Check for presence of medical/physical discomfort (facial, rigidity, discoloration, audible sounds of discomfort)

Name: Gordon Miller

Month & Year: September 2025

Site: Kirkland IRA

Management Signature: _____

Keys: S - Sleep

A - Awake

BR - Bathroom Break

Date Reviewed: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11:00PM	A	A	A	A	A	A	A	A		S		A	A		A	A						A	A	S	A	S	A	A			
11:30PM	A	A	A	A	A	A	A	A		S		S	A		A	A						A	A	S	A	S	A	A			
12:00AM	A	S	A	A	S	A	A	A			S	S	S		A	S						A	S	S	A	S	A	A			
12:30AM	A	S	A	A	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
1:00AM	S	S	A	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
1:30AM	S	A	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
2:00AM	S	A	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
2:30AM	S	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
3:00AM	S	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
3:30AM	RL	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
4:00AM	S	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
4:30AM	S	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
5:00AM	S	S	S	S	S	S	S	S			S	S	S		A	S						A	S	S	A	S	A	A			
5:30AM	A	S	A	S	S	S	S	S			S	S	A		S	S						A	A	S	S	A	A	A			
6:00AM	A	A	A	A	S	A	S	A			A	A	A		S	A						A	A	A	A	A	A	A			
6:30AM	A	A	A	A	S	A	A	A			A	A	A		S	A						A	A	A	A	A	A	A			
Staff Initials	LR	WR	LR	RL	RL	RL	RL	RL			AS	SL	SL		RL	OS						RL									

Citizens Sleep Chart

Seizure Disorder - Check for presence of medical/physical discomfort (facial, rigidity, discoloration, audible sounds of discomfort)

Name: **Nicholas Jaccovelli**

Month & Year: **September 2025**

Site: **Kirkland IRA**

Management Signature: _____

Keys: **S - Sleep**

A - Awake

BR - Bathroom Break

Date Reviewed: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11:00PM	S	A	S	S	A	A	A	A	A	S	S	S	A	A	A	S	S	S	S	S	S	S	S	S	A	A	A	S			
11:30PM	S	A	S	S	S	S	A	A	A	S	S	S	A	A	A	S	S	S	S	S	S	S	S	A	A	A	S				
12:00AM	A	S	S	S	S	S	S	A	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
12:30AM	A	S	S	A	S	S	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
1:00AM	A	S	S	S	S	S	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
1:30AM	A	S	S	S	S	S	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
2:00AM	A	S	S	S	S	S	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
2:30AM	A	S	S	S	S	S	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
3:00AM	A	S	S	A	S	S	S	A	A	BR	S	S	S	S	BR	S	S	S	S	S	S	S	S	S	A	A	A	S			
3:30AM	A	S	A	S	S	S	S	A	A	S	S	S	S	S	BR	S	S	S	S	S	S	S	S	S	A	A	A	S			
4:00AM	S	S	A	S	S	S	A	A	A	S	S	S	S	S	BR	S	S	S	S	S	S	S	S	S	A	A	A	S			
4:30AM	S	S	A	A	A	S	A	A	A	S	S	A	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
5:00AM	S	A	A	S	S	S	A	A	A	S	S	A	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
5:30AM	S	A	A	S	S	S	A	A	A	S	S	A	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
6:00AM	S	A	A	S	S	S	A	A	A	S	S	A	A	S	S	S	S	S	S	S	S	S	S	S	A	A	A	S			
6:30AM	A	A	A	S	A	S	A	A	A	BR	S	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A			
Staff Initials	LR	LR	JD	SR	LN	MD	JD	VR	SR	VR	JD	MD	VR	SR	VR	JD	MD	VR	SR	VR	JD	MD	VR	SR	VR	JD	MD	VR	SR	VR	

Kirkland IRA Sleep Chart

Name: John McCabe

Month & Year: September 2025

Site: Kirkland IRA

Management Signature:

Keys: S - Sleep

A - Awake

BR - Bathroom Break

Date Reviewed:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11:00PM	S	S	S	S	S			S	S	S	S	S	S	S	A	A	S	S	A	A	S	S	S	S	S	S	S	S			
11:30PM	S	C	S	S	S			S	S	S	S	S	S	S	A	A	S	S	A	A	S	S	S	S	S	S	S	S			
12:00AM	S	S	S	S	S			S	S	S	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S			
12:30AM	S	C	S	S	S			S	S	S	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S			
1:00AM	S	S	S	S	S			A	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
1:30AM	S	S	S	S	S			A	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
2:00AM	S	S	S	S	S			A	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
2:30AM	S	S	S	S	S			A	S	S	S	S	A	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
3:00AM	S	S	S	S	S			S	S	S	A	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
3:30AM	S	S	S	S	S			S	S	S	A	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
4:00AM	S	S	S	S	A			S	S	S	A	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
4:30AM	S	S	S	S	A			S	S	S	A	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
5:00AM	S	S	S	S	S			S	S	S	A	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	S	S			
5:30AM	S	S	S	S	S			BR	S	S	A	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S			
6:00AM	S	S	S	S	S			A	S	S	A	BR	A	S	S	A	A	S	S	S	S	S	S	S	S	S	S	S			
6:30AM	S	S	S	S	S			A	A	A	A	A	A	S	S	A	A	A	A	A	S	S	S	S	S	S	S	S			
Staff Initials	(N)																														

Citizens Sleep Chart

Seizure Disorder - Check for presence of medical/physical discomfort (facial, rigidity, discoloration, audible sounds of discomfort)

Name: Paul Cusanelli

Month & Year: September 2025

Site: Kirkland IRA

Management Signature: _____

Keys: S - Sleep

A - Awake

BR - Bathroom Break

Date Reviewed: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11:00PM	S	S	S	S	S	S	B	S	S	S	S	A	A	A	S	S	S	S	S	S	S	S	S	S	A	A	A	A			
11:30PM	S	S	S	S	S	S	S	S	S	S	S	A	S	S	A	S	S	S	S	S	S	S	S	S	A	S	S	A			
12:00AM	S	S	BR	A	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S			
12:30AM	A	S	A	A	S	S	S	S	S	S	A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
1:00AM	S	S	S	A	A	S	S	S	S	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
1:30AM	S	S	S	S	A	S	S	BR	S	S	S	A	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
2:00AM	S	S	S	S	S	A	S	S	BR	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
2:30AM	S	A	S	S	S	S	BR	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	BR	S	S	S	S				
3:00AM	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
3:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
4:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
4:30AM	S	S	S	S	S	BR	S	S	S	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
5:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
5:30AM	S	S	S	S	S	S	BR	BR	S	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
6:00AM	A	A	A	A	S	S	BR	BR	S	S	BR	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				
6:30AM	A	A	A	A	S	S	A	A	BR	A	A	S	A	S	S	BR	A	S	A	A	S	A	BR	BR	A	S	S				
Staff Initials	TD	TD	TD	SRV	SRV	TD	TD	TD	SRV	SBS	SRV																				

Citizens Sleep Chart

Seizure Disorder - Check for presence of medical/physical discomfort (facial, rigidity, discoloration, audible sounds of discomfort)

Name: **William Hoffman**

Month & Year: **September 2025**

Site: **Kirkland IRA**

Management Signature: _____

Keys: **S - Sleep**

A - Awake

BR - Bathroom Break

Date Reviewed: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11:00PM	A	A	A	S	A	A	A	A	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
11:30PM	A	A	A	S	A	A	A	A	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
12:00AM	S	A	S	S	S	A	A	A	S	A	A	S	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
12:30AM	S	S	S	S	S	A	A	S	S	A	A	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
1:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
1:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
2:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
2:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
3:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
3:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
4:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
4:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
5:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
5:30AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
6:00AM	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
6:30AM	A	A	A	A	S	S	A	A	S	A	A	S	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Staff Initials	LR	JD	LR																												

Kirkland IRA 9/27/25 - 10/3/25 Weekly Staff Schedule

	Saturday 9/27/25	Sunday 9/28/25	Monday 9/29/25	Tuesday 9/30/25	Wednesday 10/1/25	Thursday 10/2/25	Friday 10/3/25
MORNING	Staff #1/critical Evacuates: 2 BEDROOMS (JM, WH) LIVING ROOM, DINING ROOM, KITCHEN, CONTACT FIRE DEPT. CONDUCT A SWEEP Individuals assigned: JM, WH Reviewed assignment:	Staff Name: SAM (7a-3p) Individuals assigned: JM, WH Reviewed assignment:	Staff Name: DONELL (6a-2p) Individuals assigned: AMAP Reviewed assignment:	Staff Name: NANCY (6a-2p) Individuals assigned: AMAP Reviewed assignment:			
	Staff #2/critical Evacuates: 3 BEDROOMS (GM, PC) 2 BATHROOMS, LAUNDRY ROOM, MED ROOM, DO HEAD COUNT AT MEETING PLACE, REPORT TO 1 STAFF Individuals assigned: JM, WH Reviewed assignment:	Staff Name: MOISE (7-30a-3p) Individuals assigned: GM, PC Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: WH Reviewed assignment:	Staff Name: ISIAH (7a-3p) Individuals assigned: WH Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: WH Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: WH Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: WH Reviewed assignment:
AFTERNOON	Staff #3/critical EVACUATES 1:1 (NU) ALL UPSTAIRS ROOMS Individuals assigned: NU Reviewed assignment:	Staff Name: ISIAH (7a-3p) Individuals assigned: NU Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: NU Reviewed assignment:	Staff Name: ISIAH (7a-3p) Individuals assigned: NU Reviewed assignment:	Staff Name: ISIAH (7a-2p) Individuals assigned: NU Reviewed assignment:	Staff Name: ISIAH (7a-2p) Individuals assigned: NU Reviewed assignment:	Staff Name: JAXON (7a-3p) Individuals assigned: NU Reviewed assignment:
	Staff #4/critical IF APPLICABLE Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A	Staff Name: N/A Individuals assigned: N/A Reviewed assignment: N/A
MORNING	Route 1: MOISE SAMS	Route 1: MOISE SAMS	Route 1: JAXON DONELL	Route 1: ISIAH NANCY	Route 1: JAXON NANCY	Route 1: ISIAH NANCY	Route 1: DONELL NANCY

Morning AMAP on duty

EVENING

SHIFT

PM

Staff #1/critical Evacuates: 2 BEDROOMS (JM, WH) LIVING ROOM, DINING ROOM, KITCHEN, CONTACT FIRE DEPT. CONDUCT A SWEEP (3p-11p)	9/27/25 SAT Staff Name: EDDY (3p-11p)	9/28/25 SUN Staff Name: SAM (3p-11p)	9/29/25 MON Staff Name: NICK (2p-10p)	9/30/25 TUES Staff Name: Christina (3p-11p)	10/1/25 WED Staff Name: NICK (2p-10p)	10/2/25 THURS Staff Name: MOISE (2p-11p)	10/3/25 FRI Staff Name: SAM (2p-11p)
	Individuals assigned: PC, WH Reviewed assignment:						
Staff #2/critical Evacuates: 3 BEDROOMS (GM, PC) 2 BATHROOMS, LAUNDRY ROOM, MED ROOM, DO HEAD COUNT AT MEETING PLACE. REPORT TO 1 STAFF	Staff Name: SAM (3p-11p)	Staff Name: JAXON (3p-11p)	Staff Name: JAXON (3p-11p)	Staff Name: EDDY (3p-11p)	Staff Name: EDDY (3p-11p)	Staff Name: EDDY (3p-11p)	Staff Name: MOISE (3p-11p)
	Individuals assigned: JM, GM Reviewed assignment:						
Staff #3/critical EVACUATES 1:1 (NU) ALL UPSTAIRS ROOMS	Staff Name: JAXON (3p-11p)	Staff Name: ISIAH (3p-11p)	Staff Name: ISALAH (3p-11p)	Staff Name: JAXON (3p-11p)	Staff Name: JAXON (3p-11p)	Staff Name: JAXON (3p-11p)	Staff Name: JAXON (3p-11p)
	Individuals assigned: NU Reviewed assignment:						
Staff #4/IF APPLICABLE (3p-11p)	Staff Name: (3p-11p)	Staff Name: (3p-11p)	Staff Name: (2p-10p)	Staff Name: (2p-10p)	Staff Name: CHRISTINA (2p-10p)	Staff Name: CHRISTINA (2p-10p)	Staff Name: (2p-10)
Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	Individuals assigned: AMAP Reviewed assignment:	
IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	IF APPLICABLE Reviewed assignment:	
Route 1: N/A	N/A	N/A	JAXON	EDDY	EDDY	MOISE	MOISE
Cook: SAM	SAM	JAXON	SAME AS AM ROUTE				
Evening AMAP on duty EDDIE	EDDIE	SAM	NICK	CHRISTINA	CHRISTINA	CHRISTINA	EDDIE

OVERNIGHT SCHEDULE

Staff #1 awake /critical Evacuates: 1st floor (i.e. bedrooms, bathrooms, kitchen, dining room, living room, basement, etc.)	9/27/25 SAT	9/28/25 SUN	9/29/25 MON	9/30/25 TUES	10/1/25 WED	10/2/25 THURS	10/3/25 FRI
	Staff Name: EDDY (11p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: Alejandro (10p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: Joan (10p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: Alejandro (10p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: Joan (10p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: Stephanie (11p-7a) Individuals assigned: NJ PC GM Reviewed assignment:	Staff Name: OPEN - Stephanie (11p-7a) - M & Belle Individuals assigned: NJ PC GM Reviewed assignment:
Staff #2/critical Evacuates: 2nd floor (i.e. bedrooms, and bathroom, etc)	Staff Name: STEPHANE (10p-7:30a) Individual assigned: WH JM Reviewed assignment:	Staff Name: Joan (10p-7a) Individuals assigned: WH JM Reviewed assignment:	Staff Name: Alejandro (10p-7a) Individuals assigned: WH JM Reviewed assignment:	Staff Name: Joan (10p-7a) Individuals assigned: WH JM Reviewed assignment:	Staff Name: Alejandro (11p-9a) Individuals assigned: WH JM Reviewed assignment:	Staff Name: OPEN - Joan (11p-7a) Individuals assigned: WH JM Reviewed assignment:	Staff Name: Stephanie (11p-7a) Individuals assigned: WH JM Reviewed assignment:
ASLEEP	Noble	Andrea	Andrea	Andrea	Andrea	Noble	Noble

MODERN DAY MORNING SHOWERS STARTS AT 6AM
ON MONDAY MORNING, WE MUST START BREAKFAST 7AM
ALL OVERNIGHT STAFF MUST TAKE A SHOWER PRIOR TO STARTING WORK
ALL STAFF WHO HAS WH MUST START BREAKFAST 7AM
ALL ROUTES MUST START AT 7AM MORNING & 1PM EVENING
SAURDLY & SUNDAY MORNING START AT 6AM

**** NO STAFF ARE ALLOWED TO WRITE ON SCHEDULE ONLY MANAGEMENT ****

Reviewed Assignment: I am attesting I have reviewed my fire evacuation critical and individual assignments for today at the start of my shift as per this schedule and I am aware of all current guidelines for my relevant assignments. Should I be sub staff, I am attesting the manager or designee (AMAP on duty) has reviewed the current guidelines for individuals assigned with me at the start of my shift.

For Overnights the manager or designated staff must ensure the sub staff has reviewed guidelines prior to completing their shift if not on duty with the assigned sub staff

Reviewed by: _____
 (Manager name and signature)

PAUL CUSANELLI

Date of Birth: 10/23/1992

Life Plan / ISP

Physical: 38 Kirkland Drive
GreenLawn, NY 11740

Preferred Name:

Phone: (631) 860-1356

Medicaid #: DD84560X

Enrollment Date: 7/1/2024

Medicare #: 3DM8T36WH54

Tab ID #: 224227

Willowbrook Member: No

Plan Effective Dates: 8/14/2025 - 8/31/2026

Care Design NY

Care Manager: Margaret Robinson

Address: 8 Southwoods Blvd., Suite 110
Albany, NY 12211

Phone: (518) 419-3222

Email:

mrobinson@caresignny.org

Company Emergency/

After Hours Phone:

1-877-855-3673

Provider ID: 05067381

Electronically Signed By:

Author: Margaret Robinson (Senior Care Manager) on 8/22/2025 10:28:47 AM

Auditor: Diana Levy (Care Manager Director) on 8/25/2025 3:59:24 PM

MEETING HISTORY

Plan Review Date	Reason For Meeting	Member Attendance
8/14/2025 10:00:00	Annual Face to Face ~ This annual life plan meeting is being conducted so that Paul may create his person-centered plan with his team.	In Person

SECTION I

ASSESSMENT NARRATIVE SUMMARY

This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person-centered planning process, record review and any assessments reviewed and/or completed.

<p>My Health & My Medications:</p>	<p>I have a diagnosis of hypothyroidism, Potocki-shaffer genetic disorder, Vitamin D deficiency, severe intellectual disability, anxiety, renal and uretic calculus, HTN. I have no known food allergies. I have an allergy to the medication penicillin and sulfur. Overall I feel pretty healthy at this time. My current medications include calcium carbonate, Fosamax, vitamin D3, MiraLAX. I require total assistance with taking my medications which is provided by my IRA staff. I take my medications with applesauce then I usually like to wash it all down with some water as well. I currently follow eating guidelines that requires my food to be cut into half inch pieces, meat is to be cut into quarter inch pieces. These eating guidelines are in place due to me having difficulty with pacing myself which causes me to be at risk for choking. Additionally, I currently follow an 1800 calorie per day regimen put into place by my doctor. I ambulate independently with no restrictions but do slouch a bit while walking. I require assistance with scheduling and attending all of my medical appointments. My IRA staff will assist me with managing my appointments and attending with me. My father is my healthcare proxy. I do not have any advanced directives in place.</p>
<p>My Relationships:</p>	<p>My family is very involved my life, especially my father who is my legal guardian. My father tries to take me home for visits during holidays and other special events, although sometimes it is tough due to the distance. My dad does visit me almost every Sunday, usually we will go out to lunch and spend quality time together. Sadly, my mother passed away in February of 2012. I have one brother and one sister who I am also close with. They are both married and have families of their own, but they occasionally visit me and we go out to dinner along with our dad; which I love to do. I also have a step-mother and step-brother. While I have not spent an overnight at my father's house in some time, it is the intention of the IDT to reserve my bed during therapeutic home leave should I do so. I will typically use therapeutic leave days for overnight and weekend visitation and holidays with family, advocates and/or friends, as well as while on vacation. I have a close relationship with my residential manager and the staff who support me at my home. I have relationships with my peers but at time they can cause me some frustrations. Overall I have a great team and have meaningful relationships which I cherish very much.</p>
<p>My Happiness:</p>	<p>I enjoy watching videos on my iPad, including YouTube, episodes of Clifford the Big Red Dog, and Blues Clues. I also like watching old black and white shows with my peers in the house Rec Room. I like going out in the community to go bowling, attending local fairs/carnivals and trips to get ice cream and smoothies. I am generally very happy and enjoy both my peers and my staff. I love to dance, bowling, and bingo. I also enjoy going to camp. Camp is essential to give relief to my caregivers from their caregiving duties. It also allows me to integrate with more peers like myself and allows me to be social with them. The only times I get upset is at times I may try to use my housemates belongings such as their iPad/DVD player. When my peers take back their item from me I may become upset. Also when one of my peers is expressing loud or disruptive behaviors this may update me as well. My favorite thing in my life is when my dad comes to visit me. I love when my dad comes and we will often go out to lunch or go back to his home in Stoney Brook to spend quality time together. I like to follow a routine. When my routine is disrupted I may become frustrated. My monitoring plan is in place to assist staff with helping me when I am displaying challenging behaviors or to assist with avoiding these behaviors all together.</p>
<p>My School:</p>	<p>I do not go to school.</p>

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (Including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I need supervision in the community	(S) Range of Sight or Scan	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) Range of Sight or Scan	NASSAU CO. NYSARC, INC. 2555 HEMPSTEAD TURNPIKE-2555 HEMPSTEAD TURNPIKE-EAST MEADOW	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None
I need supervision during the night	(S) Periodic Checks - Checks every 15 minutes	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Provide total assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I want to move safely	(S) Follow physical therapy guidelines	NASSAU CO. NYSARC, INC. 2555 HEMPSTEAD TURNPIKE-2555 HEMPSTEAD TURNPIKE-EAST MEADOW	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
Evacuate in an emergency	(S) Verbal prompt to begin	NASSAU CO. NYSARC, INC. 2555 HEMPSTEAD TURNPIKE-2555 HEMPSTEAD TURNPIKE-EAST MEADOW	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None
Eating Guidelines	(S) Follow 1800 calorie diet. Food cut to 1/2" pieces; meat cut to 1/4" pieces	NASSAU CO. NYSARC, INC. 2555 HEMPSTEAD TURNPIKE-2555 HEMPSTEAD TURNPIKE-EAST MEADOW	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None
Eating Guidelines	(S) Follow individualized eating guidelines	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION IV

HCBS WAIVER SERVICES AND MEDICAID STATE PLAN AUTHORIZED SERVICES

This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.

Authorized Service	Provider / Facility	Effective Dates	Qty	Unit	Per	Total Units	Comments
Day Habilitation Site Based	NASSAU CO. NYSARC, INC. 2555 HEMPSTEAD TURNPIKE-2555 HEMPSTEAD TURNPIKE-EAST MEADOW	08/14/2025 - 08/31/2026 Duration: Ongoing	5.0000	DAY	Week	215.0000	

SECTION VI

Summary of IDT Meeting: 8/14/2025

SCM met in-person with Paul and his day program assistant manager, Barbara Valdina, at his AHRC Nassau Day Hab in order to conduct this life plan meeting. Participating remotely were his father, Thomas Cusanelli, and Citizens Residential Assistant Director Sichole Jackson. Paul was content with the time, date, and team members present. Prior to today's meeting, SCM provided (in writing via secure email) the annual reminder of rights under the ADA, including the incident reporting brochure and grievance process. SCM conducted a social needs screening during the IAM and there were no concerns for Paul's safety at his IRA. SCM is working with the residence and Paul's dad to update the annual consent form using Adobe Sign. Paul had just returned to program this week, as he was at Camp Paquatuck last week - something that brings him a great deal of joy and meaning. He is thriving at day program, always looking for ways to help others and be active. Paul's goals at program will focus on improving his health through hygiene, and being helpful. He and his father are happy with the program. Paul is also doing very well at his IRA. He is still in touch with staff and former housemates from his last setting (and ICF that transitioned to and IRA) but is making friends at his home. His goals include learning positive communication skills and learning skills for independent living. His father is pleased with the residential placement. Except for those meetings which are required by OPWDD to be in-person, Paul would like to receive his care management supports flexibly, by choosing which meetings will be in-person and which will be conducted remotely via telehealth. Should he or his father wish to change this at any time, they need only reach out to their care manager, who will create a plan addendum.

I get the last word:

Paul chose to leave his meeting early.

My Care Manager has informed me of:

- My rights under the Americans With Disabilities Act (ADA)
- How to obtain reasonable accommodations (my reasonable accommodations are listed in my Life Plan)
- How to file a grievance or an appeal

IDT Meeting Attendance				Date: 8/14/2025	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	PAUL CUSANELLI	In Person		Approved by Member Advocate or Guardian	Aug 20 2025 4:18PM
Care Manager	Margaret Robinson	In Person		Electronic Approval	Aug 25 2025 4:19PM
DD Provider (Day Habilitation)	Sonja Coston	Represented	Barbara Valdina, in person		
DD Provider (Residence Habilitation)	Amanda Legros	Represented	Sichole Jackson, by video		
Natural Support (Primary Contact)	Thomas Cusanelli	Video Conference		Written Approval	Aug 20 2025 4:18PM

- * The above signed IDT members attest to their involvement in the IDT process and acknowledge that goals and supports were discussed
- * The CM signature attests to the fact that this LP is an accurate reflection of what was approved by the participant
- * Signing the PCSP does not preclude my right or my authorized representative's or designee's or the right of another attendee to appeal the PCSP.

AHRC NASSAU
Individual Plan of Protective Oversight

NAME: Paul Cusanelli
LAST UPDATE: 10/3/2024

NAME I PREFER TO BE CALLED: Paul/Pauly

I need the following level(s) of supervision to ensure my safety at all times:

Location/Level	Independent	Independent with staff	Periodic checks	Range of Sight or Scan	1:1 (or more) Supervision
In Common areas (home, work, program)			X (15min)		
In the Bathroom		X (toileting)			X (showering)
In my Bedroom			X (15min)		
While Eating/Dining area				X	
While ambulating				X	
In the community				X	
While I'm Asleep			X (15 min)		
Other: Ambulating uneven terrain, stairs, and transferring in and out of high step van					X

Allergies:

- Penicillin; Sulfonamides

My Health Care and Medical Administration:

I receive my medications at home. Any routine medication or OTC that I may need will be administered by a trained AMAP staff.

Reporting:

- I am unable to report when I do not feel well
- I require assistance on medical appointments.

General Information:

Please refer to my Nursing Care Plan for Medical History, Guidelines and further information.
I take my medications in applesauce followed with water.
I need assistance to take my medication

My Meals and Nutrition:

It is important to closely follow all items below to be sure I eat safely and as independently as possible. I follow a diet order.

I use the below adaptive equipment:

- Dycem Mat
- Scoop plate/bowl

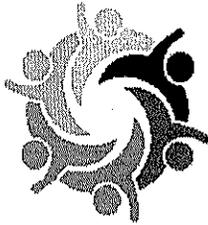
My food consistency is:

- 1/2 inch Pieces
- 1/4 inch meats
- Thin Liquids

General Information:

I need staff assistance while eating. Please refer to my eating guidelines and diet order.
Please encourage me to drink lots of fluids.
Please assist me to make healthy food choices.

Physical Therapy: Guidelines are in place for optimally safe and functional ambulation, primarily for outdoors. Refer to PT guidelines for further information.



Citizens Options Unlimited

38 Kirkland Drive, Greenlawn NY11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic: Paul Cusanelli's IPOP Review

Presented by: Amanda Legros

Date initiated: 10/03/24

Print Name	Signature	Title	Date
Amanda Legros		Manager	10/6/24
Scheidise Paul		Assistant Manager	10/6/24
Coretta Brown		DSP	10/9/24
Matthew Mcrae		DSP	10-8-24
Albee Jules		DSP	
Claude Borgart		DSP	10/22/24
Marie Suzie Anttenor		DSP	10/08/24
Noble Benoit		DSP	10/10/24
Steven Lennon		DSP	
Jaxon Placide		DSP	10-6-24
Louise Rho		DSP	10/6/24
Stephane Casseus		DSP	10/25/24
Jean Robert Dupont		DSP	10-06-24
Andrea Epps		DSP	10/6/24
Melri Mide		DSP	10/6/24
Kyle Makinen		DSP	4/18/25
Jacques Charles		Asst mgs	7/6/25
Evelyn Vales		DSP	8/22/25
CHRISTINA MORANO		DSP	9/4/25
Samuel Ray		DSP	9/11/25
John Reynolds		DSP	9/11/25
MAKHO TULLOCH		DSP	9/11/25

My Relationships:	My preferred staff is important to me. I am a triplet and I have special relationships with my siblings. My parents are my legal guardians. I visit my parents at times when they are able to accommodate a visit.
My Happiness:	I like to watch TV in my room. I also like to use my tablet to watch Barney and We Sing. I enjoy relaxing outdoors, watching the wind blow in the trees, and going on outings to the park and McDonald's. I like to get the staff's attention and interact with my 1:1 staff. I am aware of my environment and familiar people. I like to go out into the community.
My School:	I don't attend school.

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (Including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I need supervision at home	(S) Other: 1:1 during waking hours. 7 am to 11pm (including while in the bathroom/showering), with privacy while in my bedroom	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) 1 to 1 at all times	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) 1 to 1 at all times	NASSAU CO. NYSARC, INC. 95 FLORAL DR-95 FLORAL DRIVE WEST-PLAINVIEW	Day Habilitation	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Nick requires 1:1 assistance to evacuate in the event of an emergency	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Nick requires 1:1 assistance to evacuate in the event of an emergency	NASSAU CO. NYSARC, INC. 95 FLORAL DR-95 FLORAL DRIVE WEST-PLAINVIEW	Day Habilitation	Ongoing	Ongoing	Ongoing	None

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
Eating guidelines	(S) I am supported with 1/2" diet with double portions and utilize an inner lip plate and right angled spoon	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Extensive assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision at night.	(S) Location Awareness at night	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION IV

HCBS WAIVER SERVICES AND MEDICAID STATE PLAN AUTHORIZED SERVICES

This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.

Authorized Service	Provider / Facility	Effective Dates	Qty	Unit	Per	Total Units	Comments
Day Habilitation	NASSAU CO. NYSARC, INC. 95 FLORAL DR-95 FLORAL DRIVE WEST-PLAINVIEW	02/11/2025 - 02/28/2026 Duration: Ongoing		DAY		215.0000	

Visiting Eye Care	Ophthalmologist	Health Care Provider	320 Hempstead Ave. West Hempstead, NY 11552	(516) 565-2616 (Primary) ~
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Natural Support (Mother, Primary Contact)	Lisa Jacovelli	Absent - Will Review Plan Within 3 Days			
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- * The above signed IDT members attest to their involvement in the IDT process and acknowledge that goals and supports were discussed
- * The CM signature attests to the fact that this LP is an accurate reflection of what was approved by the participant
- * Signing the PCSP does not preclude my right or my authorized representative's or designee's or the right of another attendee to appeal the PCSP.

**Citizen's Options Unlimited
Individual Plan of Protective Oversight**

NAME: Nicholas Jacovelli
LAST UPDATE: 2.27.24

NAME I PREFER TO BE CALLED: Nick/ Nicky

I need the following level(s) of supervision to ensure my safety at all times:

Location/Level	Independent	Independent with staff	Periodic checks	Range of Sight or Scan	1:1 (or more) Supervision
In Common areas (home, work, program)					X
In the Bathroom				X	
In my Bedroom					X
While Eating/Dining area					X
While ambulating					X
In the community					X
While I'm Asleep			X		
Other: (specify)					

Allergies:

- Benadryl
- Melatonin

My Health Care and Medical Administration:

- I receive my medications at home. Any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I do attend day program and any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I require staff to schedule and take me to all my medical appointments.
- Bowel management with charting
- Provide some assistance with ADLs

Reporting:

I am unable to report when I do not feel well.

General Information:

Please refer to my Nursing Care Plan for Medical History, Guidelines and further information.

How do I take my medications?

Do I need assistance to take my medications?

My Meals and Nutrition:

It is important to closely follow all items below to be sure I eat safely and as independently as possible. I follow a diet order.

<p>I use the below adaptive equipment:</p> <ul style="list-style-type: none"> • Angled Spoon • Inner Plater • Padded Chair while at Dining Table 	<p>My food consistency is:</p> <ul style="list-style-type: none"> • Food cut to ½ inch. • Drink: All liquids allowed including thin liquids. • Staff should provide verbal prompts when necessary for Nicholas to take a sip of drink after every few bites of food. • Staff to provide verbal prompts when necessary for Nicholas to: Sit upright in his chair with his head in a neutral position while eating. Chew thoroughly. Eat slowly. Take a small amount of food on fork or spoon. "Chew" and swallow completely before taking additional food. Take small sips of drink throughout the meal. • Arm's length supervision
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General Information:
 I need staff assistance while eating. Please refer to my eating guidelines and diet order.

Please encourage me to drink lots of fluids.

Please assist me to make healthy food choices.

Nicholas dines in a Padded Chair while at Dining Table

Physical Therapy: N/A

<p>Adaptive Equipment:</p> <ul style="list-style-type: none"> • Padded shoulder/sleeve protector • Padded headboard • Padded dining chair • Freedom Divided plate 	<p>Guidelines:</p> <ul style="list-style-type: none"> • I am able to ambulate independently within my home however I require 1:1 staff assistance due to SIB behaviors. 	<p>Day Program:</p> <ul style="list-style-type: none"> • N/A
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General Information:
 Please see ambulation assessment for further information.

My Psychological Supports: I am on a BSP and the BIS comes to my residence.

My Safety In My Home/Apartment/Day Program: I cannot be left home alone up at this time. I am unable to report to staff if I am being mistreated or hurt. Staff will ensure my safety at all times.

<p>Emergency Situations:</p> <ul style="list-style-type: none"> • I participate in monthly fire drills at my residence. • I am not able to evacuate during an emergency. I require 1:1 assistance to evacuate and 1:1 staff to wait in the meeting place. • I am unable to call 911 or relay pertinent information to emergency personnel. • During the overnight I require 1:1 assistance to evacuate and 1:1 	<p>Home Safety:</p> <ul style="list-style-type: none"> • I am unable to use the stove/microwave independently and require staff to prepare my meals. • I am unable to independently regulate water temperatures. • I am able to sleep through the night independently however I do need staff to check on every 1 hour to ensure my safety. • I require 1:1 staff supervision to ensure my safety. I can spend 	<p>Privacy:</p> <ul style="list-style-type: none"> • I need assistance when it comes to maintaining my privacy. I am reminded by staff of the importance of privacy in the bathroom or bedroom etc... Please encourage me to keep the door/blinds closed when I am dressing or showering. • When I am in my bedroom or the bathroom staff should sit right outside the door to ensure my privacy and still provide specific
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<p>staff to wait in the meeting place.</p>	<p>time alone in my room but staff must check on me to ensure that I am safe and assistance is given to me if needed.</p> <ul style="list-style-type: none"> I do not have a bedtime however, I will retreat to my room when I am tired or want to be left alone. While in my home I require 1:1 assistance. 	<p>location awareness.</p>
<p>Safety Equipment:</p> <ul style="list-style-type: none"> Complete bed checks every 1 hour while sleeping. Bedroom door alarm during hours of sleep. 	<ul style="list-style-type: none"> I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming staff must notify management and get me a swim assessment before I can go swimming. 	<p>Day Program: (Include info that pertains to day program that is different from the residence)</p> <ul style="list-style-type: none"> N/A
<p>General Information: (Information should match e- scores, fire evac plans, medical concerns, behavior plans for specific situations)</p>		

<p>My Safety in the Community: I require a 1:1 staff with me during waking hours (7am-11pm).</p>		
<p>Vehicle Safety:</p> <ul style="list-style-type: none"> I am unable to remain in the vehicle unsupervised. I require assistance with my seat belt. I at times will try to unfasten my seatbelt to move around the vehicle. Staff should be aware and remind me to sit down and fasten my seatbelt. The driver of the van can act as my 1:1 if I am being transported alone. 	<p>Community Safety</p> <ul style="list-style-type: none"> I am not able to travel independently and require staff assistance to cross major intersections and ensure my safety in a parking lot. I do not know how to protect myself from strangers or dangerous situations and require staff assistance to ensure my safety at all times. In the community I need 1:1 supervision all times. I am unable to regulate water temperature out in the community and require staff assistance to do so in community restrooms. I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming staff must notify management and get me a swim assessment before I can go swimming. 	<p>Financials:</p> <ul style="list-style-type: none"> I am unable to make purchases on my own purchases and require assistance to ensure I receive the proper receipt and change for my purchase.
<p>Cell Phones:</p> <ul style="list-style-type: none"> I do not carry a cell phone as I am unable to use it to call for assistance. 		<p>Day Program: (Include info that pertains to day program that is different from the residence)</p> <ul style="list-style-type: none"> While being transported from home to day program, I buckle my seatbelt.

General Information:
Please refer to Remaining Home Assessments, Financial Assessments and Community Assessments for more information.

<p>My Personal Preferences:</p>		
<p>Likes:</p> <ul style="list-style-type: none"> Please call me Nick I love to watch Barney I love to celebrate my birthday with 	<p>Dislikes:</p> <ul style="list-style-type: none"> I get anxious when I don't get what I want. When my iPad does not work. 	<p>FEARS:</p>

pizza, cake and friends • I love Pasta • I love to go on Rec • I love to take Hot showers • I love to go on Van rides • I love to go on Youtube on my iPad		
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**My Protective Oversight is reviewed every six months or whenever my needs change. Please notify a supervisor if you believe that this document does not accurately reflect my needs.
Please only provide the level of support I need to assist and support me in my decisions.**

The above information was reviewed with me by: _____ **On** _____

_____ Amanda Legros, Manager _____ 2/27/24
 (Name & title of reviewer - manager, site supervisor) (Date)

Choose One:

I am in agreement with all the above items (safeguards i.e. ambulation belt, helmet, alarms, monitors, bed safety equipment, and money management, time alone, meals/nutrition, etc.)

I am Not in agreement with all the above items. Specifically :

If not in agreement, a team meeting has been scheduled on: _____
 Meeting Date (required within 10 days)

Unable to sign
 Person's Signature

JOHN MCCABE

Date of Birth: 5/17/1991

Life Plan / ISP

Physical: 38 Kirkland Dr.
Greenlawn, NY 11740

Preferred Name:

Phone: (631) 651-5115

Medicaid #: DB90815F

Enrollment Date: 7/1/2018

Medicare #: 9EQ0M05CY49

Tab ID #: 263819

Willowbrook Member: No

Plan Effective Dates: 5/8/2024 - 5/31/2025

Care Design NY

Care Manager: Melissa Betances

Address: 8 Southwoods Blvd., Suite 110
Albany, NY 12211

Phone: (518) 816-9956

Email:

mbetances@caredesignny.org

Company Emergency/

After Hours Phone:

1-877-855-3673

Provider ID: 05067381

Electronically Signed By:

Author: Melissa Betances (Care Manager) on 12/23/2024 2:41:49 PM

Auditor: Jocelyn Zeller (Regional Care Manager Director) on 12/23/2024 3:22:04 PM

MEETING HISTORY

Plan Review Date	Reason For Meeting	Member Attendance
11/12/2024 10:00:00	Semi-Annual/Routine Review ~ IDT met for John's Semi-Annual Life Plan Meeting	In Person
5/8/2024 10:00:00	Annual Face to Face ~ IDT met for John's Annual Life Plan Meeting	In Person

SECTION I

ASSESSMENT NARRATIVE SUMMARY

This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person-centered planning process, record review and any assessments reviewed and/or completed.

Introducing Me:

(12/23/24 2:33:28 PM) My name is John, sometimes my family calls me Johnnie. I have dark hair and a wonderful smile. I am unable to express myself using words. I often use gestures or noises to express that I want something or am not content. I require assistance from staff or my family with reading, writing, telling time, and doing math as I am unable to do these tasks myself. I require total assistance with managing my finances and benefits provided by my staff or natural support as I lack the ability to do so myself. The house manager is responsible for managing my finances and Citizens Inc is my representative payee. My personal expenditure plan is reviewed on an annual basis. I would require full assistance when making monetary transactions as I do not understand the concept and utilization of money. I am able to walk with supervision and I am happy when I do. Walking is also good for me it improves my muscle strength and body functioning. Otherwise, I do have a wheelchair that I use for the majority of my ambulation. I moved into a residential home in February of 2021. Thus far, the transition has been going relatively well, but my supports are working closely with my residential team to ensure that staff have a good understanding of my needs. I do not have a non-drivers ID however I would be interested in getting one. My family consists of my mother Debra and sisters Kathleen and Kerri and my support team. My mother is my legal guardian and consents on my behalf, and my sisters are my alternative guardians. My sisters have been meeting with my residential team to ensure they're aware of my needs, such as hygiene and diet, and how to best work with me. My family and I celebrate Christian holidays and National holidays together. I am not a registered voter and would not understand the process.

I receive Care Management services from Care Design New York. My care manager assists me with obtaining and maintaining my waiver services, as well as monitoring my services and health. I am currently utilizing group day habilitation services through HIA and residential habilitation services through Citizens. At this time, I am not seeking any additional services. I receive SSI, Medicare and Medicaid. A CAS assessment has been completed with me on 7/13/21. The results of the CAS assessment were shared with my team and me.

My Home:	(12/23/24 2:33:28 PM) I live in a two-story Citizens Options INC residential home in Greenlawn, NY. I moved here in February of 2021. The home is a two-story home with an accessible environment. I primarily live on the first floor in my own bedroom that is decorated with pictures of my family and just how I like it. The second floor is used for the clinicians and overnight staff. Previously, I was living with my father and was being taken care of by him. However, he passed away unexpectedly in 2020 which prompted my support team to seek residential placement. My family and I were provided choices regarding available placement opportunities as I explored and chose the placement opportunity offered by Citizens. I really enjoy the residence in which I live and really enjoy going out into the community with my staff and peers (especially for ice-cream). There are 5 other housemates that live with me. In October of this year, one of my housemates moved out and I have a new housemate who I am learning to get to know. I also enjoy going to the park in Sayville, NY with my family, the local movies and bowling. I do not have a key to my house, nor would I want one. However, I, as well as my housemates, all have locks to our bedroom doors so that we have the option to request privacy or lock our rooms when we are not there. There is a master key, a manager key, and a key for me above my door if I need help from staff to get in and out. I do not have my own cell phone. In my bedroom I have a special mattress for comfort. I need full assistance to complete my ADL skills provided by my staff and need to wear adult depends. I need full assistance to complete my personal hygiene tasks. I need full assistance to shave, take a bath and have my diaper changed. My staff needs to assist me with regulating my water temperatures. I need to be changed several times a day. Residential staff assists me in administering all medication as I require support to do so. I require full assistance with meal preparation. My residential staff assists me with preparing and cooking meals for me. I am unable to use a stove, microwave, or knives independently and would require assistance to do so. In order to be a contributing member of the household, I require extensive support in completing daily chores, and household responsibilities. I have no rights restrictions at my home, and I have access to all areas of my home. My home is equipped with a smoke alarm and carbon monoxide detectors. In the event of an emergency, I would require full assistance provided by my staff to evacuate my home/area. I would require full assistance to call 911 as I am unable to use a phone. My residence ensures to run monthly fire drills to help keep me safe and, on my toes, should a true emergency arise. There are 3 methods of egress in the residence, and they are the front door, the back door in the dining room, and the back door in the back hallway. My residence is also equipped with a sprinkler system and hooked up to central station. I am always supervised by staff at home and in the community to ensure my safety. In the event of an overnight hospitalization, I would require staff to be present overnight for my safety. My care manager has made me and my team aware that CDNY's after-hours emergency number is 1-877-855-3673.
Let me tell you about my day:	(12/23/24 2:33:28 PM) I attend the Head Injury Association site-based day habilitation program 5 days a week in Hauppauge. I am transported in my wheelchair by bus. I enjoy the activities at my day hab site. Some of the recreational activities I enjoy in my classroom are Zumba, Meditation and Yoga. I participate in Zumba at least 2-3 times per week. At my day program, I need a lot of care and help with eating, and I need to be changed a few times a day as I wear adult depends. Last year I moved to a different classroom. I really enjoy having a more active room with other people who are more ambulatory than I am. I am able to walk with supervision, locking arms with a staff and I am happy when I do. Walking is also good for me it improves my muscle strength and body functioning. My peers are interesting to watch when they move and do things in the class. I like to walk with them, and I like to listen to music and watch videos in the classroom. We have a nurse at my program to look after my health. My family is pleased with my placement at the Head Injury Association. At Head Injury I work on being more independent by learning positive communication skills. I'm encouraged to communicate with peers through gestures. Staff report that I try to communicate on my own, by taking my staff's hand and showing them (for example when I want to eat). I like my day program at the Head Injury Association. I need total assistance to do my ADL skills during the day. The day program staff assists me with my ADLs. I am not on a behavior support plan at the program and there are no rights restrictions. I require range of scan supervision while at the program.

My Health & My Medications:

(12/23/24 2:33:28 PM) I am very healthy. I have a developmental disability of Profound ID and a Brain disorder that my doctors have been unable to identify. According to my doctor's and extensive testing I do not have seizures. My apnea might resemble a seizure, but it is not. It is due to hyperventilation. I have never had any surgeries. I utilize adult diapers, a shower chair, a special mattress and a wheelchair. I need full assistance to take my medications and prefer to take them with applesauce. I don't have any advance directives or wills in place at this time. I do not utilize any therapeutic services. I had my most recent physical on 11/19/24 and I received my flu shot at that time. I had my most recent dental appointment in 9/6/24. At that time I needed to go under anesthesia for dental work as I have difficulties with opening my mouth during routine cleanings. I received both initial doses of the Modern Covid19 vaccine on 2/26/21 and 3/26/21. I have not yet received the booster shot. I have a Neurologist that I see several times a year, a Dentist who oversees my oral health twice a year or on an as needed basis and a Podiatrist to manage my foot health. In an emergency I would visit Huntington Hospital and Chem RX in Uniondale is my pharmacy for my medication.

I am rarely absent from my day program. My psychiatrist prescribes Risperidone and Klonopin for me. It seems to help with my anxiety and apnea episodes. I have a history of bouts of apnea in which I would hyperventilate, and my lips were blueish. I had these episodes during the day on a daily basis for months at a time. Then for periods of time, I would have none. This seemed to happen when I was anxious, however, the doctors do not know for sure what caused this to happen. I have medication that seemed at the time to help with these episodes. I would always start breathing normally after a minute or two. For the last several years I have not had any episodes of daytime apnea at all, which is a long time for me. My staff are aware of the daytime apnea and know that it's important for me to stay well hydrated. My family and staff also try to make sure I have snacks in between meals so that I do not become weak and possibly have a daytime apnea episode. As stated, if it happens, I usually start breathing normally again after a minute or two. I ambulate with supervision as I am at risk for falls. I need someone with me to ensure I do not fall. I sometimes just want to stand and rock myself from foot to foot. I need a wide base of support to walk. I may fall if there are uneven surfaces or steps. I use my wheelchair for long distances and for transportation. My wheelchair is currently in the process of being repaired and the team is working to get me a loaner wheelchair to help me to ambulate to day program until my personal wheelchair is repaired. My overall health is good. There are no advanced directives, wills, or healthcare proxy's in place for me at this time.

I do not have any known allergies. I am not on a special diet; however, my food is cut up in 1/4 pieces to prevent choking as a precaution. I am not a choking risk. I was reevaluated in February of 2022 for a swallowing evaluation, and it was determined that I will remain on cutting up my food in 1/4 inch pieces and drinking clear liquids for my safety.

On 12/5/21 there was an incident at my home which was reported to my care manager by my sister Kathleen Magistro. It is reported that my staff had left me in my room undressed and unattended and while my staff went to the bathroom to start the water for my shower, the staff member came back and when he returned, I had significant scratches on the upper portion of my body (arms, neck, chest, back and stomach). There were several scratches and some of them were bleeding. It is reported to be an injury of unknown origin because no staff members had observed anything. The house supervisor had informed my sister Kathleen of the incident and it was reported to the Justice Center. After several months, the result of the investigation came back unfounded, however, to keep myself safe, staff are keeping me supervised and not leaving my housemates and I alone.

My Relationships:	<p>(12/23/24 2:33:28 PM) I love being around my family. My sisters Kathleen and Kerri come visit me often, and my mother comes to pick me up every weekend from Saturday - Sunday or as often as she can as well. My family members care deeply for me and always check in to make sure I'm okay. My father was my primary caretaker; however, he passed away unexpectedly in 2020. My sisters are fun to be around. They take me to community events, and they take me with them to their houses when they can. I often see my mother when my sister's take me home to their houses, and she comes to visit my home as well. Sometimes my sisters or my mother will come to bring me dinner and spend time with me during the week. My sister's husbands are very nice and supportive of me. My sister Kathleen recently had a baby boy. I am so thrilled to be an uncle again. I'm ok with my housemates and my peers at my day program are ok. I do not interact much with them however I often watch them and enjoy the things they do. My classroom staff knows that I like music and videos at my program. I like toys that make noise and I enjoy walking around the building and engaging in the activities provided. I like special occasions when my mom comes to join us at the program. One of my sisters, Kerri is married and I have a nephew. My other sister Kathleen got married this year. My family is my greatest support system, and My Mother Debra is my legal guardian.</p>
My Happiness:	<p>(12/23/24 2:33:28 PM) Even though I am sometimes anxious, my medication seems to help me. I am pretty happy most of the time. I have big blue eyes and I give a look my mom calls "the eyes" Everyone sees this and mentions it. I guess I look charming! I like most people I meet, and I am often smiling. I get excited when I see new people. When I appear to be familiar with people, I rock my body and squeal a lot. I am happiest when I am in the pool or playing with my toys. I enjoy my day program and the people in my life. I want to continue spending time with my family and doing things that make me happy.</p> <p>If something is bothering me or I am feeling under the weather or unwell, I may appear to show signs of agitation and I may not want to eat any food. When I get in this mood it helps if someone talks me through it and continues to offer me my meals.</p>
My School:	<p>(12/23/24 2:33:28 PM) NA</p>

SECTION II

OUTCOMES AND SUPPORT STRATEGIES

This section includes measurable/observable personal outcomes that are developed by the person and his/her circle of support using person centered planning. Provider goals and corresponding staff activities have been developed to meet each Goal/Valued Outcome. Please refer to provider plans for specific goals and staff activities/actions. Evidence of achievement will be reflected in monthly notes from assigned providers.

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	TimeFrame	Special Considerations
People choose personal goals	I would like to be more independent.	(G) Teach positive communication skills	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
People choose personal goals	I would like to be more independent.	(G) Assist person to actively develop personal goals	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
People choose personal goals	I would like to improve my independent living skills	(G) Teach skills for independent living	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
People realize personal goals	I would like to be involved in recreational activities.	(G) Staff will provide structured recreational activities.	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION III							
INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)							
<i>Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (Including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.</i>							
Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I need supervision at home	(S) Range of Sight or Scan	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) Range of Scan and support when walking	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) Range of Sight or Scan	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Physical assistance to exit, Use wheelchair to exit, Assist to remain in safe place	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Physical assistance to exit, Use wheelchair to exit, Assist to remain in safe place	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
Call for help	(S) Cannot call for help without assistance	HEAD INJURY ASSOCIATION , INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE- HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
Call for help	(S) Cannot call for help without assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE- GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Eating Guidelines	(S) Regular diet. Needs food cut up in 1/4 inch pieces. Only thin liquids	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE- GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Eating Guidelines	(S) Regular diet. Needs food cut up in 1/4 inch pieces. Only thin liquids	HEAD INJURY ASSOCIATION , INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE- HAUPPAUGE	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None
I would like assistance with my ADL's and toileting	(S) Staff will provide full assistance with ADLs and toileting.	HEAD INJURY ASSOCIATION , INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE- HAUPPAUGE	Day Habilitation	Ongoing	Ongoing	Ongoing	None

SECTION III**INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)**

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I would like assistance with my ADL's and toileting	(S) Staff will provide full assistance with ADLs and toileting.	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Provide total assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Provide assistance with personal hygiene skills with	(S) Extensive assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the building	(S) Independent with Staff Present	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	Day Habilitation Site Based	Ongoing	Ongoing	Ongoing	None
I need supervision during the night	(S) Responsible adult present with 30 minute checks	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

SECTION IV							
HCBS WAIVER SERVICES AND MEDICAID STATE PLAN AUTHORIZED SERVICES							
<i>This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.</i>							
Authorized Service	Provider / Facility	Effective Dates	Qty	Unit	Per	Total Units	Comments
CCO Health Home	CARE DESIGN NY, LLC CD HEALTH HOME 0225-8 SOUTHWOODS BLVD	05/08/2024 - 05/31/2025 Duration: Ongoing		MONTH		12.0000	
Day Habilitation Site Based	HEAD INJURY ASSOCIATION, INC. HAUPPAUGE DAY HAB 1-300 KENNEDY DRIVE-HAUPPAUGE	05/08/2024 - 05/31/2025 Duration: Ongoing		DAY		215.0000	on going as authorized
Residential Habilitation - Supervised	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	05/08/2024 - 05/31/2025 Duration: Ongoing		DAY		365.0000	ongoing as authorized

SECTION V				
ALL SUPPORTS AND SERVICES; FUNDED AND NATURAL/COMMUNITY RESOURCES				
<i>This section identified the services and support givers in a person's life along with the needed contact information. Additionally, all Natural Supports and Community Resources that help the person be a valued individual of his or her community and live successfully on a day-to-day basis at home, at work, at school, or in other community locations should be listed with contact information as appropriate.</i>				
Name	Relationship	Role	Address	Phone
Kerri Flandina	Sibling	Natural Support	20 Sequams Lane East West Islip, NY 11795	(631) 943-4573 (Primary)
Kathleen Magistro	Sibling	Natural Support	20 Sequams Lane East West Islip, NY 11795	(631) 943-4574 (Primary)
Debra McCabe	Mother	Natural Support	48 James Way Bayport, NY 11705	(631) 538-8200 (Primary)

MEMBER PROVIDERS				
Name	Relationship	Role	Address	Phone
Advanced Dermatology	Dermatologist	DD Provider	510 Montauk Highway West Islip, NY 11795	631-587-1132 (Primary) ~
Amanda Legros	Manager	DD Provider	38 Kirkland Drive Greenlawn, NY	(631) 651-5115 (Primary) ~
Chem Rx, LLC PharMerica	Pharmacy	Health Care Provider	51 Charles Lindbergh Blvd Uniondale, NY 11553-3658	(516) 536-0800 (Primary) ~

Dina Nickel	Assistant Director	DD Provider	300 Kennedy Dr. Hauppauge, NY 11788	(631) 543-2245 ext. 4055 (Primary) ~
Dinesh Shukla	Neurologist	Health Care Provider	120 Plant Avenue Hauppauge, New York 11788	631-650-2510 (Primary) ~
Doris Ren	Behavior Specialist (Effective on 2024-05 -08)	DD Provider	38 Kirkland Drive Greenlawn, NY 11740	631-651-5115 (Primary) ~
Dr. Edward Perlow	Dentist	Health Care Provider	2 Kent Road New Hyde Park, NY 11040	516-354-3488 (Primary) ~
Dr. Vlasi Baktidy, MD	Pulmonologist	Health Care Provider	100 Manetto Hill Rd. #306 Plainview, NY 11803	516-933-1088 (Primary) ~
Eilleen Ingenito	Primary Care Provider	Health Care Provider	120 Plant Ave Hauppauge, NY 11788	631-650-2510 (Primary) ~
Head Injury Association	Day Habilitation	DD Provider	300 Kennedy Drive Hauppauge, New York 11788	(631) 543-2245 (Primary) ~
Huntington Hospital	Hospital	Health Care Provider	270 Park Ave. Huntington, NY 11743	(631) 351-2000 (Primary) ~
James Colasacco	Cardiologist	Health Care Provider	129 Broadway Amityville, NY 11701	631-598-3434 (Primary) ~
Joseph Zupnick, Ophthalmologist	Optometrist	DD Provider	320 Hempstead Ave. West Hempstead, NY 11552	(516) 565-2616 (Primary) ~
LISH (Hauppauge)	Primary Care Provider, Psychiatrist	Health Care Provider	Long Island Select Healthcare (LISH) - Hauppauge 120 Plant Avenue Hauppauge, NY 11788	(631) 650-2510 (Primary) ~631-851- 3810 (Alt Work) ~
Mitchel Kohan	Podiatrist	Health Care Provider	276 Smithtown Blvd. Nesconset, New York 11767	631-467-7600 (Primary) ~
Tessa Guillaume-Lewis	Assistant Director (Effective on 2024-11 -12)	DD Provider	115 E. Bethpage Rd Plainview, NY 11803	516-350-3239 (Primary) ~

SECTION VI

Summary of IDT Meeting: 5/8/2024

The CM held John's Annual Life Plan meeting at his day program in Hauppauge, NY. Present for the meeting were John (Member), Amanda (IRA Manager), Doris (Behavioral Specialist), Dina (Assistant Director of Day Program Services). John's mother and sisters were unable to participate due to some conflicts but agreed to continue the life plan anyway. The family asked the CM to follow up within 3 days to discuss the summary of the meeting. The CM stated that would be fine. The family asked the CM to discuss if John's medication has stayed the same since his most recent medical appointment as they are not yet ready to change his medications. John had a recent medical appointment yesterday however the res hab reported that nothing has changed and that they are not going to make changes to his medications until June or July when all of John's sisters and mother have time to join the appointments together to discuss changing them at that point. The Res Hab reported that the Reason for changing meds was that his family feels John has been on the same medication since he is 4 years old to help treat his hyperventilation condition. The Res Hab reported that behaviorally John doesn't have any issues/ behaviors. John has been on his current medications for so long that he is still having the hyperventilation and nothing has improved. The team and John's family are seeking a change in medications to see if there is another medication that could help with this condition. It appears the hyperventilation seems to increase in the Spring Months. The team has taken John in the past to an allergist and it was determined that this condition was not due to allergies. The cause of the hyperventilation is unknown at this time.

The family also wanted the CM to discuss if the residence is continuing to send over the left over lunches that the family sends on Tuesdays and Thursdays. The res hab and the day hab confirmed that The family will send John's meals on Tuesdays and Thursdays to the residence and residence will pack the left overs from dinner for Day Program. Day Program states that John continues to come in with good healthy leftovers and very well groomed and John appears to be Happy.

Doris mentioned the bed rails for John. John came to Kirkland with a bedrail because he rocks at Night and his family felt it would keep him safe. For a long time the residence had never had a human rights approval as its considered a restriction. The res hab had brought it up to Human rights and the psych department as they are trying to figure out if it's for a behavioral need or for a medical concern. John did have a script from a doctor but he rocks because of the autism / stimming so it could also be a behavioral concern, according to the res hab. The team is looking to argue that this is more of a medical need so that they do not have to continue to go through the human rights committee every 6 months for approval.

The CM went on to review all narrative sections of the life plan with minor changes to note at this time such as updated Medical Appointments.

Section II & III were reviewed with no changes to note at this time. The team agreed that John is still actively working on his goals and that they continue to be appropriate and attainable at this time.

Section IV was reviewed; No changes to note at this time

Section V: Remove Akili Carter ? replace with Doris Ren as Behavior Specialist.

The CM reviewed all Consents, ADA, Grievances with John and his COS, with no changes to note at this time. The CM asked the team if John is currently happy with all of his services and they reported that he is. The team reports that John is a pleasure to work with and well taken care of across all settings. The CM thanked the team for this update and the meeting was concluded. The CM scheduled John's Semi annual life plan meeting for November 12 at 10am.

I get the last word:

"John waved goodbye to his team"

My Care Manager has informed me of:

- My rights under the Americans With Disabilities Act (ADA)
- How to obtain reasonable accommodations (my reasonable accommodations are listed in my Life Plan)
- How to file a grievance or an appeal

IDT Meeting Attendance				Date: 5/8/2024	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	JOHN MCCABE	In Person		Approved by Member Advocate or Guardian	Jul 1 2024 5:09PM
Care Manager	Melissa Betances	In Person		Electronic Approval	Jul 1 2024 5:09PM
DD Provider (Assistant Director)	Dina Nickel	In Person			
DD Provider (Manager)	Amanda Legros	Video Conference			
Natural Support (Mother)	Debra McCabe	Absent - Will Review Plan Within 3 Days		Written Approval	Jul 1 2024 5:09PM
Natural Support (Sibling)	Kathleen Magistro	Absent - Will Review Plan Within 3 Days			
Natural Support (Sibling)	Kerri Flandina	Absent - Will Review Plan Within 3 Days			

Summary of IDT Meeting: 11/12/2024

The CM facilitated John's Semi-Annual Life Plan meeting in person at his day program in Hauppauge, NY. Present for this meeting were John (Member), Amanda (IRA Manager), Kathleen and Kerri (siblings), Dina Nickel (Assistant Director of Day Program) and the CM. John's mother Debra was unable to join the meeting due to a prior obligation.

The CM was greeted by John, his classroom staff and Dina. John's siblings, and Amanda joined virtually. John presented neatly groomed and greeted the CM with a Smile. The CM told the team that John looked really nice and well put together. The CM asked if there were any upcoming plans for John for the upcoming holiday. John's siblings stated there were plans for him to visit for thanksgiving. The CM reminded the team that John has an upcoming scheduled Psychological Evaluation coming up on 12/5/24 at 8:30am. John's sisters confirmed that their mother would either attend the appointment with John and his staff or be available via phone call to assist with the appointment. The CM stated that would be fine and requested the family send her the updated report once it was completed.

The CM went on to review the life plan narratives in detail confirming likes, dislikes, ADL, and personal hygiene skills, medical dates, daily routines, goals and supports, with John's COS, with minor changes to note. The CM will update John's medical appointment dates to accurately reflect this life plan year. Amanda, John's IRA Manager stated she would be forwarding John's updated MAR record, Physical and dental report summaries to update John's life plan accurately.

Section I: my home: update that all bedrooms in the home are now locked to respect the privacy and personal belongings of the members and their housemates. There is a master key, and manager key, and a Key for John, which is located above his bedroom door for when John would like to have his room locked or opened. On October 4, 2024 John's roommate moved out and he now has a new roommate.

My health and medications: Most recent dental with sedation was on 9/6/24. John requires sedation due to difficulties opening his mouth during appointments. Most recent APE was on 11/19/2024. John has his flu shot during this time.

Section II: Currently John's COS stated that John continues to make slow and steady progress with his goals and that they are currently still appropriate and attainable at this time. For this reason John's COS feel his goals do not need to be modified at this time.

Section III: Eating guidelines : remove "Only liquids" and change to "Thin liquids" ? Supervision during the night: remove "hourly checks" and change to "30 minute checks"

Section VI: no changes

Section V: Change Kathleen's address to sister Kerri's address as she is in the middle of moving ? 20 Sequams lane East, West Islip NY 11795" ? Remove AD Justin Moskowitz-Denigres and replace with Tessa Guillaume-Lewis ? Phone number update to 631-350-3239.

The CM reviewed and updated consents, reviewed all ADA, rights, grievances and accommodations with John's COS with no changes at this time. The CM asked John's COS if they were happy with his current services and they stated that they were.

Additionally, after discussing if telehealth would be an appropriate choice, John's COS have agreed that this is an acceptable and viable option for him at this time. The COS are aware that the technology used must incorporate video and audio capability, as well as be HIPAA compliant. The COS have been informed that they can request to discontinue telehealth modalities if it becomes ineffective or no longer meets John's needs. In addition to telehealth, the CM will meet with John in person at least twice a year. The CM will update John's informed choices as discussed.

The CM thanked John and his COS their time. The CM scheduled John's annual life plan meeting for May 7th, 2025 at 10:30am at his day program in Hauppauge NY. The CM thanked everyone for their time and assistance with facilitating this meeting and the meeting was concluded. The life plan will be published and distributed within 45 days of this life plan meeting.

I get the last word:

"Waved goodbye!"

IDT Meeting Attendance				Date: 11/12/2024	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	JOHN MCCABE	In Person		Approved by Member Advocate or Guardian	Dec 23 2024 12:03AM

Care Manager	Melissa Betances	In Person		Electronic Approval	Dec 24 2024 12:03AM
DD Provider (Assistant Director)	Dina Nickel	In Person			
DD Provider (Manager)	Amanda Legros	Video Conference			
Natural Support (Mother)	Debra McCabe	Represented	by her daughters Kathleen and Kerri	Written Approval	Dec 23 2024 12:03AM
Natural Support (Sibling)	Kathleen Magistro	Video Conference			
Natural Support (Sibling)	Kerri Flandina	Video Conference			

- * The above signed IDT members attest to their involvement in the IDT process and acknowledge that goals and supports were discussed
- * The CM signature attests to the fact that this LP is an accurate reflection of what was approved by the participant
- * Signing the PCSP does not preclude my right or my authorized representative's or designee's or the right of another attendee to appeal the PCSP.

Member Conditions and Diagnoses	
Diagnosis Code	Diagnosis
F73.	Profound intellectual disabilities
F84.0	Autistic disorder
* The above list is Member reported and believed to be accurate as of the date of Plan publication.	

Member Charts
Chart Description
* The above list is Member reported and believed to be accurate as of the date of Plan publication.

Member Medications						
Name	Strength	Form	Frequency	Quantity	Route	Effective Dates
COZAAR (Oral Pill)	25 mg	Oral Tablet	Once a Day		Oral Pill	Not Specified-Ongoing
FLORASTOR (Oral Pill)	250 mg	Oral Capsule	Once a Day		Oral Pill	Not Specified-Ongoing
KlonoPIN (Oral Pill)	0.5 mg	Oral Tablet	Three Times a Day		Oral Pill	Not Specified-Ongoing
RisperDAL (Oral Liquid)	1 mg/ml	Oral Solution	Three Times a Day		Oral Liquid	Not Specified-Ongoing
* The above list is Member reported and believed to be accurate as of the date of Plan publication.						

Member Allergies			
Allergy Type	Allergen	Reaction(s)	Severity
* The above list is Member reported and believed to be accurate as of the date of Plan publication.			

Member DME
Item Description
Special Mattress *
Wheelchair *
Adult Depends *
Shower chair *
* The above list is Member reported and believed to be accurate as of the date of Plan publication.

**Citizen's Options Unlimited
Individual Plan of Protective Oversight**

NAME: John McCabe
LAST UPDATE: 5.17.24

NAME I PREFER TO BE CALLED: John/ Johnny

I need the following level(s) of supervision to ensure my safety at all times:

Level of Care	Independent	Independent with staff	Periodic checks	Range of Sight or Scan	1:1 (or more) Supervision
In Common areas (home, work, program)				X	
In the Bathroom				X	
In my Bedroom			X		
While Eating/Dining area					X
While ambulating					X
In the community					X
While I'm Asleep				X	
Other: (specify)			X		

Allergies:

- Penicillin

My Health Care and Medical Administration:

- I receive my medications at home. Any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I do attend day program and any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I require staff to schedule and take me to all my medical appointments.
- Bowel management with charting
- Provide full assistance with all ADLs
- Provide extensive assistance with Personal Hygiene/Personal Care skills.
- I do require assistance from staff to get dressed for the day.

Reporting:

I am unable to report when I do not feel well.

General Information:

Please refer to my Nursing Care Plan for Medical History, Guidelines and further information.

How do I take my medications?

Do I need assistance to take my medications?

My Meals and Nutrition:

It is important to closely follow all items below to be sure I eat safely and as independently as possible. I follow a diet order.

<p>I use the below adaptive equipment:</p> <ul style="list-style-type: none"> • N/A 		<p>My food consistency is:</p> <ul style="list-style-type: none"> • Soft food only cut to ¼ inch. Exception: Meats to be ground. • Drink: Thin liquids as per Modified Barium Swallow (MBS) study dated 2-18-2022. • Staff to provide verbal prompts when necessary for John to take a sip of drink after every few bites of food. • Staff to provide verbal prompts when necessary for John to: Sit upright 90 degrees in his chair with his head in a neutral position while eating. Remain upright for 30 minutes after eating. Chew thoroughly. Eat slowly. Take a small amount of food on fork or spoon. “Chew” and swallow completely before taking additional food. Take small sips of drink throughout the meal. • Arm’s length supervision • Aspiration Precautions 	
<p>General Information: I need staff assistance while eating. Please refer to my eating guidelines and diet order.</p> <p>Please encourage me to drink lots of fluids.</p> <p>Please assist me to make healthy food choices.</p>			
<p>Physical Therapy: N/A</p>			
<p>Adaptive Equipment:</p> <ul style="list-style-type: none"> • Wheelchair for long distances 	<p>Guidelines: I require staffs physical assistance to ambulate both in my wheelchair and walking with my feet.</p>	<p>Day Program:</p> <ul style="list-style-type: none"> • When being transported to program on their van or bus, I use my wheelchair to get there safely. 	
<p>General Information: Please see ambulation assessment for further information.</p>			
<p>My Psychological Supports: N/A</p>			
<p>My Safety In My Home/Apartment/Day Program: I cannot be left home alone up at this time. I am unable to report to staff if I am being mistreated or hurt. Staff will ensure my safety at all times.</p>			
<p>Emergency Situations:</p> <ul style="list-style-type: none"> • I participate in monthly fire drills at my residence. • I am not able to evacuate during an emergency. I require Physical assistance to exit, Use wheelchair to exit, Assist to remain in safe place • I am unable to call 911 or relay pertinent information to 	<p>Home Safety:</p> <ul style="list-style-type: none"> • I am unable to use the stove/microwave independently and require staff to prepare my meals. • I am unable to independently regulate water temperatures. • I am unable to sleep through the night independently. I do need staff to check on me every 1 hour. 	<p>Privacy:</p> <ul style="list-style-type: none"> • I need assistance when it comes to maintaining my privacy. I am reminded by staff of the importance of privacy in the bathroom or bedroom etc... 	

<p>emergency personnel.</p> <ul style="list-style-type: none"> • During the overnight I require Physical assistance to exit, Use wheelchair to exit, Assist to remain in safe place 	<ul style="list-style-type: none"> • I require staff supervision at all times to ensure my safety. I can spend time alone in my room during wake hours but staff must check on me every 1 hour to ensure that I am safe and assistance is given to me if needed. • While in my home I require visual awareness unless I need to ambulate, and then I need physical support from staff while ambulating. • I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming staff must notify management and get me a swim assessment before I can go swimming. 	
<p>Safety Equipment:</p> <ul style="list-style-type: none"> • Complete bed checks every 1 hour while sleeping 		<p>Day Program: (Include info that pertains to day program that is different from the residence)</p> <ul style="list-style-type: none"> • Head Injury Association, Hauppauge, NY
<p>General Information: (Information should match e- scores, fire evac plans, medical concerns, behavior plans for specific situations)</p>		

<p>My Safety in the Community:</p>		
<p>Vehicle Safety:</p> <ul style="list-style-type: none"> • I am unable to remain in the vehicle unsupervised. • I need assistance with my seat belt • I get transported in my wheelchair. 	<p>Community Safety</p> <ul style="list-style-type: none"> • I am not able to travel independently and require staff assistance to cross major intersections and ensure my safety in a parking lot. • I do not know how to protect myself from strangers or dangerous situations and require staff assistance to ensure my safety at all times. • In the community I need visual awareness at all times. • In the community when ambulating provide physical assistance. • I am unable to regulate water temperature out in the community and require staff assistance to do so in community restrooms. • I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming staff must notify management and get me a swim assessment before I can go swimming. 	<p>Financials:</p> <ul style="list-style-type: none"> • I am unable to make purchases on my own purchases and require assistance to ensure I receive the proper receipt and change for my purchase.
<p>Cell Phones:</p> <ul style="list-style-type: none"> • I do not carry a cell phone as I am unable to use it to call for assistance. 		<p>Day Program: (Include info that pertains to day program that is different from the residence)</p> <ul style="list-style-type: none"> • While being transported to and from day program on one of their vans I go in my wheelchair, staff need to ensure that I am buckled in properly, to prevent injury.

General Information:
 Please refer to Remaining Home Assessments, Financial Assessments and Community Assessments for more information.

My Personal Preferences:

<p>Likes:</p> <ul style="list-style-type: none"> • Please call me Johnny • I love the color • I love to celebrate my birthday with pizza, cake and friends • I love to watch movies (all kinds) • I love to visit with my family • I love to play bingo • I love to dance • I love Pasta 	<p>Dislikes:</p> <ul style="list-style-type: none"> • I am fearful of the dark, please keep a light or my TV on for me 	<p>FEARS:</p> <ul style="list-style-type: none"> •
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My Protective Oversight is reviewed every six months or whenever my needs change. Please notify a supervisor if you believe that this document does not accurately reflect my needs.
Please only provide the level of support I need to assist and support me in my decisions.

The above information was reviewed with me by: Amanda Legro On 5/17/2024

Amanda Legro Manager 5/17/2024
 (Name & title of reviewer - manager, site supervisor) (Date)

Choose One:

I am in agreement with all the above items (safeguards i.e. ambulation belt, helmet, alarms, monitors, bed safety equipment, and money management, time alone, meals/nutrition, etc.)

I am Not in agreement with all the above items. Specifically :

If not in agreement, a team meeting has been scheduled on: _____
 Meeting Date (required within 10 days)

unable to sign
 Person's Signature

GORDON MILLER

Date of Birth: 7/9/1992

Life Plan / ISP

Physical: 38 Kirkland Rd.
Greenlawn, NY 11740

Preferred Name:

Phone: (631) 651-5115

Medicaid #: EY43584V

Enrollment Date: 7/1/2018

Medicare #:

Tab ID #: 291035

Willowbrook Member: No

Plan Effective Dates: 7/25/2024 - 7/31/2025

Care Design NY

Care Manager: Brittany Annunziato

Address: 8 Southwoods Blvd., Suite 110
Albany, NY 12211

Phone: (518) 898-3197

Email:

bannunziato@caredesignny.org

Company Emergency/

After Hours Phone:

1-877-855-3673

Provider ID: 05067381

Electronically Signed By:

Author: Brittany Annunziato (Care Manager) on 3/12/2025 1:51:37 PM

Auditor: on

MEETING HISTORY

Plan Review Date	Reason For Meeting	Member Attendance
1/30/2025 10:30:00	Semi-Annual/Routine Review ~ CM met with Gordon and his team for a semi annual review.	In Person
7/25/2024 11:00:00	Annual Face to Face ~ CM met with Gordon at his day program to complete an annual review	In Person

SECTION I

ASSESSMENT NARRATIVE SUMMARY

This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person-centered planning process, record review and any assessments reviewed and/or completed.

<p>My Health & My Medications:</p>	<p>(03/12/25 1:40:08 PM) I am in good health but do have some stomach issues including constipation which is managed with medication and has been better of late. I am diagnosed with Cerebral Palsy, Severe Developmental Disability, Autism, ADHD, and Seizure Disorder. I have been hospitalized multiple times in my life for pneumonia and also was in the hospital 2x in 2024 for constipation and sepsis. . I can walk independently but do have a gait issue and difficulty with stairs. I have a history of choking. I need to be reminded to chew, eat slowly, and take sips of my drink. I am on a regular diet but do have individualized eating guidelines. Do not feed me hot dogs. I am incontinent and wear adult undergarments. I need full support in the bathroom. I would like to work on more independence with the bathroom. When I am upset I frequently have attention-seeking behaviors and will grab at people and things. Sometimes I feel overwhelmed or uncomfortable with my environment. I am not able to self-medicate and need full assistance in this area. I am non-consenting. My parents are my health care proxies. My family or staff schedule and take me to all medical appointments. I am prescribed a medication to take prior to my appointments for my anxiety in going to the doctor. I have no known allergies at this time. I have received both the flu and COVID vaccines. I am on a medication to go to assist me going to the bathroom but this sometimes causes accidents. My staff assists me going the bathroom and cleaning up after myself.</p>
<p>My Relationships:</p>	<p>(03/12/25 1:40:08 PM) I am closest to my family. My mom and dad are my strongest advocates. I would like to make more friends. This is difficult for me. I want to be supported in this. Moving into a new group home is helping me to meet new people and develop relationships with my housemates. When I go to Camp Loyaltown I do enjoy being around my peers and look forward to it all year. I was sad we did not get to go to Camp Loyaltown because of COVID. I have a brother Kevin, who I am close to. My relationships are very important to my well-being as those that love and care for me, make sure I am safe, have the privacy I am entitled to, and that I do things I enjoy. My parents are my legal guardians.</p>
<p>My Happiness:</p>	<p>(03/12/25 1:40:08 PM) I love attending Camp Loyaltown every summer for most of the summer. I look forward to this all year. It was hard not going these last two summers because of COVID. I am looking forward to going this summer of 2022. I love to be busy and doing things. I am very happy when I am out doing things in the community. I also love to be around animals. I enjoy the horses when I go out to my home in Water Mill. Spending time with my family is important to me and my happiness. I love to play with my iPad or an iPhone and will use it when I am taking long trips or have to wait a while for something. Music is one of my favorite things. I love the Ghostbusters song, and I heard it through the grapevine. I listen to all kinds of music. I love Netflix and watching the Hallmark Channel. I like Goose Bumps too. When I am unhappy I can act out with aggression because I am frustrated and cannot communicate as well as others. Redirection and firm no's are helpful when I am frustrated. I am happy when I am understood so please take time to learn the way to best understand and communicate with me. I love to eat sweets and will take someone else's if I am able to. I like dry cheerios, yogurt, vanilla shakes, raisin bran, chicken nuggets, and sandwiches cut up.</p>
<p>My School:</p>	<p>(03/12/25 1:40:08 PM) N/A</p>

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (Including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I need supervision at home	(S) Other: visual oversight	Natural Support Natural Support	Natural Supports	Ongoing	Ongoing	Ongoing	None
I need supervision at home	(S) Other: visual oversight	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) I can never be left in an unattended vehicle, Other: visual oversight - and arms length when ambulating	NASSAU CO. NYSARC, INC. 189 WHEATLEY RD-189 WHEATLEY ROAD-BROOKVILLE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) I can never be left in an unattended vehicle, Other: visual oversight - and arms length when ambulating	Natural Support Natural Support	Natural Supports	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) I can never be left in an unattended vehicle, Other: visual oversight - and arms length when ambulating	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None
I need supervision in the community	(S) I can never be left in an unattended vehicle, Other: visual oversight - and arms length when ambulating	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

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Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I would like assistance with toileting	(S) Full support	NASSAU CO. NYSARC, INC. 189 WHEATLEY RD-189 WHEATLEY ROAD-BROOKVILLE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
I would like assistance with toileting	(S) Full support	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None
I would like assistance with toileting	(S) Full support	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I would like assistance with toileting	(S) Provide scheduled reminders	NASSAU CO. NYSARC, INC. 189 WHEATLEY RD-189 WHEATLEY ROAD-BROOKVILLE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
I would like assistance with toileting	(S) Provide scheduled reminders	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None

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Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
Evacuate in an emergency	(S) Continuous Verbal prompting to exit, Physical assistance to exit, Assist to remain in safe place	Natural Support Natural Support	Natural Supports	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Continuous Verbal prompting to exit, Physical assistance to exit, Assist to remain in safe place	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None
Evacuate in an emergency	(S) Continuous Verbal prompting to exit, Physical assistance to exit, Assist to remain in safe place	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Call for help	(S) Just do it for me. Thank you	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
Call for help	(S) Just do it for me. Thank you	NASSAU CO. NYSARC, INC. 189 WHEATLEY RD-189 WHEATLEY ROAD-BROOKVILLE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
Call for help	(S) Just do it for me. Thank you	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None

SECTION III

INDIVIDUAL SAFEGUARDS/INDIVIDUAL PLAN OF PROTECTION (IPOP)

Compilation of all supports and services needed for person to remain safe, healthy and comfortable across all settings (including part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety.

Goal/Valued Outcome	Provider Assigned Goal	Provider / Location	Service Type	Frequency	Quantity	Time Frame	Special Considerations
I want to feel better	(S) Behavior Support Plan Chart, with Documentation of Replacement Behavior	NASSAU CO. NYSARC, INC. 189 WHEATLEY RD-189 WHEATLEY ROAD-BROOKVILLE	Day Habilitation	Ongoing	Ongoing	Ongoing	None
I want to feel better	(S) Behavior Support Plan Chart, with Documentation of Replacement Behavior	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Extensive assistance	CITIZENS OPTIONS UNLIMITED, INC. 38 KIRKLAND DRIVE-38 KIRKLAND DRIVE-GREENLAWN	Residential Habilitation - Supervised	Ongoing	Ongoing	Ongoing	None
I need help to take my medication	(S) Extensive assistance	CITIZENS OPTIONS UNLIMITED, INC. CITIZENS RESPITE-0227 -LOCATION MAY VARY	Respite	Ongoing	Ongoing	Ongoing	None

Action Step Labels: (G) = Goal, (S) = Support, (T) = Task

Citizens Options Unlimited - Camp Loyal Town Operations Manager	Respite	DD Provider	189 Wheatley Road Glen Head, NY	(516) 293-2016 ext. 5463 (Primary) ~
Dashawn Wiley	Day Habilitation, Manager	DD Provider	189 wheatley rd Brookville, NY 11545	(516) 626-1075 ext. 2372 (Primary) ~
Dr. Orrin Devinsky Elder	Neurologist	Health Care Provider	223 E. 34th Street New York, NY 10016	(646) 558-0803 (Primary) ~
Emelyn Valladares	Behavior Specialist	DD Provider	2 Oaktree Drive Smithtown, NY 11787	(631) 656-9832 (Primary) ~
Ishri Prashad	RN	Health Care Provider	201 Venetian Blvd. 515 South 8th Street Lindenhurst, NY 11757	(631) 620-1018 (Primary) ~
Janene Gentile	Behavior Specialist	DD Provider	115 E. Bethpage Rd Plainview, NY 11579	(516) 759-5036 ext. 111 (Primary) ~
Jean Mathurin	Program Coordinator	DD Provider	230 Hanse Avenue Freeport, NY 11520	(516) 351-2629 (Primary) ~718-736- 4070 (Alt Mobile) ~Fax: 516-293-1877 (Alt Other) ~
Jennifer Goot	Behavior Specialist	DD Provider	115 E Bethpage Road Plainview, NY 11803	(516) 293-1111 ext. 5784 (Primary) ~516- 456-0553 (Alt Mobile) ~
Laura Zatarain	RN	Health Care Provider	2 Oaktree Drive Smithtown, NY 11787	6316569832 (Primary) ~
Northwell Health Manhasset Hospital	Hospital	Health Care Provider	300 Community Drive Manhasset, New York 11030	(516) 562-0100 (Primary) ~

Summary of IDT Meeting: 1/30/2025

Cm Met with Gordon and his day rehabilitation manager to Dashawn at his day program and old Brookville. Attending virtually with his House Manager, Amanda and mother Nancy to complete a semi annual review. Discussed at this meeting, was Gordon on new medication to assist with him going to the bathroom. Although taking this medication has been beneficial to him, not getting sick or in the hospital anymore due to constipation, Gordon staff has reported that Gordon has been going to the bathroom and access and often having accidents. Mom reported she will discuss this with the doctor. Gordon has experienced some behaviors in the past when he is overstimulated. Everyone on the team feels like this has remained the same. Gordon does experience some difficulties with the housemate, but the Team feels like the housemate indicates Gordon rather than Gordon going out of his way to bother this other housemate. The team feels like overall Gordon has been doing well, but will be continued to be monitored at home and at the day program for his accidents and for his behaviors. All of Gordons goals and support remain the same other than day program, changing his goals to making more friends and increase skills for independent living. telehealth options were discussed with Gordon and his team. They would like to keep the option to use a mix of in-person and remote supports when receiving Care Management. They understand that this can be changed at any time by simply notifying their Care Manager.

I get the last word:

wave

IDT Meeting Attendance				Date: 1/30/2025	
IDT Role	Name	Attendance	Comments	Plan Approval Signature	Date
Member	GORDON MILLER	In Person			
Care Manager	Brittany Annunziato	In Person			
DD Provider (Day Habilitation, Manager)	Dashawn Wiley	In Person			
DD Provider (Manager)	Amanda Legros	Video Conference			
Natural Support (Mother, Primary Contact)	Nancy Miller	Video Conference			

- * The above signed IDT members attest to their involvement in the IDT process and acknowledge that goals and supports were discussed
- * The CM signature attests to the fact that this LP is an accurate reflection of what was approved by the participant
- * Signing the PCSP does not preclude my right or my authorized representative's or designee's or the right of another attendee to appeal the PCSP.

NAME I PREFER TO BE CALLED: Gordy

NAME: Gordon Miller

LAST UPDATE: 02.02.24

I need the following level(s) of supervision to ensure my safety at all times:

Location/Level	Independent	Independent with staff	Periodic checks	Range of Sight or Scan	1:1 (or more) Supervision
In Common areas (home, work, program)				X	
In the Bathroom	X				
In my Bedroom			X		
While Eating/Dining area				X	
While ambulating in the community				X	
In the community		X			
While I'm Asleep			X		
Other: (specify)					

Allergies: • NKA

My Health Care and Medical Administration:

- I receive my medications at home. Any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently, so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I do attend a day program and require any routine medication or OTC that I may need, will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently, so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I require staff to schedule and take me to all my medical appointments.
- Bowel management with charting
- Provide full support with all ADLs/Personal Hygiene/Personal Care skills.
- Please see my Eating Guidelines.
- I do require assistance from staff to get dressed for the day.

Reporting:

I am unable to report when I do not feel well.

General Information:

- Please refer to my Nursing Care Plan for Medical History, Guidelines and further information.
- How do I take my medications?
- Do I need assistance to take my medications?

My Meals and Nutrition:

It is important to closely follow all items below to be sure I eat safely and as independently as possible.

I use the below adaptive equipment:

- N/A

My food consistency is:

- Food cut to 1/2 inch (1/2") including sandwiches, finger foods, and fruit. All food should be soft and moist.
- Gordon's food must be pre-portioned to one piece at a time or one tablespoon at a time.
- No hard crunchy or high-choke foods such as:
 - Hot dogs/kielbasa/sausage.
 - Nuts and seeds.
 - Popcorn, pretzels, chips, granola
 - Raisins and other dried fruit
 - Hard candy, jellybeans, and other difficult to chew candy
 - Hard raw vegetables/fruit such as raw carrots, raw celery, hard apples, etc.
 - Cherries with pits.
 - Hard or chewy breads such as bagels or hard Italian bread.
 - Very hard cookies such as biscotti.
 - Thick layer of peanut butter.
- Drink: Nectar consistency is preferred but honey thick is acceptable. Thin liquids, e.g., Unthickened water not to be offered.
- Pre-portion drinks in cup to approximately 1 ounce at a time.
- Staff make sure Gordon's food is cut to size and prepared correctly before coming to the table. Staff places single pieces or single tablespoons on the plate right in front of Gordon. Staff make sure that Gordon cannot access the main plate or containers of food. Staff makes sure that Gordon is not sitting where he could grab other peoples' food.
- Staff to provide verbal, gestural, and/or gentle physical prompts when necessary for Gordon to:
 - Move into the table and sit with feet down.
 - Eat slowly.
 - Take one (1) piece of food at a time.
 - Take a small amount of food on fork/spoon
 - Chew and swallow completely before taking additional food. His mouth should be empty before taking another piece of food or taking a drink.
 - Take small sips of drink throughout the meal.
 - Not vocalize with food in his mouth.
- Aspiration precautions: Gordon sits at a 90-degree angle and remains upright for 20 minutes after eating or drinking. Monitor for signs and symptoms of aspiration and report: change of breathing pattern, coughing, gurgly voice, throat clearing, fever, upper respiratory infections/pneumonia.
- Arm's length supervision

General Information:

- Please refer to my eating guidelines and diet order.
- Please encourage me to drink lots of fluids.
- Please assist me to make healthy food choices.

Physical Therapy: N/A

Adaptive Equipment:

- N/A

Guidelines:

- I am able to ambulate within my home. However, I require staff assistance as I have an unsteady gait.

Day Program:

- Staff assistance when ambulating and out in the community.

General Information:

My Psychological Supports: N/A

My Safety In My Home/Apartment/Day Program: I cannot be left home alone up at this time. I am unable to report to staff if I am being mistreated or hurt. Staff will ensure my safety at all times.

Emergency Situations:

- I participate in monthly fire drills at my residence.
- I am not able to evacuate during an emergency. I require Continuous Verbal prompting to exit, Physical assistance to exit, assist to remain in safe place
- I am unable to call 911 or relay pertinent information to emergency personnel.
- During the overnight. I require Continuous Verbal prompting to exit, Physical assistance to exit, assist to remain in safe place.

Home Safety:

- I am unable to use the stove/microwave independently and require staff to prepare my meals.
- I am unable to independently regulate water temperatures.
- I am unable to sleep through the night independently. I do need staff to check on me every 1 hour.
- I require staff supervision at all times to ensure my safety. I can spend time alone in my room during wake hours, but staff must check on me every 1 hour to ensure that I am safe, and assistance is given to me if needed.
- While in my home Specific location awareness unless I begin to ambulate, and then I need visual awareness support from staff while ambulating.
- I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming the staff must notify management

Privacy:

- I need assistance when it comes to maintaining my privacy. I am reminded by staff of the importance of privacy in the bathroom or bedroom etc...

Safety Equipment:

- Complete bed checks every 1 hour while sleeping

Day Program: (Include info that pertains to day program that is different from the residence)

- 189 Wheatley Rd. Glen Head 11545, NY

	<p>and get me a swim assessment before I can go swimming.</p> <ul style="list-style-type: none"> • I am not able to evacuate during an emergency. I require Continuous Verbal prompting to exit, Physical assistance to exit, assist to remain in safe place • I am unable to call 911 or relay pertinent information to emergency personnel. 	
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General Information:

(Information should match e- scores, fire evac plans, medical concerns, behavior plans for specific situations)

My Safety in the Community:

Vehicle Safety:

- I am unable to remain in the vehicle unsupervised.
- I am able to unbuckle my own seat belt. I have to be reminded to keep it on.

Cell Phones:

- I am able to carry a cell phone and receive calls, but I am unable to use it to call for assistance.

Community Safety

- I am not able to travel independently and require staff assistance to cross major intersections and ensure my safety in a parking lot.
- I do not know how to protect myself from strangers or dangerous situations and require staff assistance to ensure my safety at all times.
- In the community I need visual awareness at all times.
- I can never be left in an unattended vehicle, Other: visual oversight - and arm's length when ambulating in the community.
- I am unable to regulate water temperature out in the community and require staff assistance to do so in community restrooms.
- I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming the staff must notify management and get me a swim assessment before I can go swimming.
- I am unable to remain in the vehicle alone

Financials:

- I am unable to make purchases on my own and require assistance to ensure I receive the proper receipt and change for my purchase.

Day Program: (Include info that pertains to day program that is different from the residence)

	<ul style="list-style-type: none"> • I am unable to navigate the community on my own • I need staff with me while in the community. 	
--	---	--

General Information:

Please refer to Remaining Home Assessments, Financial Assessments and Community Assessments for more information.

My Personal Preferences:

<p>Likes:</p> <ul style="list-style-type: none"> • Please call me Gordie • I love to hang out with my housemates • I love to celebrate my birthday with pizza, cake and friends • I love going to the local park with my friends • I love to go on YouTube and watch funny videos • I love to go home with my parents 	<p>Dislikes:</p> <ul style="list-style-type: none"> • I am fearful of the dark, please keep a light on for me • I do not like to drink water • I do not like when it is too quiet • I do not like it when my electrical devices die. 	<p>FEARS:</p> <ul style="list-style-type: none"> • N/A
--	---	--

My Protective Oversight is reviewed every six months or whenever my needs change. Please notify a supervisor if you believe that this document does not accurately reflect my needs.

Please only provide the level of support I need to assist and support me in my decisions.

The above information was reviewed with me by: Amanda Legros On 2/2/24

Amanda Legros, Manager 2/2/24
 (Name & title of reviewer - manager, site supervisor) (Date)

Choose One:

I am in agreement with all the above items (safeguards i.e. ambulation belt, helmet, alarms, monitors, bed safety equipment, and money management, time alone, meals/nutrition, etc.)

I am Not in agreement with all the above items. Specifically :

If not in agreement, a team meeting has been scheduled on: _____
 Meeting Date (required within 10 days)

Unable to sign

Person's Signature



Citizens Options Unlimited

38 Kirkland Dr. Greenlawn, NY 11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic:			
GM IPOP			
Presented by: Amanda Legros, House Manager		Date initiated: 12/23/2024	
Print Name	Signature	Title	Date
Scheidise Paul	<i>SPaul</i>	ASS manager	1/7/25
Louise Rho	<i>[Signature]</i>	DSP	3/6/25
Marie Antenor	<i>Antenor Marie Garcia</i>	DSP	1/8/25
Steven Lennon	<i>[Signature]</i>		
Claude Borgart	<i>Chond B.</i>	DSP	2/8/25
Matthew Mcrae	<i>MW</i>	DSP	1-8-25
Noble Benoit	<i>NB</i>	DSP	2-8-25
Stephane Casseus	<i>SP</i>	DSP	2/28/25
Jean Robert Dupont	<i>Jean Robert</i>	DSP	01-8-25
Jaxon Placide	<i>Jax</i>	DSP	01-10-25
Andrea Epps	<i>Andrea Epps</i>	DSP	1/8/25
Amani Mills	<i>Aparzella</i>	DSP	10/2/08/25
Kyle Makinen	<i>Km</i>	DSP	4/18/25
Jacques Charles	<i>Jacques</i>	ASSISTANT MGR	6/25/25
Evelyn Valles	<i>Evelyn</i>	DSP	8/22/25
Michelle S Nerette	<i>Michelle</i>	Covering house Mgr	8/22/25
Donell Jones	<i>Donell</i>	AST MGR	8/22/25
Matthew Talloch	<i>MT</i>	DSP	09/18/25
NANCY HOLBRE	<i>Nancy</i>	MSP	9/23/25



**Citizens Options
Unlimited**

38 Kirkland Dr. Greenlawn, NY 11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic:

WH IPOP

Presented by: Amanda Legros, House Manager

Date initiated: 12/23/2024

Print Name	Signature	Title	Date
Scheidise Paul	<i>[Signature]</i>	Asst manager	1/7/25
Louise Rho	<i>[Signature]</i>	DSP	3/6/25
Marie Antenor	<i>Antenor Marie Susie</i>	DSP	1/8/25
Steven Lennon	NO longer here		
Claude Borgart	<i>[Signature]</i>	DSP	2/2/25
Matthew Mcrae	<i>[Signature]</i>	DSP	1-8-25
Noble Benoit	<i>[Signature]</i>	DSP	2-8-25
Stephane Casseus	<i>[Signature]</i>	DSP	2-8-25
Jean Robert Dupont	<i>Jean Robert</i>	DSP	01-8-25
Jaxon Placide	<i>[Signature]</i>	DSP	01-6-25
Andrea Epps	<i>[Signature]</i>	DSP	4/8/25
Amani Mills	<i>Amanella</i>	DSP	02/08/25

**Citizen's Options Unlimited
Individual Plan of Protective Oversight**

NAME: William Hoffman
LAST UPDATE: 11.01.24

NAME I PREFER TO BE CALLED: Billy

I need the following level(s) of supervision to ensure my safety at all times:

Location/Level	Independent	Independent with staff	Periodic checks	Range of Sight or Scan	1:1 (or more) Supervision
In Common areas (home, work, program)	X				
In the Bathroom		X			
In my Bedroom	X				
While Eating/Dining area	X				
While ambulating	X				
In the community		X			
While I'm Asleep			X		
Other:(specify)					

Allergies:

- NKA

My Health Care and Medical Administration:

- I receive my medications at home. Any routine medication or OTC that I may need will be administered by a trained AMAP staff. I am not able to administer my medications nor take them independently, so I need an Amap/nurse to keep them secure and prepare and administer them to me.
- I require staff to schedule and take me to all my medical appointments.
- Bowel management with charting
- Provide assistance with all ADLs
- Provide extensive assistance with Personal Hygiene/Personal Care skills.

Reporting:

I am unable to report when I do not feel well.

General Information:

Please refer to my Nursing Care Plain for Medical History, Guidelines and further information.
How do I take my medications?
Do I need assistance to take my medications?

My Meals and Nutrition:

It is important to closely follow all items below to be sure I eat safely and as independently as possible. I follow a diet order.

I use the below adaptive equipment:

- N/A

My food consistency is:

- Thin Liquids
- Whole foods

General Information:

I need staff assistance while eating. Please refer to my eating guidelines and diet order.

Please encourage me to drink lots of fluids.

Please assist me to make healthy food choices.

Physical Therapy: N/A

Adaptive Equipment:

- N/A

Guidelines:

- I am able to ambulate within my home

Day Program:

- N/A

General Information:

Please see ambulation assessment for further information.

My Psychological Supports: N/A

My Safety In My Home/Apartment/Day Program: I cannot be left home alone up at this time. I am unable to report to staff if I am being mistreated or hurt. Staff will ensure my safety at all times.

Emergency Situations:

- I am able to evacuate during an emergency and remain at the safe area with verbal prompt.
- I am unable to call 911 or relay pertinent info to emergency personnel.
- During the overnight I can evacuate with verbal prompt.

Home Safety:

- I cannot be left alone at home at this time until I am assessed.
- I am able to ambulate with no assistance.
- I require staff supervision at all times to ensure my safety. I can spend time alone in my room during wake hours but staff must check on me every 1 hour to ensure that I am safe and assistance is given to me if needed.
- While in my home I require visual awareness

Privacy:

- I am unable to protect my own privacy.

Safety Equipment:

- Complete bed checks every 1 hour while sleeping

Day Program: (Include info that pertains to day program that is different from the residence)

-

General Information:

(Information should match e- scores, fire evac plans, medical concerns, behavior plans for specific situations)

My Safety in the Community:

Vehicle Safety:

- I am unable to remain in the vehicle unsupervised.

Cell Phones:

- I do not own a cell phone.

Community Safety

- I am not able to travel independently and require staff assistance to cross major intersections and ensure my safety in a parking lot.
- I do not know how to protect myself from strangers or dangerous situations and require staff assistance to ensure my safety at all times.
- In the community I need visual awareness at all times.
- I am unable to regulate water temperature out in the community and require staff assistance to do so in community restrooms.
- I do not have a swim assessment completed, so staff cannot take me swimming. If I would like to go swimming staff must notify management and get me a swim assessment before I can go swimming.

Financials:

- I am unable to make purchases on my own and require assistance to ensure I receive the proper receipt and change for my purchase.

Day Program: (Include info that pertains to day program that is different from the residence)

- N/A

General Information:

Please refer to Remaining Home Assessments, Financial Assessments and Community Assessments for more information.

My Personal Preferences:

Likes:

- Please call me Billy
- I love to watch HeeHaw
- I love to celebrate my birthday with pizza, cake and friends
- I love Pasta
- I love to go on Rec
- I like to watch TV when I fall asleep.
- I love to eat pie
- I love bacon
- I love listening to music

Dislikes:

- I dislike cutting my finger and toe nails.

FEARS:

-

My Protective Oversight is reviewed every six months or whenever my needs change. Please notify a supervisor if you believe that this document does not accurately reflect my needs.

Please only provide the level of support I need to assist and support me in my decisions.

The above information was reviewed with me by: _____

On _____

Amanda Legros, Manager

(Name & title of reviewer - manager, site supervisor)

11/1/24

(Date)

Choose One:

 X I am in agreement with all the above items (safeguards i.e. ambulation belt, helmet, alarms, monitors, bed safety equipment, and money management, time alone, meals/nutrition, etc.)

 I am Not in agreement with all the above items. Specifically :

If not in agreement, a team meeting has been scheduled on: _____

Meeting Date (required within 10 days)

 Unable to sign

Person's Signature

Name : WILLIAM HOFFMAN

Effective From : 11/14/2023

Version : 1.01

TABS ID: 230038

Life Plan Type : Semi-Annual

Status: Draft

Life Plan

Member Information

Name : WILLIAM HOFFMAN

Date of Birth : 4/23/1985

Address : 38 Kirkland Drive Greenlawn NY 11740

Phone : 917-697-7283

Medicaid : DA17343S

Medicare : 6EQ7T95GC42

Willowbrook Member : No

Enrollment Date : 10/01/2023

CCO Information

Care Manager Name : Josette Balletti

Care Manager Email : j.balletti@tricountycare.org

Care Manager Phone : 844-504-8400

Care Manager Address : 775 North Main Street, Spring Valley, NY, 10977

Care Manager Fax :

Supervisor Name : Christina Liberman

Supervisor Email : c.liberman@tricountycare.org

Supervisor Phone : 844-504-8400

CCO Name : Tri County Care

CCO Address : 775 North Main Street Spring Valley NY 10977

Phone : 844-504-8400

Emergency/After Hours 888-435-5363
Phone :

Fax : _ _ - _ _ - _ _

Meeting History				
Note Type	Event Date		Subject	Meeting Reason
Home Visit, Life Plan Meeting - Semi-Annual, Two-way communication with Member or Representative, Two-way Communication with Provider Agency/Facility	05/30/2024		semi-annual life plan meeting	semi-annual life plan meeting

Meeting Attendance			
Contact Name	Relationship To Member		Method
, Tessa Guillaume-Lewis	Assistant Director of Residential Services		On Phone
Doris Fen- BIS			Video Conference
, Amanda Legros	Residential Manager		In-Person
Hagan, Kerry	Sister		On Phone
Balletti, Josette			In-Person
HOFFMAN, WILLIAM			In-Person

IDT Summary/Comments	
IDT Summary/Comments :	<p>CM Josette Balletti conducted William's semi-annual life plan in-person at his residence as per William and family's availability. In attendance: Ishri Prashad-nurse (absent), Amanda Legros-IRA Manager (in-person), Tessa Guillaume-Lewis- AD residential (on-phone), Fangchi Ren-nurse (virtual), Lee-Anne Moore-CMA (absent), Jennifer Goot- AD of behavioral services (absent), Kerry Hagan-sister (on-phone), William Hoffman-individual (in-person), Josette Balletti-CM (in-person). William was present during a brief moment to greet CM on arrival however wanted to relax with his housemates during life plan meeting. CM confirmed information. CM reviewed Individual Rights Handbook and OPWDD flexibility Guidelines. Kerry confirmed information and to continue to opt-out of in-person quarterly visits. CM confirmed and reviewed life plan in detail. The following information was changed: Introducing me: update age-39 years old. My Home: update-recliner in communal/living room area. Add- guitar in bedroom. remove- Day Hab site based. update- PWW. Let me tell you about my day: update- wakes up at 8am showers, eats breakfast and shaves. William mostly listens to his MP3 player throughout the day to entertain himself when not doing activities with staff/housemates. I have been having some trouble sleeping lately as I stay up really late and don't fall asleep until 3am/4am. This makes me really tired throughout the day that I sometimes fall asleep on the van when I go out in the community with my IRA staff. When I get back to IRA after going out and picking up housemates in IRA Van from program, I then eat dinner and will often go on another visit out in the community after dinner. I really like taking rides in the car. On the weekends, I go out in the community with my IRA and also spend time with my sister Kerry and family. My Health and My Meds: Due to my lack of sleeping lately, I will be going to a Neurologist to discuss my sleeping and also discuss discontinuing my small dose of seizure medication as I do not have a history of seizures. remove- initial Dr. Moha visit. I visit my dentist at the Charles Evans Center every 6 months. I visit my PCP annually and as needed to monitor my medications and overall health and wellbeing. I will be meeting my new neurologist in the upcoming weeks to monitor medications; it has not been determined how often I will be visiting at this time. I have a in-home Podiatrist that I meet with every 2 months who assists in taking care of my feet</p>

Name : WILLIAM HOFFMAN

Effective From : 11/14/2023

Version : 1.01

TABS ID: 230038

Life Plan Type : Semi-Annual

Status: Draft

	<p>and trimming my nails. My relationships: add- comfortable with housemates. My School: remove- Day Hab site Based. Update- PWW. Section 2- goals: no changes. Section 3- IPOP no changes. Section 4- no changes. Section 5- update Doris Ren-Nurse 631-651-5115 (fren@citizens-inc.org). Kerry Hagan-sister address 56-08 207th Street Bayside NY 11364. Ishri Prashad- Nurse (iprashad@citizens-inc.org). Medications: add: Melatonin 5mg daily PM. Milk of Magnesia PRN 30 ML constipation every 48 hours. Miralax once a day 1 packet in 8oz water- constipation. Vitamin B 1000mg tab AM. Ketoconazole 2% topical cream once daily. Vitamin D2 1.25mg 1 capsule weekly. Acetaminophen PRN 325mg tab as needed. aspirin EC 81 mg tab once a day. allergies- none.</p> <p>During meeting, team discussed that Program Without Walls would be an appropriate setting for William as William does not exhibit any behaviors and enjoys going out in the community. During meeting, Amanda stated that William went on a trial at Seacliff PWW program this week and will follow up in discussing outcome with PWW manager. CM confirmed information and requested to relay information to Kerry and CM. Amanda confirmed.</p>
Comments And Satisfaction :	when asked if satisfied with TCC services, IRA, medical providers, Kerry-sister/legal guardian stated that she is happy at this time but would like to be involved in the PWW program process. providers confirmed information.

Note Type	Event Date	Subject	Meeting Reason
Conduct face to face meeting with individual, Life Plan Meeting - Annual, Notified member/representative of DOH 5055 sent, Two-way communication with	11/14/2023	initial/annual life plan meeting	initial/annual life plan meeting

Meeting Attendance

Contact Name	Relationship To Member	Method
Patrick Sherrard- AHRC Nassau DH		In-Person
Bridget Burlak- AD of day hab		In-Person
Justin DeNigris- AD of residential		In-Person
Carmela Melendez- AHRC Nassau Intake Coordinator		In-Person
William Hoffman-individual		In-Person
Akill Carter- IRA BIS		In-Person
Hagan, Kerry	Sister	In-Person
, Josette Balletti	Care Manager	In-Person
, Amanda Legros	Residential Manager	In-Person

IDT Summary/Comments

IDT Summary/Comments :

CM Josette Ballelli conducted William's Initial/Annual life plan meeting in-person at AHRC at 115 E Bethpage Road in Plainview as William and family's availability. In attendance: William Hoffman-individual, Kerry Hagan-sister, Carmela Melendez- AHRC Nassau Intake Coordinator, Bridget Burlak- Assistant Director AHRC Day Hab, Patrick Sherrard- Day Hab AHRC Nassau, Amanda Legros- IRA Manager, Justin DeNigris- Assistant Director IRA and Josette Ballelli-CM. CM reviewed individual rights handbook and OPWDD Guidelines. Kerry confirmed information and preferred to opt-out of in-person quarterly visits and prefers 2 virtual and 2 in-person quarterly visits with Annual life plans required to be in-person. William was present during meeting and was minimally engaged in conversation unless asked a direct question in which William would reply with one-word unclear response or display verbal perseveration regarding food interest. Akili and Amanda stated that William's conversations tend to mostly direct towards eating in which they are identifying needs as he is new to IRA. CM reviewed life plan in detail. The following changes were made: Introducing me: add- I like listening to music, some of my favorite music to listen to is Johnny Cash and Elvis. I also like watching shows such as Hee Haw, I Love Lucy, going outside to the park, and going on car rides. I like to eat food some of my favorite foods are pizza, bacon, desserts and pot pies. I do not like adjusting to tasks. I will ask "why" I have to do a particular task however after asking I usually complete the task as requested without conflict. Add: Kerry Hagan preferred method of contact via cellphone. Add- I was raised Catholic and was baptized as a child however I do not attend Church. I do celebrate the traditional holidays with my family for example: Thanksgiving, Christmas, Halloween etc. Add: Although I do have limited communication skills I will physically nod my head if I do or do not want something. I will also physically display if I am not interested in doing a particular task as I will put the item back where it was for example. Add: I do not have any behavioral concerns. My Home: Add: I live in a 2 story IRA with 5 male housemates. I have my own bedroom and it is decorated with blue walls. My sister is working on getting me a recliner in my room. I have a CD player and TV in my room. My room is located on the first floor and I am happy where I am living. I enjoy spending time in the common room with my housemates. Update: AHRC to Citizens IRA. Add: I require total support in calling for help and being transported with supports in the event of an emergency. Add: I would like to attend a Day Habilitation Site Based program and I would like to have a routine to work on enhancing my independence, socializing with peers and going out in the community as I like to go on car rides. Let me tell you about my day: Add: I do not have much scheduled during the day but I do enjoy going out on car rides to pick up my other housemates from program. My Health and Meds: Add: I am currently taking a small dose of seizure medication as prescribed while I was in the Nursing Facility with my Parents as I had fallen at facility. I do not have a history of seizures in which my sister Kerry and providers are looking to have removed when visiting my next appointment with PCP. I require total support when taking medications. I require physical assistance with wiping after a bowel movement. Add: My hearing and vision are within normal limits. I will be transported to Huntington Hospital in the event of an emergency and accompanied by supports. My relationships: Add- I am happy that I have moved to Long Island as I have family members that live here and can visit me more often. My Happiness: add: I believe I have a good sense of humor as I enjoy telling some jokes when I am comfortable. I like telling my "Fishing Hook" joke and the time I pushed a man in the pool wearing a suit. I get a great laugh and funny feeling when I tell these jokes. A short term goal of mine would be to adjusting to my new life transition having moved from Greene County with my parents. A long term goal would be to becoming more independent. My School: Add: graduated 2003. I am interested in attending a Day Habilitation Site Based program. I would like to have a routine to work on enhancing my independence, socializing with peers and going out in the community as I like to go on car rides. Section 2: remove socialization goal. Add: ADLs goal- showering and house chores. Section 3: IPOP: Add: Community- range of sight/scan. No behavior support plan. No allergies. Medications: Lamotrigine- .25mg 2x daily. Section 5: Update Amanda Legros- 516-519-2806. Add: Justin DeNigris- AD of residential services (jdenigris@citizens-inc.org). Add- Dr. Ben Moha- PCP. Add: Akili Carter- IRA BIS. Add- Mary Grace Faughman- Citizens Nurse mfaughnan@citizens-inc.org. Add: Hospital- Huntington Hospital. Add: Pharmacy- Chm Rx 51 Charles Lindbergh Blvd, Uniondale, NY 11553 · ~15.8 mi (516) 889-8770 Add: Dental- no active

Name : WILLIAM HOFFMAN

Effective From : 11/14/2023

Version : 1.01

TABS ID: 230038

Life Plan Type : Semi-Annual

Status: Draft

	provider. CM notified Kerry Hagan CM will update DOH 5055 consent to be completed. Kerry confirmed information. Document N/A
Comments And Satisfaction :	Kerry stated that there is not enough words for how thankful she is to have such an amazing group of people to help her and William during this transition. Everyone has been so nice and helpful.

Note Type	Event Date	Subject	Meeting Reason
Complete DDPII, PATHS Assessment Meeting, Two-way communication with Member or Representative	10/24/2023	DDP2/PATHS assessment meeting	DDP2/PATHS assessment meeting

Meeting Attendance

Contact Name	Relationship To Member	Method
Hagan, Kerry	Sister	Video Conference
, Josette Balletti	Care Manager	Video Conference

IDT Summary/Comments

IDT Summary/Comments :	CM Josette Balletti conducted William's DDP2/PATHS meeting with sister Kerry Hagan virtually as requested. CM reviewed DDP2/PATHS assessment in detail. During meeting, Kerry stated that William is diagnosed with Down Syndrome and has limited communication skills. William will speak with one word answers or through physical expression. William's vision and hearing is within normal limits. William is ambulatory and does not utilize and DME. William does not have any known allergies nor medications. Kerry stated that William is social and does not exhibit any behaviors however can be stubborn at times. No behavior plan needed. William requires total support with managing money, crossing the street, shopping for meals, food prep/planning, cleaning room, making bed. William requires verbal prompting to take a shower, brush teeth, comb hair, to use bathroom. William is currently residing at a Nursing home in Catskills NY and will be transferred to AHRC Kirkland IRA on 11/1/2023 for permanent residency. Kerry is his legal guardian. CM contacted AHRC Carmela Menendez via email to obtain list of providers when William attends IRA to update DOH 5055 consent form.
Comments And Satisfaction :	Kerry stated she is satisfied with TCC services, COS, providers.

Section I

ASSESSMENT NARRATIVE SUMMARY

This section includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, reasonable accommodations, cultural considerations, meaningful activities, challenges, etc., learned during the person - centered planning process, record review and any assessments reviewed and / or completed.

Introducing Me

My name is William (Billy) Hoffman. I like to be called "Billy". I am 39 years old and born on 4/23/1985. I want to say that I am a happy and easy-going guy however I can be stubborn at times when I do not want to do something. I am Caucasian and my primary language is English. I have limited communication skills however I can express my needs/wants through physical expression (pointing), nodding head and answer with one-word responses. I have trouble reading. Although I do have limited communication skills I will physically nod my head if I do or do not want something and I will also physically display if I am not interested in doing a particular task as I will put the item back where it was for example. I do not have any behavioral concerns. I was raised Catholic and was baptized as a child however I do not attend Church. I do celebrate the traditional holidays with my family for example: Thanksgiving, Christmas, Halloween etc. I like listening to music, some of my favorite music to listen to is Johnny Cash and Elvis. I also like watching shows such as Hee Haw, I Love Lucy, going outside to the park, and going on car rides. I like to eat food some of my favorite foods are pizza, bacon, desserts and pot pies. I do not like adjusting to tasks. I will ask "why" I have to do a particular task however after asking I usually complete the task as requested without conflict. My sister Kerry Hagan is my legal guardian and prefers to be contacted via cellphone.

As per the OPWDD flexibility guidelines that I was educated on, I have chosen to meet with my CM twice per year in person and twice per year virtually, at least once per quarter while alternating quarters for in person and virtual. I understand that annual life plan meetings are required to be held in person and I have the option to have my semiannual life plan meeting conducted virtually. I understand that this option can be changed at any time.

My Home

I used to live with my retired parents in Greene County NY, however due to their decline in health and having to move into a Nursing Facility; I had been placed on OPWDD's Emergency Residential Placement. On 11/1/2023, I moved to Citizen's Supervised Kirkland IRA in Greenlawn NY. I now live in a 2 story IRA with 5 male housemates. I have my own bedroom and it is decorated with blue walls and I have a guitar. I have a CD player and TV in my room. My room is located on the first floor and I am happy where I am living. I enjoy spending time in the common room with my housemates. I enjoy sitting in the recliner in communal/living room area.

I would like to attend a Program Without Walls program and I would like to have a routine to work on enhancing my independence, socializing with peers and going out in the community as I like to go on car rides. I require total support in calling for help and being transported with supports in the event of an emergency.

Let Me Tell You About My Day

I do not have much scheduled during the day as I currently do not attend any day programs however I am interested in enrolling in a Program Without Walls program having moved to Long Island NY. I believe enrolling in a Program Without Walls program will enhance my socialization skills and allow me to have a healthy routine. My daily routine includes I wake up at 8am daily and take a shower, eats breakfast and shave. I enjoy listening to my MP3 player throughout the day to entertain myself when I am not doing activities with staff/housemates. I have been having some trouble sleeping lately as I stay up really late and don't fall asleep until 3am/4am. This makes me really tired throughout the day that I sometimes fall asleep on the van when I go out in the community with my IRA staff. When I get back to IRA after going out and picking up housemates in IRA Van from program, I then eat dinner and will often go on another visit out in the community after dinner. I really like taking rides in the car. On the weekends, I go out in the community with my IRA and also spend time with my sister Kerry and family.

My Health and My Medications

I am diagnosed with Down Syndrome. My hearing and vision are within normal limits. I am fully ambulatory and do not require any assistive devices. I do not have any known allergies. I require total support with managing money, crossing the street, shopping for meals, food prep/planning, cleaning my room, and making my bed. I also require verbal prompting to take a shower, brush my teeth, comb my hair, to use the bathroom at times. I require physical assistance with wiping after a bowel movement. I have limited ability in understanding others' feelings/emotions as I may become upset when I see that another person is upset.

I am currently taking a small dose of seizure medication as prescribed from physician when I was in the Nursing Facility with my Parents as I had fallen at the facility and that was what they prescribed me at the time, and I have not been advised to discontinue medication. I require total support with taking medications. I do not have any history of seizures in which my sister Kerry has stated, and providers are looking to have removed when visiting my next appointment with PCP/neurologist as it is a "small dosage" and they feel it is not needed.

Name : WILLIAM HOFFMAN

Effective From : 11/14/2023

Version : 1.01

TABS ID: 230038

Life Plan Type : Semi-Annual

Status: Draft

I visit my dentist at the Charles Evans Center every 6 months. I visit my PCP annually and as needed to monitor my medications and overall health and wellbeing. I will be meeting my new neurologist in the upcoming weeks to monitor medications; it has not been determined how often I will be visiting at this time. I have a in-home Podiatrist that I meet with every 2 months who assists in taking care of my feet and trimming my nails. Due to my lack of sleeping lately, I will be going to a Neurologist to discuss my sleeping and also discuss discontinuing my small dose of seizure medication as I do not have a history of seizures.

I would require total support in evacuating and calling for help in the event of an emergency. In the event of an emergency I would be transported to Huntington Hospital.

My Relationships

I have a great relationship with my parents and family members. I have a sister Kerry Hagan who is my legal guardian. I enjoy being social and spending time with people. I am happy that I have moved to Long Island as I have family members that live here and can visit me more often. I am comfortable living with my housemates.

My Happiness

I enjoy listening to music. I believe I have a good sense of humor as I enjoy telling some jokes when I am comfortable. I like telling my "Fishing Hook" joke and the time I pushed a man in the pool wearing a suit. I get a great laugh and funny feeling when I tell these jokes. A short term goal of mine would be to continue adjusting to my new life transition having moved from Greene County with my parents and living on Long Island. A long term goal would be to becoming more independent.

My School/ Learning

I do not attend school. I graduated High School in 2003. I am interested in attending a Program Without Walls program. I would like to have a routine to work on enhancing my independence, socializing with peers and going out in the community as I like to go on car rides.

Section II

OUTCOMES AND SUPPORT STRATEGIES

This section includes measurable/observable personal outcomes that are developed by the person and his/her IDT using person-centered planning. It describes provider goals and corresponding staff activities identified to meet the CCO goal / valued outcome. It captures the following information: goal description, valued outcomes, action steps, responsible party, service type, timeframe for action steps and Personal Outcome Measures. Evidence of achievement must be reflected in monthly notes from assigned providers.

POM – Personal Outcome Measure	Individual Goal/Valued Outcome	Provider Assigned Goal/ Action Step (Type)	Provider (Program Name)	Service Type	Frequency Quantity Time Frame	Special Considerations
People choose personal goals	I want to be more independent	To assist with completing ADLs such as house chores/tasks and showering with verbal prompting	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing	

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Life Plan Type : Semi-Annual

Status: Draft

		(Goal)			Time Frame : Ongoing	
People have the best possible health	I want to be healthy	To assist in developing healthy food/exercise routine. (Goal)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing	
People choose personal goals	I want to learn safety skills	Teach safety skills (Goal)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing	

Section III

Individual Safeguards/Individual Plan of Protection (IPOP)

Compilation of all supports and services needed for a person to remain safe, healthy and comfortable across all settings (Including Part 686 requirements for IPOP). This section details the provider goals and corresponding staff activities required to maintain desired personal safety

Individual Goal/ Valued Outcome	Provider Assigned Goal/ Action Step (Type)	Provider (Program Name)	Service Type	Frequency Quantity Time Frame	Special Considerations
Call for help	Total support (Support)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing	

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I need help evacuating in an emergency	Total support (Support)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing
I need help with personal hygiene	Verbal prompting to brush teeth, comb hair, shower. (Support)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing
I need to be supervised while I'm home	Range of Sight or Scan (Support)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing
I need to be supervised while in the community	Range of Sight or Scan (Goal)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing
I need assistance with medications	Total support (Support)	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	Residential Habilitation - Supportive	Frequency : Ongoing Quantity : Ongoing Time Frame : Ongoing

Section IV

HCBS Waiver and Medicaid State Plan Authorized Services

This section of the Life Plan includes a listing of all HCBS Waiver and State Plan services that have been authorized for the individual.

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Authorized Service	Provider (Program Name)	Effective Dates	Quantity (Per)	Unit Of Measure (Total Units)	Duration	Authorization Status	Special Considerations
Residential Habilitation - Supportive	CITIZENS OPTIONS UNLIMITED, INC. (361 WEST BROADWAY)	11/01/2023		MONTH (0.00)	ONGOING	Approved	

Section V				
All Supports and Services; Funded and Natural/Community Resources				
<p>This section identifies the services and support givers in a person's life along with the needed contact information. Additionally, all Natural Supports and Community Resources that help the person be a valued individual of his or her community and live successfully on a day - to - day basis at home, at work, at school, or in other community locations should be listed with contact information as appropriate.</p>				
Relationship/Service Type	Name	Organization	Address	Phone (Email)
Neurologist, Circle of Support	Dr. Sanjay Sahay	Northwell Health	901 Stewart Ave Suite 220 Garden City NY 11530	516-739-3030
Podiatrist, Circle of Support	Dr. Mitchell Kohan	General Podiatry	276 Smithtown Blvd Nesconset NY 11767	631-467-7600
Waiver Services	Waiver Services	0227 - LONG ISLAND DDSO	415A OSER AVE Hauppauge NY 11788	631-434-6100
Dental	Dentist	Charles Evans Center	857 S Oyster Bay Rd Bethpage NY 11714	516622-8888
Hospital	Huntington Hospital	Huntington Hospital	270 Park Ave Huntington NY 11743	631351-2000
Nurse, Circle of Support	Ishri Prashad	CITIZENS OPTIONS UNLIMITED, INC.	115 E. Bethpage Rd Plainview NY 11803	516 314 3183 iprashad@citizens-inc.org
Behavioral Intervention Specialist	Doris Ren	CITIZENS OPTIONS UNLIMITED, INC.	115 E. Bethpage Rd. Plainview NY 11803	631-651-5115 fren@citizens-inc.org
Pharmacy	Chem RX	Chem RX	51 Charles Lindbergh Blvd Uniondale NY 11553	516-889-8770
Primary Care Provider	Dr. Ben Moha	Dr. Ben-Moha PCP	1163 Old Country Rd Store #11 Plainview NY 11803	516827-1515
Assistant Director of Residential Services	Tessa Guillaume-Lewis	CITIZENS OPTIONS UNLIMITED, INC.	115 E. Bethpage Rd. Plainview NY 11803	516.350-3239 tguillaume@citizens-inc.org

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Residential Manager; Circle of Support	Amanda Legros	CITIZENS OPTIONS UNLIMITED, INC.	38 KIRKLAND DRIVE Greenlawn NY 11740	516-519-2806 alegros@citizens- inc.org
Care Manager, Circle of Support	Josette Balletti	TRI-COUNTY CARE, LLC	775 North Main Street Spring Valley NY 10977	844-504-8400 j.balletti@tricitycare. org
Sister, Primary Contact	Hagan, Kerry		56-08 207th Street bayside ny 11364	917-697-7283 kgaffney320@gmail.co m

Member and/or Representative Approval		
Member Name :	Member Approval Date :	Member Approval Method :
Representative 1 Name :	Representative 1 Approval Date :	Representative 1 Approval Method :
Representative 2 Name :	Representative 2 Approval Date :	Representative 2 Approval Method :
Committee Approver :	Committee Approval Date :	Committee Approval Method :
Comments :		

Section VI Acknowledgement and Agreements							
Notification Date	Name	Provider	Authorized Services	Acknowledge and Agree Status	Acknowledge and Agree Date	Acknowledge And Agree Method	Comments
No Records							

Documents			
Document Type	Document Valid From	Document Title	Attach Document
Life Plan Approval	11/29/2023	HOFFMAN WILLIAM 23003 8_2023_11_30 Life Plan Approval_2497138	Hoffman_William_230038_20 23_11_29_approval.pdf

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Status: Draft

*Note: The following Medications, Allergies, Diagnoses, and Durable Medical Equipment are based on information gathered and believed to be accurate at time of Life Plan Finalization.

Medication	
Medication Name	End Date
Lamotrigine	
Melatonin	
Milk of Magnesia	
MIRALAX PWD PCKTS	
Vitamin B	
Ketoconazole	
Vitamin D2	
Acetaminophen	
Aspirin EC	

Allergies					
Allergy Name	Description	Reaction	Reaction Comments	Severity	End Date
No Records					

Diagnosis			
Diagnosis Code	Description/Comments	Type	End Date
Q90	Down syndrome	Principal DD	
F70	Intellectual disability (intellectual developmental disorder), Mild	Principal DD	

Durable Medical Equipment				Date of Review :
Canes List	Crutches List	Walker List	Wheelchair List	
Bathroom Equipment List	Hospital Bed Equipment List	Safety Equipment List	Seated Positioning Equipment List	



Citizens Options Unlimited

38 Kirkland Dr. Greenlawn, NY 11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic:

WH's updated Life Plan

Presented by: Amanda Legros, House Manager

Date initiated: 07/01/2024

Print Name	Signature	Title	Date
Scheidise Paul	<i>[Signature]</i>	DBS Manager	7/25/24
Coretta Brown	<i>[Signature]</i>	DSP	7/25/24
Marie Antenor	<i>[Signature]</i>	DSP	7/25/24
Albee Jules	<i>[Signature]</i>	DSP	7/27/24
Claude Borgart	<i>[Signature]</i>	DSP	7/25/24
Matthew Mcrae	<i>[Signature]</i>	DSP	7-26-24
Noble Benoit	<i>[Signature]</i>	DSP	7/25/24
Stephane Casseus	<i>[Signature]</i>	DSP	7-26-24
Jean Robert Dupont	<i>[Signature]</i>	DSP	7-29-24
Jaxon Placide	<i>[Signature]</i>	DSP	7/26/24
Andrea Epps	<i>[Signature]</i>	DSP	7/27/24
Louise Rho	<i>[Signature]</i>	DSP	7/27/24
Steven Lennon	<i>[Signature]</i>	DSP	7-26-24

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Status: Draft

Dining Equipment List	Adaptive Equipment List	Environmental/ Home Modifications List	Miscellaneous List

Signatures
No Records

Staff Action Plan Author's Signature:	 Amanda Legros	Title: House Manager	Date: 6/21/2024
Individual (Optional):		Title:	Date:
Advocate (Optional):		Title:	Date:
Supervisor/Reviewer (Optional):	 Tessa Guillaume-Lewis	Title: Citizens- Assistant Director	Date: 6/30/2024

Citizens-Options Unlimited IRA Residential Habilitation Staff Action Plan

Name of Individual: WILLIAM HOFFMAN
Staff Action Plan Review Date: 05/30/2024
Primary Location (if applicable): 38 Kirkland Dr. Greenlawn, NY 11740
Medicaid Number (CIN#): DA17343S
Name of Care Coordination Organization: Tri-County Care
MY PERSONAL MISSION STATEMENT This Staff Action Plan contains the goals/valued outcomes, safeguards and Plan of Protection the person supported recommended at their Life Plan Meeting and is based on the person's CQL personal outcomes measures (POM) Interview, Rights-Supported Decision Making assessment as applicable and personal desires.

Individual Habilitative Goals/Valued Outcomes (My Goal - Section II of Life Plan)

This section contains the individual's habilitative goals/valued outcomes derived from the individual's Life Plan. The habilitation service must relate to the individual's habilitative goals/valued outcomes. To support person-centered practices, each of the goals/valued outcomes identified must relate to a Council on Quality and Leadership (CQL) Personal Outcome Measure (POM) category.

This Staff Action Plan was developed during the planning meeting which was held on the above listed "Date of Last Review". At the meeting the plan was reviewed and reassessed by the person with their team. Discussion included progress, as well as strategies to prevent regression and address challenges. I attest that the person is in agreement with this plan. The person is also aware that a team meeting will be scheduled if at any time they would like to change this plan.

Provider Assigned Habilitative Goals (Section II of Life Plan)

CQL POMs Goal/Valued Outcome	My Goal/Valued Outcome	Provider Assigned (Habilitative Goal)	Service Type	Staff Action Plan with Frequency (Provider Developed Document)
1.) People participate in the life of the community	<ul style="list-style-type: none"> Be more involved in community life [Dx = 0%] 	<ul style="list-style-type: none"> Assist William in getting to know his community [Dx = 0%] 	IRA Residential Habilitation	<ul style="list-style-type: none"> Staff will assist William to learn about his new community by asking him if he would like to go out in the community, visit a new location, and then explain to him what the new location is and what service they provide at least 3x a week. [24x = 100%]
2.) People choose personal goals	<ul style="list-style-type: none"> Socialize with others. [Dx = 0%] 	<ul style="list-style-type: none"> Assist William in getting to know his new peers and staff [Dx = 0%] 	IRA Residential Habilitation	<ul style="list-style-type: none"> Staff will assist William to learn the names of the staff and peers in his new home by asking him if he would like to learn the names of his staff and peers, introduce each person in the room by telling William their name, and then

**Citizens
Monitoring Plan**

Name:	Paul Cusanelli
Start Date:	11-15-24
Location(s):	38 Kirkland Dr., Greenlawn
Developed By:	Fangchi Ren, MA., RBT, BIS
Reviewed By:	Jennifer Goot, MS, AD-BIS.

Self-Report: *include input regarding plan development from the person receiving supports.*

BIS met with Paul and reviewed his plan. Paul was receptive to his plan, however BIS was unsure how much Paul understood of his plan. At this point, Paul's family and staff will continue to advocate for him.

Relevant Diagnosis *(list each co-occurring psychiatric diagnosis):*

Paul is a pleasant and energetic young man who transitioned into Kirkland IRA in October 2024. Paul is transitioning well in his new residence and appears to like spending time with his new housemates. Paul is diagnosed with severe intellectual disability, seizure disorder, Potaki-Shaffer Disorder, and Pervasive Developmental Disorder. Paul is verbally limited, and he can verbally express basic wants and needs or through gestures. Paul is on a monitoring plan addressing the following behaviors: physical aggression and property destruction. Paul does not always have the ability to express his wants or needs appropriately, which often leads to frustration and interfering behaviors.

The following monitoring plan is intended to provide staff with strategies to support Paul when he experiences challenges related to his diagnoses:

Severe Intellectual Disability: Characterized by significant limitations in both intellectual functioning and adaptive functioning which affects many everyday social and practical skills.

Seizure Disorder: an uncontrolled electrical disturbance in the brain which results in temporary confusion, uncontrollable jerking movements of the arms and legs, loss of consciousness and cognitive or emotional symptoms, such as fear and anxiety.

Potaki-Shaffer Disorder: affects development of the bones, nerve cells in the brain and other tissues.

Pervasive Developmental Disorder- which includes atypical autism and is the most common; autism, the best-known, now understood to be part of a spectrum; Asperger syndrome; Rett syndrome; and childhood disintegrative disorder (CDD).

Symptoms:

Pervasive Developmental Disorder: which includes atypical autism and is the most common; autism, the best-known, now understood to be part of a spectrum; Asperger syndrome; Rett syndrome; and childhood disintegrative disorder (CDD).

Symptoms/Behaviors specific to individual *(list and operationally define each behavior of concern):*

Physical Aggression: hitting, pushing, and/or throwing items directed at others

Property Destruction: throwing items, throwing and/or breaking glasses

Environmental stressors *(indicate known antecedents and/or triggers to above symptoms and/or behaviors):*

- Yelling at others
- Refusal to follow given directives
- Increase in self-stimulatory behavior
- Instructing other people supported
- Perceived denial and/or denial to want or request

- Waiting
- Transitioning from preferred to non-preferred activities
- Louder environment
- Paul will often refuse/ignore staff request to engage in a task and/or non-preferred activity if he is actively engaged in a preferred activity, i.e., watching TV, playing with his iPad.

Techniques to help with symptoms or behavior concerns *(indicate techniques to be used both to maintain stability as well as what to do when symptoms/behaviors are observed):*

If another peer in the house is making loud noises, having a behavior problem or appears to be bothering Paul:

- Remind Paul to remain calm
- Redirect to focus on his activities
- Tell him to ignore the other peers or ask Paul to leave the area to keep him away from the other peer
- If Paul attempts or throws his glasses, Staff will State “Paul you need your glasses to be able to see”.

If Paul engages in aggression or property destruction

- Immediately interrupt the behavior and redirect Paul to activity at hand.
- Block all aggressive attempts.
- Redirect other peers out of the area. Be wary of other residents in close proximity to Paul.
- Use basic redirection strategies as necessary until Paul ceases engagement in the behavior.
- If behavior continues or escalates, redirect Paul into his room or to a location away from the other peers.

When to seek clinical or emergency support *(indicate why and when clinical or emergency support would be needed and how to access such support):*

Any significant change in symptoms or behavior (increase in frequency, intensity, or duration; onset of new symptoms or behaviors) will be reported to Sr. BIS and/or treating psychiatrist immediately to be assessed.

Jennifer Goot, AD-BIS. jgoot@ahrc.org

(list Sr. BIS and Psychiatrist name and phone # or email)

Symptom/Behavior Tracking *(indicate method of tracking occurrences of symptoms/behaviors):*

Management staff and/or site clinician will complete Symptom/Behavior Checklist on a monthly basis and forward to designated person for the site (Assistant Director and/or Clinician).

Please indicate that you have read and understand the preceding Monitoring Plan and Symptom/Behavior Checklist for Paul Cusanelli:

Print name	Signature	Title	Date
1.			
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**Monitoring Plan
Symptom/Behavior Checklist**

Name: Paul Cusanelli

Location: Kirkland IRA

Completed by: _____

Month/Year: _____

Psychiatric Symptoms	Behavior Concerns
<p>1. Pervasive Developmental Disorder: which includes atypical autism and is the most common; autism, the best-known, now understood to be part of a spectrum; Asperger syndrome; Rett syndrome; and childhood disintegrative disorder (CDD).</p>	<p>A. Physical Aggression: hitting, pushing, and/or throwing items directed at others B. Property Destruction: throwing items, throwing and/or breaking glasses</p>

Were any of the above Psychiatric Symptoms observed this month? No Yes

If Yes, list number(s): _____

What was the frequency? daily weekly monthly

Were any of the above Behavior Concerns observed this month? No Yes

If Yes, list letter(s): _____

What was the frequency? daily weekly monthly

Signature

Date completed

Forwarded to: _____
Designated Person

**Citizens
Monitoring Plan**

Name:	John McCabe
Start Date:	7-20-2025
Location(s):	38 Kirkland Dr, Greenlawn, NY
Developed By:	Alexa Litwak M.S., BIS
Reviewed By:	Jennifer Goot, MS, Ed, AD- Behavioral Health Services

Self-Report: include input regarding plan development from the person receiving supports.

The BIS reviewed John's plan with him. It was unclear if John was able to understand his plan so his family and staff will continue to advocate for him on his behalf.

Relevant Diagnosis (list each co-occurring psychiatric diagnosis):

John is a pleasant young man who lives at the Kirkland IRA. John is diagnosed with Cerebral Palsy, Autism Spectrum Disorder, general anxiety disorder, and profound intellectual disability. John also has a history of sleep apnea and hyperventilation. John sees a psychiatrist to treat his anxiety and hyperventilation. John is non-verbal and he utilizes a walker in the residence and a wheelchair in the community. John is on a monitoring plan addressing the following behaviors: self-stimming and physical aggression. John does not always have the ability to express his wants or needs appropriately, which often leads to frustration and interfering behaviors.

The following monitoring plan is intended to provide staff with strategies to support John when he experiences challenges related to his diagnoses:

Autism Spectrum Disorder- a neurodevelopmental disorder marked by deficits in reciprocal social communication and the presence of restricted and repetitive patterns of behavior

Cerebral Palsy- a group of conditions that affect movement and posture.

General anxiety disorder- stress that's out of proportion to the impact of the event, inability to set aside a worry, and restlessness.

Profound intellectual disability- Noticeable developmental delays (i.e. speech, motor skills). May have physical signs of impairment (i.e. thick tongue). Can communicate in basic, simple ways.

Sleep Apnea- sleep disorder in which breathing repeatedly stops and starts

Hyperventilation- breathing that is deeper and more rapid than normal. It causes a decrease in the amount of a gas in the blood.

Symptoms:

Autism Spectrum Disorder:

- Deficits in socio-emotional reciprocity, including ability to engage in back and forth conversation, reduced sharing of interests, emotions, affect as well as potential inability to initiate or respond appropriately to social interactions
- Deficits in non-verbal communicative behaviors used for social interaction, ranging from poorly integrated verbal and non-verbal communication to difficulty with eye contact, body language, including deficits in understanding social gestures
- Demonstration of repetitive motor movements and phrases, like flapping his hands, rocking back and forth and banging his hands on objects as well as making loud outbursts.
- Does not show facial expressions like sadness, angry or surprised.
- Gets upset by minor changes
- Hyper/hypo activity to sensory input

General anxiety disorder: restlessness, extreme tiredness (fatigue), trouble focusing, grouchiness, increased muscle tension, and trouble sleeping.

Symptoms/Behaviors specific to individual (list and operationally define each behavior of concern):

1. **Self-Stimming Behaviors** – John will hit his hands on any object such as chairs and tables, rock back and forth on chairs or on his bed.

2. **Physical Agitation**—When John has difficulty communicating his wants and needs, he will swat, push, or hit another person.

- Environmental stressors (indicate known antecedents and/or triggers to above symptoms and/or behaviors):**
- Unanticipated changes/disruption to routines
 - Transitioning
 - Engaging in non-preferred tasks
 - Seeing unfamiliar faces
 - Loud Environment
 - Under or over stimulated
 - Inability to access preferred item (tangibles)

Techniques to help with symptoms or behavior concerns (indicate techniques to be used both to maintain stability as well as what to do when symptoms/behaviors are observed):

Staff should engage John in the following:

1. John likes to listen to music and play with his musical toys
2. John likes to watch tv and videos
3. John likes to go out on recreational outings such as to the mall, parks, restaurant & see the parades
4. John likes to go to the petting zoo
5. John likes to take walks with staff assistance and his wheelchair
6. John likes to take showers and have the water run on his chest as this is a sensory stimulant for him
7. John likes to rock back and forth in his rocking chair which is also a sensory stimulant for him.
8. Give John positive praise when he completes an activity, for e.g., “well done John, you did it”.
9. Staff must not prompt John more than 3 times, if he refuse to engage in an activity, allow him to take a break or redirect to an activity of his liking.
10. John has unsteady gait and need staff assistance in walking distances as he drags on his right leg; wheelchair is only used for transportation purposes only.

Staff must be aware that John has medically prescribed Bed Rails for use at Bedtime, as a Safety Precaution and must ensure that once he gets into bed at night, the rails are to be pulled up.

When to seek clinical or emergency support (indicate why and when clinical or emergency support would be needed and how to access such support):

Any significant change in symptoms or behavior (increase in frequency, intensity, or duration; onset of new symptoms or behaviors) will be reported to BIS and/or treating psychiatrist immediately to be assessed.

(list BIS and Psychiatrist name and phone # or email)

Asst. Director of Behavioral Health Support: Jennifer Goot, MS Ed. jgoot@ahrc.org or 516-293-2016 ext 5784

Alexa Litwak M.S., BIS (alitrwak@citizens-inc.org)

LISH Psychiatrist AnnMarie Spinella

Symptom/Behavior Tracking (indicate method of tracking occurrences of symptoms/behaviors):

Management staff and/or site clinician will complete Symptom/Behavior Checklist on a monthly basis and forward to designated person for the site (Assistant Director and/or Clinician).

Please indicate that you have read and understand the preceding Monitoring Plan and Symptom/Behavior Checklist for John McCabe:

Print name	Signature	Title	Date
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**Monitoring Plan
Symptom/Behavior Checklist**

Name: John McCabe
Completed by: Alexa Litwak M.S., BIS

Location: Kirkland IRA
Month/Year: _____

Psychiatric Symptoms	Behavior Concerns
<ol style="list-style-type: none"> 1. Deficits in socio-emotional reciprocity, including ability to engage in back and forth conversation, reduced sharing of interests, emotions, affect as well as potential inability to initiate or respond appropriately to social interactions 2. Deficits in non-verbal communicative behaviors used for social interaction, ranging from poorly integrated verbal and non-verbal communication to difficulty with eye contact, body language, including deficits in understanding social gestures 3. Demonstration of repetitive motor movements and phrases, like flapping his hands, rocking back and forth and banging his hands on objects as well as making loud outbursts. 4. Does not show facial expressions like happiness or sadness, angry or surprised. 5. Gets upset by minor changes 6. Hyper/hypo activity to sensory input 	<ol style="list-style-type: none"> a. Self-Stimming Behaviors – John will hit his hands on any object such as chairs and tables, rock back and forth on chairs or on his bed. b. Physical Agitation—When John has difficulty communicate his wants and needs, he will swat, push, or hit another person.

Were any of the above Psychiatric Symptoms observed this month? No Yes

If Yes, list number(s): _____

What was the frequency? daily weekly monthly

Were any of the above Behavior Concerns observed this month? No Yes

If Yes, list letter(s): _____

What was the frequency? daily weekly monthly

Signature

Date completed

Forwarded to: _____
Designated Person

Psychotropic Medication List Addendum

Name:	John McCabe
Behavioral Intervention Specialist:	Alexa Litwak M.S., BIS
BSP/MP effective date:	7-20-25
Medication Addendum date:	7-20-25

Active Diagnoses and symptoms:

Autism Spectrum Disorder:

ASD is a complex developmental condition which involves persistent challenges in social interactions, speech and non-verbal communication and restricted repetitive behaviors. The effects of ASD and the severity of symptoms are different in each person.

Symptoms: (can range from mild to severe and often changes over time). These can be:

- Social interaction and communication problems which includes difficulties in normal back and forth conversations, reducing sharing of interests or emotions, challenges in understanding or responding to social cues such as eye contact and facial expressions, deficits in developing / maintaining/ understanding relationships (trouble making friends) and others.
- Restricted and repetitive patterns of behaviors, interests and/or activities, such as hand-flapping and toe-walking, playing with toys in an uncommon way (lining up cars or flipping objects), speaking in a unique way such as odd patterns or pitches of speaking, having significant need for a predictable routine or structure.

General anxiety disorder: stress that's out of proportion to the impact of the event, inability to set aside a worry, and restlessness. Symptoms include restlessness, extreme tiredness (fatigue), trouble focusing, grouchiness, increased muscle tension, and trouble sleeping.

List of current medications and indications:

- **Risperdal (Risperidone):** used to treat Anxiety Disorder
- **Klonopin (Clonazepam):** used to treat Anxiety Disorder

Keep this form with person's BSP/MP

**Citizens Options Unlimited
Formal Behavior Support Plan - Restrictive**

PART 1:

A. Name:	Nicholas Jacovelli
B. Start Date:	8/30/25
C. Schedule for Review:	Approaches and restrictions within this plan are reviewed for effectiveness at least semi-annually.
D. Location(s):	38 Kirkland Dr IRA, Greenlawn, NY
E. Developed by:	Alexa Litwak, M.S., BIS
F. Reviewed by:	Jennifer Goot, MS, AD of Behavioral Health Services Christine Schulte, PhD, BCBA-D
G. Level of Supervision (where applicable to Behavioral Need):	<p><u>1:1 supervision during waking hours (7am-11pm):</u> Nicholas requires the support of 1:1 staff during awake hours (7am-11pm) in the residence and while out in the community. This requires staff to be within one arm's length distance (meaning with your arm stretched out you are able to touch him) from Nicholas at all times in common areas and in the community.</p> <ul style="list-style-type: none"> • Nicholas's 1:1 cannot be assigned AMAP responsibilities • When Nicholas is in his bedroom, his assigned 1:1 staff will remain outside by the door, within close proximity to be able to hear Nicholas. • When Nicholas is in the bathroom, his assigned 1:1 staff will remain outside, close proximity to be able to hear Nicholas. • Transfer of responsibility: Staff will verbally communicate with the second staff to transfer 1:1 supervision responsibility. They will write it on the transfer of supervision data sheet. They will fill out the date, their name, and the staff name accepting transfer of responsibility. • Nicholas's 1:1 can be the driver ONLY if Nicholas is being transported alone. If there are other peers in the van, Nicholas's assigned 1:1 staff will be sitting next to Nicholas during transportation. • Staff will utilize the Room Sensor during waking hours, when Nicholas is in his bedroom for private time, as this will alert staff that he is leaving his bedroom and will provide support or redirection when needed, as Nicholas would want to take a shower right after. <p><u>Periodic checks:</u> Staff will observe Nicholas as supported and specified in his plan (can be visual or audio or both). This includes signs of life checks. Nicholas requires periodic checks every 30 minutes while in his bedroom and overnight</p> <p><u>During overnight (11pm-7am):</u> Staff will utilize the room sensor. The room sensor will alert staff when Nicholas is leaving his room, and staff will immediately provide support or redirection as needed.</p>

Restrictions:

H. Restrictive Psychotropic Medication(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	Fading Component: BIS will regularly monitor frequency of presenting behaviors to determine if there has been a significant decrease in presenting behaviors. If a significant decrease has been determined, the consideration of decreasing psychotropic medication will be discussed with the team and treating psychiatrist.
I. Rights Restriction(s)/SCIP-R:	<p><u>1:1 supervision during waking hours (7am-11pm)</u> is to be utilized to provide support due to presenting behaviors. 1:1 guideline are in proactive section.</p> <p>SCIP Arm control is to be utilized when Nicholas is engaging in SIB and</p>

	<p>does not respond to verbal redirection.</p> <p>Protective body wear (shoulder guard & sleeves) is utilized to decrease injury from SIB.</p> <p>Room sensor- is to be utilized during AWAKE & OVERNIGHT Hours to alert staff that Nicholas is awake and exiting his room. 1:1 supervision will be transferred back. Room sensor guidelines are in proactive section.</p> <p>Padded furniture/wall –being utilized to decrease injury resulting from SIB.</p> <p>Body Checks: conducted during morning and evening routines and before and after home visits, to determine if any identified bruising/injury is correlated to Self-Injurious Behaviors and/or unrelated to Self-Injurious Behavior.</p> <p>Seatbelt Buckle Guard: being utilized to decrease his ability to take off his seatbelt during van rides</p>
J. Current Fading Restriction:	<p>If Nicholas does not engage in SIB on his Padded Wall in his bedroom, padding on the wall will be removed in three months.</p> <p>If Nicholas SIBs and Aggression decrease to 10 or less, range of sight or scan will start during AM shift (7am-3pm) in three months.</p> <p>If Nicholas does not engage in SIB resulting in the use of Arm Control and Body Wear, it will be removed from the plan in 6 months.</p> <p>If Nicholas does not engage in SIB of banging his head on objects, temporary padding for furniture will be used in 6 months.</p> <p>Room Sensor, this restriction will be removed from the plan when criteria is met for fade out of Nicholas' 1:1 supervision.</p> <p>Body Checks: conducted before taking a shower during morning and evening routines and before and after home visits.</p> <p>Seatbelt Buckle Guard: being utilized to decrease his ability to take off his seatbelt during van rides, if Nicholas does not attempt to take seatbelt off within 3 months, buckle guard will be removed for 10 minute van ride.</p>
K. Date of Human Rights approval:	3/26/25
L. Consent Date:	4/7/25

PART 2:

I. RATIONALE: *Indicate why behavior supports are being implemented or why existing plan is being revised.*

Nicholas's BSP is being revised due to its annual review. The revisions being made are to best support Nicholas with proactive and reactive strategies. Periodic checks are being added to his plan to be conducted when he's in his bedroom and overnight to ensure his safety. A seatbelt buckle guard is included in current revision to decrease Nicholas ability to remove his seatbelt during van rides.

II. SELF-REPORT: *include input regarding plan development/revision from the person receiving supports as well as person's response to Rights Restriction(s).*

The BIS reviewed Nicholas's BSP with him, however it is uncertain how much of the plan he understood. During this time, Nicholas's family and team will continue to advocate for him.

PART 3:

PRESENTING BEHAVIOR(S): *list and describe: each behavior in concrete terms.*

- 1) **Aggression:** defined as any instance of **A) head butting, B) punching, C) pinching, D) scratching, E) biting, or F) grabbing** another person.
- 2) **Self-Injurious behavior-** **A) Open hand slap** - Nicholas will slap himself in the face & neck with his open hand, **B) Pinching or scratching** - Nicholas will pinch or scratch himself in the stomach & arms, **C) Biting** - Nicholas will bite himself in the shoulders, arms, hands & wrists, **D) Banging head on object-** Nicholas will bang his head on objects (walls, mirrors), **E) Closed fist punch** - Nicholas will use a closed fist punch towards his face.

- 3) **Removing seatbelt during transportation:** a) Nicholas will remove his seatbelt while van is moving b) attempts to remove seatbelt

Proactive strategies (Use these approaches on a daily/regular basis to maintain positive behavior; includes meeting needs.)

Nicholas likes to:

- Watch DVD's
 - Look at himself in the mirror
 - Listen to music
 - Go on recreation trips
 - Taking showers multiple times, a day
 - Swimming
 - Singing with staff
 - Having Swedish fish, Fruit Snack, Sour Candy, Gatorade, cake
- Nicholas likes to have private time while in his room; when he is ready to engage in private time, he will begin to disrobe in his room. **During this time, his 1:1 staff should utilize the Room Sensor and close the door to allow him his privacy.**
 - **When Nicholas is ready to exit to take a shower, the 1:1 staff will be alerted by the Room Sensor and the 1:1 responsibility will begin once more.** Nicholas 1:1 staff should assist him in maintaining his privacy.
 - When Nicholas has completed his private time, he will want to take a shower; 1:1 staff will ensure that Nicholas has a towel to cover himself before going to the bathroom. **While Nicholas is in the shower, his assigned 1:1 staff will remain outside, close proximity being able to hear Nicholas.**
 - **Body checks are performed in a natural setting twice daily.** Nicholas's 1:1 assigned staff is responsible for completing a body check during the AM & PM shifts, **BEFORE** Nicholas takes a shower, to ensure there are no injuries. **Body checks are also completed before and after home visits.**
 - 1:1 staff is to encourage Nicholas to participate in functional activities (*such as emptying the dishwasher, wiping the table, and doing laundry throughout the day*). Give Nicholas praise when he completes a functional activity by saying "*Well done Nicholas, thank you for emptying the dishwasher*", or *good job Nicholas wiping the table*".
 - If Nicholas becomes agitated while participating in functional activities, staff should prompt Nicholas to request a break, and the activity should be discontinued.
 - 1:1 staff should encourage Nicholas to complete his ADL goals and functional activities before he takes a break to watch his DVD's
 - 1:1 staff is to encourage Nicholas to participate in a daily activity of his choice or one which he enjoys, such as watching DVDs.
 - 1:1 staff is to encourage Nicholas to communicate his wants and his needs via pointing and gesturing to what he wants.
 - Nicholas has sleeves as well as under armor shirts which he can put on and take off.
 - ABC Data/Replacement Skills Data Sheet and clinical observations are utilized to document episodes of Nicholas' challenging behaviors during transitions, task engagement, and mealtimes. **Therefore, Nicholas should be provided with short breaks throughout the day after completing a task (10-15 minutes max).**
 - Nicholas will frequently try to sit on the counter in the kitchen. Staff are to encourage Nicholas to use the padded chair at the dining room table for his safety during all meals. For example, "*Nicholas, let us go and sit in your chair where it is much more comfortable to sit*"
 - If another resident is exhibiting challenging behaviors or making loud noises, staff should redirect Nicholas from the area as this can trigger challenging behaviors in Nicholas.
 - Non-contingent Reinforcement is a strategy where staff deliver ongoing, brief reinforcement to a person we support when a challenging behavior is not occurring. (*for example, telling Nicholas "What a great job you are doing keeping his hands at your side" or "Nicholas, thank you for telling/showing me what you wanted"*).
 - Staff should praise Nicholas when he is displaying appropriate behavior. Staff should "catch Nicholas being good," and anytime staff can deliver a quick positive praise to Nicholas throughout the course of his day they should.

Van Rides:

- In the van, a buckle guard will be utilized during transportation. Seatbelt cutters will be stored in vehicle transportation bag and glove compartments in the event of an emergency.
- Nicholas’s 1:1 can be the driver if he is traveling alone. If there are other peers present, then Nicholas 1:1 cannot be the driver.

Level Of Supervision:

1:1 supervision during waking hours (7am-11pm):

Nicholas requires the support of a 1:1 staff during awake hours (7am-11pm) in the **residence** and while out in the **community**. This requires staff to be within one arm’s length distance (meaning with your arm stretched out so you can always touch him) from Nicholas in common areas and in the community.

- Nicholas’s 1:1 cannot be assigned AMAP responsibilities
- **When Nicholas is in his bedroom**, his assigned 1:1 staff will remain outside by the door, within close proximity to be able to hear Nicholas.
- **When Nicholas is in the bathroom**, his assigned 1:1 staff will remain outside, close proximity to be able to hear Nicholas.
- Nicholas’s 1:1 can be the driver **ONLY** if Nicholas is being transported alone. If there are other peers in the van, Nicholas’s assigned 1:1 staff will be sitting next to Nicholas during transportation.
- **Staff will utilize the Room Sensor during waking hours**, when Nicholas is in his **bedroom for private time**, as this will alert staff that he is leaving his bedroom and will provide support or redirection when needed, as Nicholas would want to take a shower right after.

Documentation requirements for 1:1 staff Transfer of responsibility

If Nicholas’s 1:1 staff needs to take a break (meal, phone call, bathroom, etc.) a clear transfer of responsibility is required when the designated staff member needs to be relieved of their responsibility. Staff will verbally communicate with the second staff to transfer 1:1 supervision responsibility. They will write it on the transfer of supervision data sheet. They will fill out the date, their name, and the staff name accepting transfer of responsibility.

NAME 1:1 STAFF	1:1 TURNED OVER	1:1 STAFF ACCEPTED	DATE
Ex: Lisa Simpson	<i>Batman</i>	<i>Batman</i>	<i>10/31/2020</i>

Room sensor guidelines:

- **Room Sensor** will be utilized during **Awake hours (7am – 11pm)** when Nicholas is in his **bedroom for private time**, as this will alert staff that he is leaving his bedroom and will provide support or redirection when needed, as Nicholas would want to take a shower right after.
- **Room Sensor will be utilized during the overnight hours (11pm – 7am)** where Nicholas is independent with staff present. The room sensor will alert staff when Nicholas is leaving his room, and staff will immediately provide support or redirection as needed.

Guidelines for Body Wear:

Protective Sleeves: Nicholas wears protective sleeves to decrease and prevent injuries from him biting his lower arm, hands, or wrists **and can put sleeves on and off himself**. Sleeves and Under Armour clothing are for Nicholas to wear to prevent self-injurious behavior. If Nicholas begins to engage in self-injurious behavior and redirection to staff should encourage him to use.

- If Nick requires the use of sleeves, it must be removed for a Minimum of 10 minutes every 2 hours (i.e. if Nick is wearing the sleeves after 1 hour and 50 minutes, staff should prompt Nick to remove. Nick can use sleeves again

after 10 minutes of sleeves being off but would need to be removed again after 1 hour and 50 minutes. Documentation of time on and off is needed.

- Sleeves should be checked every 60 minutes to ensure it is safe, comfortable, and clean.
- Body Wear is to be removed when Nicholas is sleeping, during mealtimes and taking a shower with staff's assistance

Nicholas can remove his sleeves but may need encouragement/prompting to use.

Steps – Putting on & Removing

- Bunch the sleeve, place the hand into the sleeve, then pull upwards to cover the target area
- Hold the top of the sleeve and roll it down to the end, then slowly pull off.

Sleeves can be found in Nicholas' bedroom drawer or the laundry room.

SHOULDER GUARD:

Nicholas wears shoulder guards when needed to decrease and prevent injuries from him biting/hitting his shoulders and upper arms and should be used only when he is engaging in biting/hitting shoulder/upper arm area when redirection is unsuccessful.

- If Nick requires the use of Shoulder Guard due to SIB, it must be removed for a Minimum of 10 minutes every 2 hours (i.e. if Nick is wearing the guards after 1 hour and 50 minutes, the guards need to be removed. If Nick needs to use the guards again due to self-injury they can go back and would need to be removed again after 1 hour and 50 minutes. Documentation of time on and off is needed.
 - Shoulder guard while in use needs to be checked every 60 minutes to ensure it is safe, comfortable, and clean.
 - Shoulder guard should be removed when Nick is sleeping or laying down whenever possible.
 - The shoulder guard should be removed when Nicholas is eating.
 - If a physical intervention is needed, shoulder guard should be removed/avoided
- **Shoulder Guards can be found in Nicholas' bedroom in his drawer or in the laundry room.**

Typically, this type of SIB is observed when Nicholas needs to wait for requested items or activities.

Nicholas will assist staff in to putting on shoulder guards. Nicholas cannot remove shoulder guards on his own. Staff will provide assistance in taking shoulder guard off. When Nicholas is ready for bed, the staff will ask him if he wants to go to sleep and assist with removing the shoulder guard.

Putting on & Removing shoulder guard

- Shoulder guard can be placed on Nicholas by putting one arm in first, then the other after, then fasten the Velcro for each arm to hold it secure to the body.
- Shoulder guard can be placed across Nicholas' shoulder and fasten Velcro together on each arm.
- To remove Shoulder Guard, unfasten each Velcro fastener from each arm and remove, or remove each arm one at a time from the shoulder guard. NOTE Shoulder guards can only be worn for a Maximum of 1 hour and 50 minutes and then need to be off for a minimum of 10 minutes.

BODY-WEAR INSTRUCTIONS FOR SKIN INTEGRITY:

Protective body wear - is utilized to decrease injury from SIB, as Nicholas continues to target specific areas of his body resulting in injury, which is biting into his shoulder with the shoulder guards on and/or biting his arms, hands and wrists.

1. Before placing body-wear on, check his hands and shoulders for skin integrity. If any of the concerns below are noted, **DO NOT** use bodywear, and immediately contact RN for further instructions. The RN must be notified if any of the following are noted:
 - Reddened areas
 - Bruising
 - Bleeding
 - Scratches
 - Abrasions

- Open areas
 - Blisters
 - Questionable coloring to skin
 - Or an abrasion/scratch that wasn't noticed prior- document on body check and call RN
2. Upon removal of body-wear, check skin integrity again and notify RN if any of the above concerns are noted.
 3. **Please ensure you are filling out the bodywear section on the ABC Data/Replacement Data Sheet on each shift. AM/PM/ Overnight shifts must complete necessary paperwork, and all other required documentation.**
 4. When Nicholas is wearing his body wear, staff will ask him if he wants to go to sleep and assist with removing the body-wear.
 5. Body Wear is to be removed when Nicholas is sleeping, during mealtimes and taking a shower with staff's assistance.

Criteria for Body Checks:

- Body checks to be conducted and documented during natural settings, as follows:
 - o During the morning and evening routines, this should be done **before** his shower
 - o Before he goes on home visits and upon his return from home visits.

Procedure for performing Body Checks:

1. **Nicholas's 1:1 assigned staff will complete Nicholas body checks for that shift.**
 2. Body checks will be completed privately in the bathroom near the medication room (med room) or his bedroom.
 3. Staff will remind Nicholas they will be completing a body check, for example, "*Nicholas, let us go to the bathroom to do a body check first and then take a shower*"
 4. Staff will give Nicholas specific verbal praise, for example, "*Nicholas, thank you for allowing me to do a body check*" or "*Great job Nicholas for helping me with the body check, we found no bruising*"
 5. Staff will complete a body check to see if there is any new bruising/marks and document on the body check form, accordingly, exactly which area of the body any bruising/marks are found.
 6. Staff should visually scan Nicholas' entire body to make sure there are no open cuts, wounds, bruises or marks.
 7. If staff observe areas of his skin to be injured (discolored, swelling, and bruising), contact the house nurse. The nurse will determine the need for further medical attention.
 8. Contact House Manager to ensure appropriate reporting procedures are followed.
- * These checks and results will be documented on the body check sheet located in the body check binder*

Periodic checks: Staff observe the person(s) supported as specified in their plan (can be visual or audio or both). This includes signs of life checks. **Nicholas requires periodic checks every 30 minutes when in his bedroom and overnight.**

- Staff must be able to respond to Nicholas's needs
- Staff must have the ability to visually see, audibly hear or otherwise have a clear awareness of (depending on the reason for the periodic checks) Nicholas when required, as determined by the plan (e.g. staff visually checks/sees Nicholas within a specific timeframe- every 30 minutes while in his bedroom and overnight)
- The frequency, proximity, and staff response time are specific to activity and are detailed in Nicholas's service plans
- Staff may supervise more than one person and can perform duties other than supervision
- Staff must transfer responsibility of supervision to another staff when needing to be relieved. Staff must receive verbal confirmation.

Presenting Behavior/ Replacement Skills: <i>to be encouraged in place of presenting behavior</i>	Antecedents/Triggers <i>Something occurring before the behavior or that triggers the behavior</i>	Functions of Behavior <i>Conditions and consequences that maintain each behavior, environmental/cognitive/ physical/medical/ psychiatric factors that may contribute to such behavior.</i>	Active / Reactive <i>(Use these approaches when warning signs are observed and/or behavior is occurring):</i>
<p>Presenting Behaviors:</p> <p>Aggression: Defined as any instance of A) head butting, B) punching, C) pinching, D) Scratching, E) biting, F) grabbing another person.</p> <p>Replacement skills:</p> <p>a) Nicholas will request attention appropriately via gestures/pointing. b) Engagement in sensory and functional activities</p>	<ul style="list-style-type: none"> • Transitioning • Task Engagement • Presenting demands • Telling Nicholas “No” or “Wait” • When he wants privacy • Medical appointments/procedures 	<p>FBA reveals that the function of aggression is to escape task demands, such as transitions, functional activities, ADLs, and meals. His psychiatric diagnoses can contribute to this behavior and well as Nicholas diagnoses of Autism with communication challenges.</p> <p>Environmentally. Medical appointments/procedures can lead to challenging behavior of physical aggression.</p>	<ul style="list-style-type: none"> • Deflect the act of aggression & step away while maintaining an arm’s length distance. • During times of agitation, all staff not assisting Nicholas should redirect/guide his peers to a safe and quiet area of the house that is out of Nicholas’s sight. Give minimal reaction and eye contact to the act of aggression while maintaining safety. • Staff should provide verbal redirection, unrelated to the act of aggression (<i>for example</i>, “<i>Nicholas can we go to your room to watch your favorite show?</i>”) • Staff should not give attention to the behavior. Example: “<i>Nicholas don’t do that, or keep your hands down, or OW that hurts</i>” as it is giving attention to the behavior. • Staff should discourage Nicholas from escaping to complete the task. • Staff should redirect Nicholas by stating “<i>1, 2, 3 and we are done.</i>” Adding counting while completing tasks helps Nicholas understand when the task will be finished. • Once Nicholas is calm, opportunities for positive reinforcement (example, “<i>Nicholas, I like how your fingers are clean</i>”) should be immediately available. • If Nicholas becomes aggressive when there are no tasks in place, staff should deflect the act while maintaining no reaction to the aggression. Redirect Nicholas to a very simple task (throwing something out, putting a dish away, walking to the kitchen, or putting something in fridge). Directly after completing task, staff should verbally praise Nicholas for completing simple task, and provide positive attention. • Staff should encourage Nicholas to use appropriate gestures/visuals to communicate his wants and needs. <p>*SCP-R Arm Control may be utilized if Nicholas is in danger of harming himself, peer, or staff. Staff must use gradient support measures. (<i>Verbal redirection, touch, arm control</i>)</p> <p>*In the event Nicholas aggresses or bites a peer or staff member or if skin is broken, medical attention should be sought as soon as possible. Follow all nursing directives. Contact management immediately and follow incident reporting protocols.</p>

<p>Presenting Behavior:</p> <p>Self-Injurious Behavior</p> <p>A) Open hand slap B) Pinching/scratching himself C) Biting himself D) Banging head on object E) Closed fist punch</p> <p>Replacement skills:</p> <p>a) Nicholas will request attention appropriately via gestures/pointing b) Engagement in sensory and functional activities</p>	<ul style="list-style-type: none"> • Completing a functional activity. • Lack of stimulation • Inability to access preferred items • Periods of agitation or anxiety (<i>example when Nicholas is trying to gain staff's attention</i>). • Miscommunication 	<p>Open hand slap, pinching or scratching, serves multiple functions for Nicholas including escape, gaining attention and preferred items and sensory stimulation.</p> <p>Biting himself, banging his head on an object or hitting himself with a closed fist punch serves multiple functions for Nicholas including seeking attention, escaping an undesirable task, and gaining access to preferred items (tangible). His diagnoses affect this behavior as due to limited expressive communication.</p>	<ul style="list-style-type: none"> • Give minimal reaction and eye contact to the act while maintaining his safety. • Staff should provide verbal redirection, unrelated to the self-injurious behavior. • <i>"Let's throw out this garbage". Simple tasks that can be completed in 30 seconds or less. "Come with me to the kitchen."</i> • Staff should not respond to the behavior by saying <i>"Nicholas don't do that or keep your hands down."</i> as it is giving attention to the behavior. • Staff should prompt Nicholas to communicate his wants and needs through appropriate gestures/visuals by calmly stating <i>"Show me what you need."</i> • Provide positive attention for Nicholas attempting to communicate gestures, pointing. • Staff should prompt Nicholas to wear his protective sleeves (if not already on) or shoulder guards if necessary • Staff should discourage Nicholas from escaping to complete the task. • Allow Nicholas to take a 1–2-minute break if the self-injurious behavior is at a high intensity and is too difficult for him to complete task. • If Nicholas can take a break without engaging in presenting behaviors staff should praise Nicholas for taking a break. Staff should then redirect Nicholas to <i>"finish the task."</i> • Once Nicholas is calm and has completed the task, opportunities for positive reinforcement should be immediately available • If Nicholas is engaging in self-injurious behavior to gain attention from another staff that is not assigned to Nicholas, staff should prompt Nicholas to wait but not actually stating the word "wait". • Example <i>"Nicholas I will be right with you; I am working with _____. Or "Nicholas I am cleaning the dishes, once I am done I will come to you."</i> Staff should then provide Nicholas with attention but state to Nicholas <i>"Thank you for waiting."</i> so that he could associate the word wait with reinforcement. • Staff should prompt Nicholas to appropriately ask for attention. Staff can model for Nicholas, by tapping the person he is requesting for. • During times of agitation, all staff not assisting Nicholas should redirect/guide his peers to a safe and quiet area of the house that is out of Nicholas's sight. • SCP-R Arm Control may be utilized if the behavior is occurring for a long period of time and redirection is unsuccessful. Staff are also to document each time this intervention is utilized.
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<p>Presenting Behavior:</p> <p>Removing seatbelt during transportation: a) Nicholas will remove his seatbelt while van is moving b) attempts to remove seat belt</p> <p>Replacement Skills: Nicholas will communicate through self-expression, gestures, to communicate his wants and needs.</p>	<ul style="list-style-type: none"> • Wants staff's attention • Non-preferred demand/activity/demand • Difficulty in expressing wants and needs • Being told to wait or denied of wants and needs • Over or under-stimulated 	<p>Nicholas' challenging behaviors are in response to wanting staff attention, escape from non-preferred demand or activity, and sensory stimulation.</p> <p>Nicholas' challenging behaviors are usually in response to frustration to communicate effectively.</p>	<ul style="list-style-type: none"> • Staff will ensure Nicholas's buckle guard is used during transportation. • Staff will use a calm and neutral tone to direct Nicholas to put the seatbelt back on to ensure his safety by using a clear and short prompt, such as, "Nicholas, please put your seatbelt back on for safety." • If Nicholas continues to engage in this unsafe behavior, staff will safely pull over to a secure spot before assisting Nicholas in putting his seatbelt back on. • Once Nicholas complies and no longer attempts to unfasten the seatbelt, staff should provide specific verbal praise for his appropriate behavior. For example, "Nicholas, great job sitting safely with your seatbelt on."
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Name: Nicholas Jacovelli
 Clinician: Alexa Litwak, M.S., BIS

A-B-C Data/Replacement Skills Sheet

Location(s): Kirkland IRA
 Revision Date: 8/30/2025

Directions: Staff will record all observed presenting behaviors, new behaviors of concern on the personalized A-B-C data sheet and indicate if a replacement skill was used independently or with prompts that day when applicable.

Presenting Behaviors (PB):

1. Aggression: defined as any instance of A) head butting, B) punching, C) pinching, D) scratching, E) biting, or F) grabbing another person.
2. Self-Injurious behavior - A) Open hand slap - Nicholas will slap himself in the face & neck with his open hand, B) Pinching or scratching - Nicholas will pinch or scratch himself in the stomach & arms, C) Biting - Nicholas will bite himself in the shoulders, arms, hands & wrists, D) Banging head on object- Nicholas will bang his head on objects (walls, mirrors), E) Closed fist punch - Nicholas will use a closed fist punch towards his face.
3. Removing seatbelt during transportation: a) Nicholas will remove his seatbelt while van is moving b) attempts to remove seatbelt
4. Other : (list any other or new behavior observed)

Date & Time Presenting Behavior occurred	ANTECEDENT <i>What was occurring before?</i>	BEHAVIOR (PB) <i>Check PB/Other</i>	CONSEQUENCE <i>How did staff help?</i>	REPLACEMENT SKILLS <i>Did Person supported use Replacement skill?</i>	Shoulder Guard Log & Sleeve log	Staff Name <i>Print Full name Clearly</i>
AM/PM	<input type="checkbox"/> Completing a functional activity. <input type="checkbox"/> Lack of stimulation <input type="checkbox"/> Inability to access preferred items <input type="checkbox"/> Periods of agitation or anxiety (example when Nicholas is trying to gain staff's attention). <input type="checkbox"/> Miscommunication <input type="checkbox"/> Transitioning <input type="checkbox"/> Task Engagement <input type="checkbox"/> Presenting demands <input type="checkbox"/> Telling Nicholas "No" or "Wait" <input type="checkbox"/> When he wants privacy Medical appointments/ procedures Other- describe:	Aggression: defined as any instance of <input type="checkbox"/> head butting, <input type="checkbox"/> punching, <input type="checkbox"/> pinching, <input type="checkbox"/> scratching <input type="checkbox"/> biting <input type="checkbox"/> grabbing another person. Self-Injurious behavior- <input type="checkbox"/> Open hand slap - Nicholas will slap himself in the face & neck with his open hand <input type="checkbox"/> Pinching or scratching - Nicholas will pinch or scratch himself in the stomach & arms <input type="checkbox"/> Biting - Nicholas will bite himself in the shoulders, arms, hands & wrists <input type="checkbox"/> Banging head on object- Nicholas will bang his head on objects (walls, mirrors) <input type="checkbox"/> Closed fist punch - Nicholas will use a closed fist punch towards his face. Removing seatbelt during transportation: <input type="checkbox"/> Nicholas will remove his seatbelt while van is moving <input type="checkbox"/> attempts to remove seatbelt Other- describe:	<input type="checkbox"/> Calmed on own <input type="checkbox"/> Used RS on own <input type="checkbox"/> Prompted to use RS <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Verbal calming Other- describe: Rights Restriction used per BSP- <input type="checkbox"/> SCIP-R Arm Control <input type="checkbox"/> Shoulder Guards <input type="checkbox"/> Protective Sleeves	<input type="checkbox"/> Nicholas will request attention appropriately via gestures/pointing <input type="checkbox"/> Nicholas will request attention appropriately via gestures/pointing <input type="checkbox"/> Nicholas will engage in sensory and function activities <input type="checkbox"/> No replacement skills observed Other- describe:	Start Time guard: _____ Start time sleeve: _____ End Time guard: _____ End Time sleeve: _____ Skin intact? Y N *if no, call nurse & document in comments Comments:	

PART 4:

A. Description of the condition(s) related to the assessed need (i.e., Psychiatric Diagnosis, past learning histories, etc):

Past reports from previous placement and family indicate that Nicholas exhibits these behaviors daily where the protective helmet was used several times a day. His presenting behaviors were noted to require individualized supervision. These behaviors are displayed during transition period, task engagement and meal timer. Nicholas is currently diagnosed with Profound Intellectual Disability, Autism Spectrum Disorder, Bipolar Disorder, Impulsive control disorder and Anxiety Disorder.

B. Positive, less intrusive methods used prior to restrictive intervention(s) that alone have proven unsuccessful in significantly reducing presenting behaviors:

Verbally redirecting to stop engaging in a behavior has led to increased agitation and provided reinforcement to the behavior by giving him attention. As of May 2018, protective body wear, including shoulder support garment/protective arm sleeves were added to his plan due to severity of SIB. On 5/22/19, the helmet was removed from Nicholas's plan, as he has not utilized it since 9/18. Current behavior plan includes positive strategies to decrease presenting behaviors.

Schedule of Fading Restriction: Schedule for Fading Plan for:

- A. Padded Wall in his bedroom
- B. 1:1 Supervision during waking hours (7am -11pm)
- C. Body wear (shoulder guard & sleeves)
- D. Padded furniture
- E. SCIP-R Arm Control
- F. Room Sensor
- G. Body Checks
- H. Seatbelt Buckleguard

C. Assessed need for restrictive intervention(s) (i.e., Health and Safety of self and/or others impacted?):

The **1:1 staffing** is in place to assist Nicholas to provide the appropriate level of support and intervention during waking hours due to presenting behaviors. **Arm control** is utilized as a reactive measure when Nicholas is engaging in presenting behaviors and does not respond to verbal redirection and is a danger to self or others. **Protective body wear (shoulder guard & sleeves), Padded furniture & Padded Wall** is utilized to decrease injury from SIB. **Room sensor** is needed to alert staff that Nicholas is awake and exiting his room. Room sensor guidelines are in the proactive section. **Body checks** are in place due to bruising and marks on his body. Although some reports of bruising may be related to episodes of self-injury, some bruising may be of unknown origin. Body checks will also be conducted during natural settings, that is, **before taking a shower during morning and evening routine and before/after home visits with family**, to determine if any identified bruising/injury is correlated to self-injurious behavior or unrelated to self-injurious behavior.

Schedule for Fading Plan for: *list restriction(s) to be faded*

- A. Padded Wall in his bedroom
- B. 1:1 Supervision during waking hours (7am -11pm)/ Room Sensor
- C. Body wear (shoulder guard & sleeves)
- D. Body Checks/SCIP Arm Control
- E. Seatbelt buckle guard

Target Date	Criteria	Fading
3 months	<ul style="list-style-type: none"> A. If Nicholas does not engage in SIB on his bedroom wall B. If the frequency of Nicholas's self-injurious behavior defines as closed fist punch and aggression have decreased to fewer than 10 per month C. If Nicholas does not engage in instances of self- injurious behavior defined as pinching or biting his arms, shoulder, and chest. D. If Nicholas does not engage in 15 instances of SIB resulting in the use of Body Checks. E. If Nicholas does not attempt to remove his seatbelt in 3 months 	<ul style="list-style-type: none"> A. The padding on the wall will be removed. B. Nicholas will be on range of sight/scan supervision. This will occur during the am shift (7am to 3pm). He will go back to 1:1 supervision from 3pm to 11pm. C. Body wear will be removed for 30 minutes while engage in activity (other than showering and eating) D. Body checks will be completed during morning and evening routine and before and after home visits. E. The buckle guard will be removed for 10-minute van ride
6 months	<ul style="list-style-type: none"> A. If the frequency of Nicholas's self-injurious behavior defines as closed fist punch and aggression have decreased to fewer than 8 per month. B. If Nicholas does not engage in instances of self- injurious behavior defined as pinching or biting his arms, shoulder, and chest. 	<ul style="list-style-type: none"> A. Nicholas will be on range of sight/scan supervision. This will occur from 7am to 6pm. He will go back to 1:1 supervision from 6pm to 11pm. B. Body wear will be removed for 1hour while engage in activity (other than showering and eating) C. Utilize Velcro padding for furniture.

	<p>C. If Nicholas engages in 0 instances of self-injury of banging head on objects</p> <p>D. If Nicholas does not engage in instances of self- injury resulting in the use of arm control.</p> <p>E.. If Nicholas does not engage in 12 instances of SIB resulting in the use of Body Checks.</p> <p>F. If Nicholas does not attempt to remove his seatbelt in 6 months</p>	<p>D. Remove arm control from the plan.</p> <p>E. Body checks will be completed during evening routine (natural setting before taking a showering during morning routine) and before and after home visits.</p> <p>F. The buckle guard will be removed for 20-minute van ride</p>
9 months	<p>A. If the frequency of Nicholas's self-injurious behavior defines as closed fist punch and aggression have decreased to fewer than 6 per month.</p> <p>B. If Nicholas does not engage in instances of self- injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>C. If Nicholas engages in 0 instances of self-injury of banging head on objects</p> <p>D. If Nicholas does not engage in 9 or less instances of SIB resulting in the use of Body Checks.</p> <p>E. If Nicholas does not attempt to remove his seatbelt in 9 months</p>	<p>A. Nicholas will be on range of sight/scan supervision. This will occur from 7am-11pm. After 3 months, the team will reassess.</p> <p>B. Body wear will be removed for 2 hours while engage in activity (other than showering and eating)</p> <p>C. Remove padding for furniture.</p> <p>D. Body checks will be completed before and after home visits (natural setting before taking a shower during morning and evening routine).</p> <p>E. The buckle guard will be removed for 30-minute van ride</p>

<p>12 months</p>	<p>A. If the frequency of Nicholas's self-injurious behavior defined as closed fist punch and aggression have decreased to fewer than 2 per month.</p> <p>B. If Nicholas does not engage in instances of self-injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>C. If Nicholas engages in no instances of self-injury of banging head on objects</p> <p>D. Room Sensor</p> <p>E. If Nicholas does not engage in 6 or less instances of SIB resulting in the use of Body checks.</p> <p>F. If Nicholas does not attempt to remove his seatbelt in 12 months</p>	<p>A. Remove 1:1 supervision from plan.</p> <p>B. Body wear will be removed for 3 hours while engage in activity (other than showering and eating)</p> <p>C. Remove padded furniture from the plan.</p> <p>D. This restriction will be removed from the plan when criteria is met for fade out of Nicholas 1:1 supervision.</p> <p>E. Body checks will be removed from the plan.</p> <p>F. The buckle guard will be removed from Nicholas's behavior support plan.</p>
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Name: **Nicholas Jacovelli**

Location(s): Kirkland IRA

Fading data sheet- To be completed by clinician

Clinician: *Alexa Litwak M.S., BIS*

Revision Date: 8/30/2025

Data collection for Fading plan

Schedule for Fading Plan for: *list restriction(s) to be faded*

Target time frame	Criteria	Fading plan	Fading Achieved Yes or No (indicate date)
3 months	<p>A. If Nicholas does not engage in SIB on his bedroom wall</p> <p>B. If the frequency of Nicholas's self-injurious behavior defines as closed fist punch and aggression have decreased to fewer than 10 per month</p> <p>C. If Nicholas does not engage in instances of self-injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>D. If Nicholas does not engage in 15 instances of SIB resulting in the use of Body Checks.</p> <p>E. If Nicholas does not attempt to remove his seatbelt in 3 months</p>	<p>A. The padding on the wall will be removed.</p> <p>B. Nicholas will be on range of sight/scan supervision. This will occur during the am shift (7am to 3pm). He will go back to 1:1 supervision from 3pm to 11pm.</p> <p>C. Body wear will be removed for 30 minutes while engage in activity (other than showering and eating)</p> <p>D. Body checks will be completed during morning and evening routine and before and after home visits.</p> <p>E. The buckle guard will be removed for 10-minute van ride</p>	
6 months	<p>A. If the frequency of Nicholas's self-injurious behavior defines as closed fist punch and aggression have decreased to fewer than 8 per month.</p> <p>B. If Nicholas does not engage in instances of self-injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>C. If Nicholas engages in 0 instances of self-injury of banging head on objects</p> <p>D. If Nicholas does not engage in instances of self-injury resulting in the use</p>	<p>A. Nicholas will be range of sight/scan supervision. This will occur from 7am to 6pm. He will go back to 1:1 supervision from 6pm to 11pm.</p> <p>B. Body wear will be removed for 1hour while engage in activity (other than showering and eating)</p> <p>C. Utilize Velcro padding for furniture.</p> <p>D. Remove arm control from the plan.</p>	

	<p>of arm control.</p> <p>E. If Nicholas does not engage in 12 instances of SIB resulting in the use of Body Checks.</p> <p>F. If Nicholas does not attempt to remove his seatbelt in 6 months</p>	<p>E. Body checks will be completed evening routine (natural setting before taking a shower during morning routine) and before and after home visits.</p> <p>F. The buckle guard will be removed for 20-minute van ride</p>	
9 months	<p>A. If the frequency of Nicholas's self- injurious behavior defines as closed fist punch and aggression have decreased to fewer than 6 per month.</p> <p>B. If Nicholas does not engage in instances of self- injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>C. If Nicholas engages in 0 instances of self- injury of banging head on objects</p> <p>D. If Nicholas does not engage in 9 or less instances of SIB resulting in the use of Body Checks.</p> <p>E. If Nicholas does not attempt to remove his seatbelt and /or remove his clothing & his adult incontinence garment in 9 months</p>	<p>A. Nicholas will be on range of sight/scan supervision. This will occur from 7am-11pm. After 3 months, the team will reassess.</p> <p>B. Body wear will be removed for 2 hours while engage in activity (other than showering and eating)</p> <p>C. Remove padding for furniture.</p> <p>D. Body checks will be completed before and after home visits (natural setting before taking a shower during morning and evening routine)</p> <p>E. The buckle guard will be removed for 30-minute van ride</p>	
12 months	<p>A. If the frequency of Nicholas's self- injurious behavior defines as closed fist punch and aggression have decreased to fewer than 2 per month.</p> <p>B. If Nicholas does not engage in instances</p>	<p>A. Remove 1:1 supervision from plan.</p> <p>B. Body wear will be removed for 3 hours while engage in activity (other than showering and eating)</p>	

	<p>of self- injurious behavior defined as pinching or biting his arms, shoulder, and chest.</p> <p>C. If Nicholas engages in no instances of self- injury of banging head on objects</p> <p>D: Room Sensor</p> <p>E. If Nicholas does not engage in 6 or less instances of SIB resulting in the use of Body Checks.</p> <p>F. If Nicholas does not attempt to remove his seatbelt in 12 months.</p>	<p>C. Remove padded furniture from the plan.</p> <p>D. This restriction will be removed from the plan when criteria is met for fade out of Nicholas 1:1 supervision.</p> <p>E: Body checks will be removed from the plan.</p> <p><u>F.</u> The buckle guard will be removed from Nicholas's behavior support plan.</p>	
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PART 5:

FUNCTIONAL BEHAVIOR ASSESSMENT

Name:	Nicholas Jacovelli
Behavioral Intervention Specialist:	Alexa Litwak M.S., BIS

A. ASSESSMENT TOOL(S) USED:

Functional Behavior Assessment was conducted using Questions about Behavioral Function (QABF), reinforcer evaluation, direct observations, ABC data assessment and interviews with the person, family/advocate, direct support staff and/or Care Manager/Coordinator, as appropriate.

B. CLINICAL OBSERVATIONS/RELEVANT HISTORY:

Nicholas is a young man who is diagnosed with Profound Intellectual Disability, Autism Spectrum Disorder, Bipolar Disorder and Anxiety Disorder. Nicholas lived at home with his family prior to 2002 where he attended Melmark, which is an approved private school and residential facility in Pennsylvania. Nicholas received 1:1 staffing in the classroom as well as his residence during awake hours. Documentation from Nicholas' previous placement (Melmark) indicated that before coming to 904 Melville Estates (ICF) in 2016, he had to wear protective helmet with face shield due to the frequency of, and the severity of his maladaptive behaviors (SIB), which was also reported by family members. His protective helmet was faded out in 2018. Nicholas' presenting behaviors were also noted that he required individualized supervision, and that these behaviors were displayed during transition periods, task engagement and at mealtimes. However, since his move to 904 Melville Estates (ICF) in 2016, Nicholas has not attended any day program but has participated in screenings. He was denied entry into day habilitation programs due to the intensity of his behaviors. Recently (December 2020), Nicholas was relocated to an IRA residence which is located at 38 Kirkland Drive, Greenlawn, NY.

It is to be noted that Nicholas' various forms of SIB appears to serve multiple functions, which includes a method of escaping a task, to seek attention, to gain a desired item (tangible) and as a sensory (stimulation), which will see him engaging in his SIB. Not attending a day habilitation program, environmental changes and any changes to his routine, will contribute to him exhibiting his presenting behaviors and may also lead to physical aggression. Nicholas may use self-injurious behaviors to communicate his wants or needs. Nicholas often chooses to use gestures or will point to communicate his needs/wants rather than a communication device to assist Nicholas in decreasing these maladaptive behaviors. In addition, staff should encourage Nicholas to participate in community outings, functional activities, and daily household tasks, as a recreational activity.

Nicholas' self-injurious behaviors vary depending on the circumstances (this includes the intensity of the behavior). During periods of agitation, Nicholas will use a closed fist punch, will bite or slap himself repeatedly causing redness or injury to his face or body. Nicholas also head-bangs the walls which have resulted in holes being in the walls, and a signed Informed Consent was obtained and approved for the continuation of the padded wall with an evaluation to be done in the next 3 months to decide on a fading plan.

Nicholas' Room Sensor was previously utilized during overnight hours (11pm-7am) but due to fire hazard and evacuation issues, the NYS Fire Marshall have instructed that no chairs are allowed in the hallway or in front of his bedroom door (hallway space is small), therefore, the **1:1 staff will utilize the Room Sensor** during Awake hours (**7am-11pm**), when Nicholas is in his **bedroom for private time**, as this will alert staff that he is leaving his bedroom and will provide support or redirection when needed, as Nicholas would want to take a shower right after.

Periodic checks are being added every 30 minutes while Nicholas is in his room as well as during the overnight due to recent recommendations from investigation. Nicholas's plan is being revised to specify staff's responsibilities when assigned to Nicholas.

From September 2024 to July 2025, Nicholas's behaviors have increased and varied from moderate to high. BIS continues to train staff on accurate and consistent data collection. Nicholas is not currently attending his day

program due to staffing issues, though efforts are ongoing to reintegrate him. He briefly attended the Plainview Hybrid program, but staffing challenges paused attendance. A temporary 2-week addendum approved the use of a seatbelt buckle guard after incidents of him unbuckling during van rides; this is now being formally added to his plan.

C. BASELINE MEASURE OF PRESENTING BEHAVIOR(S):

include: frequency, intensity, duration, and latency (for existing plans, indicate that previous baseline measures were taken and what the current frequency, etc are.)

During this period from September 2024 to July 2025 Nicholas's presenting behaviors were observed. The intensity of Nicholas's behavior has ranged from moderate to high. The baseline of these behaviors is a monthly average.

- 1) **Physical aggression** –282x
- 2) **SIB** –221x
- 3) **SCIP-R Arm Control:** 14x

Psychotropic Medication List Addendum

Name:	Nicholas Jacovelli
Behavioral Intervention Specialist:	Alexa Litwak M.S., BIS
BSP/MP effective date:	8/30/25
Medication Addendum date:	8/30/25

Active Diagnoses and symptoms:

- **Intellectual Disability:** is defined as a neuro-developmental disorder which begins in childhood and is characterized by intellectual difficulties as well as difficulties in conceptual, social, and practical areas of living.
- **Anxiety Disorder:** is defined as stress which is out of proportion to the impact of the event, inability to set aside a worry, and restlessness.
- **Autism Spectrum Disorder:** is defined as the range and severity of symptoms which can vary widely. Common symptoms include difficulty with communication, difficulty with social interactions, obsessive interests and repetitive behaviors.
- **Bipolar Disorder:** is defined as alternating between mania and depression. Mania symptoms include periods of elevated mood or irritability. When experiencing a manic episode, a patient often has high energy levels with reduced need for sleep. Less often, people may experience psychosis. Depression symptoms include feeling sad, low energy, low motivation, or loss of interest in previously enjoyable activities.
- **Impulsive Control Disorder:** characterized by the inability to resist urges or impulses that may be harmful to oneself or others. Symptoms include engaging in behaviors without considering the consequences, often leading to actions that are inappropriate or risky. These behaviors are often followed by feelings of guilt or regret. Individuals with Impulse Control Disorder may experience tension or arousal before the act and a sense of relief or pleasure afterward.

List of current medications and indication:

- **Cogentin** – this is used as a side effect counteraction
- **Klonopin** – treats Anxiety and to stabilize mood
- **Depakote** – treats Bipolar Disorder and to stabilize mood
- **NAC**- decrease SIB and to stabilize mood
- **Risperidone**- this is used for impulsive control disorder
- **Clonidine**- this is used for impulsive control disorder
- **Melatonin**- help with sleep
- **Topamax**- better support behavior control

Keep this form with person's BSP/MP

Please indicate that you have read and understand the preceding Behavior Support Plan and Data Tracking requirements for Nicholas Jacovelli:

Print name	Signature	Title	Date
1.			
2.			
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Person's Input and Review of Positive Behavior Supports
Place this completed form with the person's approved plan at their primary site

Name:	Nicholas Jacovelli
Behavioral Intervention Specialist:	Alexa Litwak M.S., BIS

Please obtain person's input prior to the start of Behavior Support Plan, Monitoring Plan or Dementia Guideline, and at each revision.

Type of Plan reviewed: <input checked="" type="checkbox"/> Behavior Support Plan <input type="checkbox"/> Monitoring Plan <input type="checkbox"/> Dementia Guideline	Date reviewed with me: _____	Effective date of Plan being reviewed: <p align="center"><u>8/30/25</u></p>
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The identified Presenting Behaviors, corresponding Replacement Skills, Strategies and/or Psychiatric Symptoms within my Plan were reviewed with me by my Behavioral Intervention Specialist.

I am in agreement with the focus of my self-improvement through this plan: Yes / No

If No, specify reason(s): _____

Follow-up: _____

If not in agreement, a team meeting has been scheduled on: _____ *(required within 10 days)*
Meeting Date

My Signature: _____
Or Advocate's name and relationship to person

**Citizens
Monitoring Plan**

Name:	William "Billy" Hoffman
Start Date:	7-31-25
Location(s):	38 Kirkland Dr. Greenlawn
Developed By:	Alexa Litwak M.S., BIS
Reviewed By:	Jennifer Goot, MS, Ed, AD-BHS <i>Jennifer Goot, MS, Ed AD-BHS</i>

Self-Report: include input regarding plan development from the person receiving supports.

The BIS reviewed Billy's plan with him, and he was accepting of his plan but the BIS was unsure of how much he understood. Billy's family and staff will continue to advocate from him on his behalf.

Relevant Diagnosis (list each co-occurring psychiatric diagnosis):

Billy is a young man who was born on 4/23/85. Billy is friendly, easy-going and his limited verbal skills. Billy is a person diagnosed with Down Syndrome and mild intellectual disability. He moved into Kirkland IRA under Citizen Options Unlimited in November 2023. Billy is on a monitoring plan addressing the following behaviors: emotional agitation and verbal aggression. Billy does not always have the ability to express his wants or needs appropriately, which often leads to frustration and interfering behaviors. He recently started a new day program in Northport a couple of days a week.

The following monitoring plan is intended to provide staff with strategies to support Billy when he experiences challenges related to his diagnoses:

Billy does not have a psychiatric diagnosis nor does he have psychiatric services

Symptoms:

N/A

Symptoms/Behaviors specific to individual (list and operationally define each behavior of concern):

- 1) **Emotional Agitation** – Billy will cry, with or without tears, when he has difficulty communicating his wants and needs or when a non-preferred demand is presented to him.
- 2) **Verbal Aggression** – Billy will curse at staff when a non-preferred demand is presented to him

Environmental stressors (indicate known antecedents and/or triggers to above symptoms and/or behaviors):

- When being told to wait or denied
- When a non-preferred request/ activity is presented to him
- When preferred food is around

Techniques to help with symptoms or behavior concerns (indicate techniques to be used both to maintain stability as well as what to do when symptoms/behaviors are observed):

- Model and promote appropriate self-expression and interactions for Billy.
- If Billy has difficulty expressing his wants and needs, staff can use the PECS picture to help Billy express himself effectively.
- Provide verbal specific praise for Billy when observed in positive behaviors.
- Use "first, then" to incorporate non-preferred and preferred activities. For example, "First, we will cut out nails, then we can listen to music."
- Allow Billy to process the staff's directives by giving him 1-2 minutes after the request is made

- If Billy says “no” to the staff’s directive, staff will reapproach in 10 minutes.
- Staff should establish a predictable daily routine with clear schedules to reduce anxiety and frustration.
- Allow Billy to make choices whenever possible. For example, food to eat, activities to do, and clothes to wear.
- Review with Billy expectations of events/outings (ie. doctor’s appointment)
- Provide Billy with encouragement/reassurance regarding new activities/events
- If Billy starts showing presenting behaviors, staff should reassure Billy that he is safe and okay.
- Staff should verbally calm and distract Billy if presenting behaviors are observed, ie. ‘Billy, its okay staff is here to help you
- Model for Billy how to take deep breaths or count to 10.

When to seek clinical or emergency support *(indicate why and when clinical or emergency support would be needed and how to access such support):*

Any significant change in symptoms or behavior (increase in frequency, intensity, or duration; onset of new symptoms or behaviors) will be reported to BIS and/or treating psychiatrist immediately to be assessed.

Asst. Director of Behavioral Health Support: Jennifer Goot, MS Ed. jgoot@ahrc.org or 516-293-2016 extn 5784

Alexa Litwak M.S., BIS (alitwak@citizens-inc.org)

Symptom/Behavior Tracking *(indicate method of tracking occurrences of symptoms/behaviors):*

Management staff and/or site clinician will complete Symptom/Behavior Checklist on a monthly basis and forward to designated person for the site (Assistant Director and/or Clinician).

Please indicate that you have read and understand the preceding Monitoring Plan and Symptom/Behavior Checklist for William Hoffman:

Print name	Signature	Title	Date
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**Monitoring Plan
Symptom/Behavior Checklist**

Name: William Hoffman
Completed by: Alexa Litwak M.S., BIS

Location: Kirkland IRA
Month/Year: _____

Psychiatric Symptoms	Behavior Concerns
1. N/A	<p>1. Emotional Agitation – Billy will cry, with or without tears, when he has difficulty communicating his wants and needs or when a non-preferred demand is presented to him.</p> <p>2. Verbal Aggression – Billy will curse at staff when a non-preferred demand is presented to him</p>

Were any of the above Psychiatric Symptoms observed this month? No Yes

If Yes, list number(s): _____

What was the frequency? daily weekly monthly

Were any of the above Behavior Concerns observed this month? No Yes

If Yes, list letter(s): _____

What was the frequency? daily weekly monthly

Signature

Date completed

Forwarded to: _____
Designated Person

Person's Input and Review of Positive Behavior Supports
Place this completed form with the person's approved plan at their primary site

Name:	William Hoffman
Behavioral Intervention Specialist:	Alexa Litwak M.S., BIS

Please obtain person's input prior to the start of Behavior Support Plan, Monitoring Plan or Dementia Guideline, and at each revision.

Type of Plan reviewed: <input type="checkbox"/> Behavior Support Plan <input checked="" type="checkbox"/> Monitoring Plan <input type="checkbox"/> Dementia Guideline	Date reviewed with me: <hr/>	Effective date of Plan being reviewed: <p align="center"><u>7/31/25</u></p>
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The identified Presenting Behaviors, corresponding Replacement Skills, Strategies and/or Psychiatric Symptoms within my Plan were reviewed with me by my Behavioral Intervention Specialist.

I am in agreement with the focus of my self-improvement through this plan: Yes / No

If No, specify
 reason(s): _____

Follow-up:

If not in agreement, a team meeting has been scheduled on: _____ (required within 10 days)

Meeting Date

My Signature: _____
Or Advocate's name and relationship to person

Citizens Options Unlimited Formal Behavior Support Plan - Restrictive

PART 1:

A. Name:	Gordon Miller
B. Start Date:	6/30/25
C. Schedule for Review:	Approaches and restrictions within this plan are reviewed for effectiveness at least semi-annually.
D. Location(s):	38 Kirkland Dr, Greenlawn, IRA
E. Developed by:	Alexa Litwak, M.S., BIS
F. Reviewed by:	Jennifer Goot, MS, Ed, AD-BIS Christine Schulte, PhD, BCBA-D <i>Christine Schulte, PhD</i>
G. Level of Supervision (where applicable to Behavioral Need):	<input checked="" type="checkbox"/> Yes (list level): <u>Range of sight or scan in the common areas and in community:</u> Gordon requires range of scan in common areas and in the community. Assigned staff must be within the direct or indirect visual field; staff can see Gordon when they look around or when staff turns their body around, they can see him. This is particularly where food is stored (kitchen). Staff can directly or indirectly see him from their visual field. <u>Periodic check in the bedroom:</u> When Gordon is in his bedroom, he is independent for up to 15 minutes. Staff will check on Gordon every 15 minutes to make sure he is not engaging in rectal digging or fecal smearing.
Restrictions:	
H. Restrictive Psychotropic Medication(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A Fading Component: BIS will regularly monitor frequency of presenting behaviors to determine if there has been a significant decrease in presenting behaviors. If a significant decrease has been determined, the consideration of decreasing psychotropic medication will be discussed with the team and treating neurologist.	
I. Rights Restriction(s)/SCIP-R:	N/A
J. Current Fading Restriction:	N/A
K. Date of Human Rights approval:	6/26/24
L. Consent Date:	N/A

PART 2:

I. RATIONALE: *Indicate why behavior supports are being implemented or why existing plan is being revised.*

Gordon's behavior plan is being revised for his annual review. Gordon has been doing well and making progress with his interpersonal skills. Gordon is non-verbal and has limited communication skills and appears to prefer to communicate through his body gestures. This plan provides proactive and reactive strategies to support Gordon in decreasing presenting behaviors and increase the use of replacement skills.

II. SELF-REPORT: *include input regarding plan development/revision from the person receiving supports.*

The BIS reviewed the BSP with Gordon but is unsure how much Gordon understands his behavior plan. At this time, Gordon's family and staff will continue advocating for him.

PART 3:

PRESENTING BEHAVIOR(S): list and describe: each behavior in concrete terms.

- 1) **Physical Aggression-** attempt or A) grabbing/pulling on others, B) pulling hair, C) biting others
- 2) **Poor Interpersonal Skills-** taking others belongings (e.g. iPad, food, personal items, etc.)
- 3) **Difficulty following directives-** refusal to follow simple directives from staff
- 4) **Anal digging/Fecal smearing** – A) placing his finger in his anus; B) removing feces and smearing himself, others and surface areas.

Proactive strategies (*Use these approaches on a daily/regular basis to maintain positive behavior; includes meeting needs.*):

- **Likes:**

- Sweets such as cake, candies, pancakes
- Spending time with his family
- Using his iPhone
- Listening to music
- Watching the Hallmark channel
- Squishy sensory balls
- Musical instruments
- Relaxing in bedroom

- Gordon is non-verbal and has limited communication skills. Gordon communicates through his body language, facial expressions, and behaviors. *For example, if he refuses to sit at the dinner table with his peers and wants to sit on the couch to have his meal.* This indicates that he does not want to sit with his peers at that moment, but would prefer to be sitting somewhere else.
- Staff will model appropriate self-expression and interpersonal interactions for Gordon by encouraging him to express his needs & wants through his gestures. Gordon will typically take someone by their hand and guide them to his request.
- Staff is encouraged to speak to Gordon in an upbeat, enthusiastic manner.
- Staff should inform Gordon of changes/transitions and should recognize that changes to routine can be extremely difficult especially when they are unexpected.
- Staff is encouraged to give Gordon positive/verbal praise when he is doing well by using self-expression through his body gestures.
- Provide Gordon with verbal specific praise when observed in positive behaviors & using self-expression skills. *For example, “Good job Gordon for bringing your dish to the skink!” or “Thank you for letting me know appropriately that you want a drink!”*
- Staff is encouraged to provide Gordon with choices whenever possible.
- Provide Gordon with 1-2 verbal prompts, as over-prompting will result in agitation.
- Allow Gordon to process the staff’s directive by giving him 1-2 minutes.
- Staff will be aware of Gordon’s active warning signs that he exhibits before taking items that do not belong to him (*flushed face, grimace, fidgeting & staring directly in the area of the items he wants*)
- Staff should sit between Gordon and his peers during mealtimes while at the dinner table following eating guidelines.
- Staff should secure their personal belongings (i.e., lunch bags, phones), not leave their belongings unattended, and ensure that peers’ belongings are secure.
- Staff need to be aware of the environment especially when there is preferred food in the area. Gordon likes eating sweets and will attempt to eat unattended food or grab peers’ food.
- Staff is encouraged to maintain flexibility on the demands and requests of Gordon. Staff will maintain eye contact when presenting a demand or request and be aware of your body positioning in relation to Gordon

- Staff is encouraged to keep Gordon active and engaged when he is not at the day program. For example, watching a movie, engaging in a sensory activity, or assisting with taking out the garbage.
- Gordon wears an adult diaper and cannot independently use the bathroom. Staff is encouraged to prompt Gordon to clean up himself with wet wipes when changing to a new diaper.
- When Gordon is in his room, staff will check on Gordon every 15 minutes and remind Gordon to keep his hands engaged in appropriate sensory activity
- Staff is encouraged to offer Gordon various sensory activities to keep his hands occupied when he is in the room.
- During the van ride, Gordon should be encouraged to sit in the back row away from the driver.

Level of Supervision

Range of sight or scan in the common areas and in the community: Gordon requires a range of scan in common areas and in the community. Assigned staff must be within the direct or indirect visual field; staff can see Gordon when they look around or when staff turns their body around, they can see him. This is particularly where food is stored (kitchen). Staff can directly or indirectly see him from their visual field.

Periodic check in the bedroom: When Gordon is in his bedroom, he is independent for up to 15 minutes. Staff will check on Gordon every 15 minutes to make sure he is not engaging in rectal digging or fecal smearing.

<p>Presenting Behavior/ Replacement Skills: to be encouraged in place of presenting behavior</p>	<p>Antecedents/Triggers Something occurring before the behavior or that triggers the behavior</p>	<p>Functions of Behavior Conditions and consequences that maintain each behavior, environmental/cognitive/ physical/medical/ psychiatric factors that may contribute to each behavior.</p>	<p>Active / Reactive <i>(Use these approaches when warning signs are observed and/or behavior is occurring):</i></p>
<p>Presenting behavior:</p> <p>Physical Aggression- Attempt or</p> <p>a) Grabbing/pulling on others, b) Pulling hair c) Biting others</p> <p>Replacement Skills: Gordon will communicate appropriately his wants and needs through gestures</p>	<ul style="list-style-type: none"> • Loud noise • Preferred food/activity is around • Change in routine • Unfamiliar people • Difficulty communicating wants and needs • Non-preferred demand/ activity • Transitions • Needs staff's attention 	<p>Gordon's physical aggression behaviors serve the function of obtaining attention, to receive something tangible and to escape a person, situation or task.</p> <p>Due to Gordon's inability to communicate, his frustrations are expressed in the display of physical aggression.</p> <p>Gordon engages in physical aggression behaviors in response to his psychiatric diagnosis.</p>	<p>Active;</p> <p>If Gordon begins displaying signs of precursor behaviors such as making loud verbalizations, appears agitated, or changes of facial expressions, staff will redirect other peers out of the immediate area into another location.</p> <ul style="list-style-type: none"> • Staff will redirect Gordon immediately to another activity in another area if possible. For example, "Gordon, let's go for a walk!" Provide Gordon with verbal praise if he engages in the activity. For example, "Great job Gordon for going on the walk with me!" <p>If redirection is unsuccessful, encourage Gordon to clap his hands.</p> <ul style="list-style-type: none"> • If Gordon has demonstrated that he is calm and in control of his behavior, staff will reintroduce the activity that Gordon was working on prior to the aggression being displayed or prompt Gordon to communicate with his body language whether he needs something. For example, "Gordon, let's try this activity again." Or "Gordon, can you show me what you are trying to get?" <p>Reactively;</p> <p>If Gordon begins to grab/pull on others, pull hair, or bite others;</p> <ul style="list-style-type: none"> • In a neutral tone of voice, staff will state, "Gordon hands down". • Prompt Gordon to place his hands to his sides or on his lap. • Provide verbal praise if Gordon engages in this activity.

			<ul style="list-style-type: none">• If Gordon is aggressively targeting a staff, attempt to alternate or "switch" staff.• If Gordon is targeting a peer, staff need to ensure peer is redirected to another area of the house• If Gordon continues to be agitated, encourage him to go for a walk or to sit in another area of the residence.• Redirect Gordon immediately to another activity. For example, <i>"Gordon, let us take a look at your iPad or iPhone to listen music"</i>
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<p>Presenting Behavior:</p> <p>Poor Interpersonal Skills: Taking others belongings (e.g. iPad, food, personal items, etc.)</p> <p>Replacement Skills: Gordon will communicate appropriately his wants and needs</p>	<ul style="list-style-type: none"> • Preferred food/activity is around • Need staff's attention • Difficulty communicating wants and needs 	<p>Gordon's poor interpersonal social skills serve the function of receiving attention and obtaining something tangible.</p> <p>Gordon enjoys the negative attention staff will give him when he takes another belonging. Gordon will take others belongings such as food or a personal item because he not able to effectively express that he wishes to have such item.</p> <p>Gordon engages in this presenting behavior in response to his psychiatric diagnosis.</p>	<p>If Gordon attempts to take others personal items/ food,</p> <ul style="list-style-type: none"> • Staff will immediately intervene if Gordon attempts to eat/ drink others food by positioning yourself between Gordon and the other individual. • Prompt Gordon to put the item down and/or return the item to the owner. For example, "<i>Gordon, can you return John Doe's phone please?</i>" If Gordon responds to prompt, praise him for returning the item. "<i>Thank you Gordon for returning John Doe's phone to him</i>" • Staff should never take food or drink out of his hands as this can cause him to ingest food quickly and possibly choke. • Encourage Gordon to point or show staff what he wants. Provide positive specific praise if Gordon follows staff's directive. For example, "<i>Great job letting me know that you wanted to use the sensory items</i>".
		<p>*This presenting behavior can be a precursor of physical aggression.</p>	

<p>Presenting Behavior:</p> <p><u>Difficulty following directives:</u></p> <p>Refusal to follow simple directives from staff</p> <p><u>Replacement Skills:</u></p> <p>Gordon will communicate appropriately his wants and needs through gestures</p>	<ul style="list-style-type: none"> • Change in routine • Unfamiliar people • Need staff's attention • Non-preferred demand/activity • Preferred food/activity is around • Difficulty communicating wants and needs 	<p>Gordon's Difficulty following directives serves the function of attention, to obtain a tangible item and to escape a person, situation or task.</p> <p>Due to Gordon's inability to communicate, his frustrations are expressed in the display of difficulty following directive.</p> <p>Gordon engages in this presenting behavior in response to his psychiatric diagnosis.</p>	<ul style="list-style-type: none"> • Staff will verbally redirect Gordon if he refuses to follow staff directives and starts walking away. • Provide Gordon 2 to 3 options. For example, "Gordon, do you want to see the animals or look at those flowers?" Or "Gordon do you want a cookie or a bag of chips?" • Provide Gordon with 1-2 verbal prompts, as over-prompting will result in agitation. • If Gordon does not respond to a verbal request, provide 1-2 gestural/demonstrations of desired outcome. • Speak to Gordon in a positive and upbeat tone when making a request of him. For example, "Gordon, can you keep your hands down?" • Allow Gordon to process a request made of him by giving him 1-2 minutes to process. For example, "Gordon, can you please buckle your seatbelt?" • Provide enthusiastic verbal praise when Gordon complies with a request. For example, "Thank you Gordon for telling me what you want!"
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<p>Presenting Behavior:</p> <p>Anal Digging/Fecal Smearing:</p> <p>a) Placing his finger in his anus</p> <p>b) removing feces and smearing himself, others and surface areas.</p> <p><u>Replacement Skills:</u></p> <p>Gordon will engage in appropriate sensory activities</p>	<ul style="list-style-type: none"> • Unstructured downtime • Need staff's attention • Over or under stimulated • Difficulty communicating wants and needs 	<p>The function of this presenting behavior is sensory and maintained by attention</p> <p>Gordon enjoys the negative attention staff will give him when he engages in rectal digging.</p> <p>Gordon engages in this presenting behavior in response to his psychiatric diagnosis.</p>	<p>If Gordon engages in fecal smearing, staff should be careful not to react (i.e., neutral tone, calm language, do not lecture, do not comment on the behavior to Gordon OR to others in the environment).</p> <ul style="list-style-type: none"> • Staff will immediately intervene and speak in a calm and neutral tone: "Gordon, <i>hands out!</i>" • Staff will redirect him to the bathroom, "<i>Gordon, let us go to the bathroom to clean up.</i>" • Staff will assist Gordon in cleaning up with fingers and body with soap and wipes. • Staff will offer Gordon a sensory activity that requires his hands occupied.
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Name: Gordon Miller
 Clinician: Alexa Litwak, M.S., BCS

A-B-C Data/Replacement Skills Sheet

Location(s): 38 Kirkland Dr. Greenlawn, NY (IRA)
 Revision Date: June 2025

Directions:
 Staff will record all observed presenting behaviors or new behaviors of concern on the personalized A-B-C data sheet and indicate if a replacement skill was used independently or with prompts that day when applicable.

- Presenting Behaviors:**
1. Physical aggression: attempt to or a) grabbing/pulling others; b) pulling hair; c) biting others
 2. Poor Interpersonal Skills: taking others belongings (iPad, food, personal items, etc.).
 3. Difficulty following directives: refusal to follow simple directives
 4. Anal Digging/ Fecal Smearing: a) placing his fingers in his anus; b) removing feces and smearing himself, others and surface areas. 5. Other: (please describe)

Date & time Presenting Behavior occurred	ANTECEDENT <i>What was occurring before?</i>	BEHAVIOR (PB) <i>List PB#/other Check box & circle letter if applicable</i>	CONSEQUENCE <i>How did staff help?</i>	REPLACEMENT SKILLS <i>Did Person supported use Replacement skill</i>	Staff Name <i>Print full name clearly</i>
Date: _____ Time: _____ AM /PM _____	<input type="checkbox"/> Loud noise <input type="checkbox"/> Change in routine <input type="checkbox"/> Unfamiliar people <input type="checkbox"/> Preferred food/activity is around Non-preferred <input type="checkbox"/> demand/activity <input type="checkbox"/> Difficulty communicating wants/needs <input type="checkbox"/> Transitions <input type="checkbox"/> Need staff's attention <input type="checkbox"/> unstructured downtime over or under stimulated <input type="checkbox"/> Other: Describe _____ <input type="checkbox"/>	Physical aggression: attempt to or: <input type="checkbox"/> grabbing/pulling others <input type="checkbox"/> pulling other's hair <input type="checkbox"/> biting others Poor Interpersonal Skills: <input type="checkbox"/> taking others' belongings (food, personal items, phone, etc.) Please list Item(s) taken: _____ Difficulty following directives: <input type="checkbox"/> refusal to follow simple requests; Anal Digging/ Fecal Smearing: <input type="checkbox"/> placing his fingers in his anus. <input type="checkbox"/> fecal smearing on himself/ others and surface areas. Other-describe: _____	<input type="checkbox"/> Calmed on own <input type="checkbox"/> Used RS on own <input type="checkbox"/> Prompted to use RS <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Redirection to another area <input type="checkbox"/> Verbal calming <input type="checkbox"/> Offer a sensory activity <input type="checkbox"/> Other - describe _____	<input type="checkbox"/> Gordon will engage in sensory activities <input type="checkbox"/> Gordon will communicate appropriately his wants and needs through gestures <input type="checkbox"/> NO RS observed <input type="checkbox"/> Other- Describe _____	

PART 4:

A. Assessed need for restrictive intervention(s) (i.e., Health and Safety of self and/or others impacted?):

Currently, Gordon's diagnosis requires psychotropic medication to assist with his psychiatric diagnosis. His current medication regimen is beneficial to Gordon and is monitored and revised with his psychiatrist during each appointment.

B. Description of the condition(s) related to the assessed need (i.e., Psychiatric Diagnosis, past learning histories, etc):

Gordon is diagnosed with **Cerebral Palsy, Severe Developmental Disability, Autism, ADHD and Seizure Disorder**. Gordon's diagnoses play a role in his presenting behaviors and that he is non-verbal and can only communicate with body gestures and facial expressions. Gordon will engage in his presenting behaviors when he wants access to a tangible, is requested to perform challenging tasks, or activities, when a request is made to discontinue negative behaviors or when is attempting to gain attention from others.

C. Positive, less intrusive methods used prior to restrictive intervention(s) that alone have proven unsuccessful in significantly reducing presenting behaviors:

Gordon does best with a combination of medication and behavioral support. Staff used verbal redirection, calming, offering sensory activities, and modeling interpersonal skills.

D. Schedule of Fading Restriction: N/A

PART 5:

FUNCTIONAL BEHAVIOR ASSESSMENT

Name:	Gordon Miller
Behavioral Intervention Specialist:	Alexa Litwak, M.S., BIS

A. ASSESSMENT TOOL(S) USED:

Functional Behavior Assessment was conducted using Questions about Behavioral Function (QABF), reinforcer evaluation, direct observations, ABC data assessment and interviews with the person, family/advocate, direct support staff and/or Care Manager/Coordinator, as appropriate.

B. CLINICAL OBSERVATIONS/RELEVANT HISTORY:

Gordon is a young male who is **diagnosed with Cerebral Palsy, Severe Developmental Disability, Autism, ADHD and a Seizure Disorder**. Previously, Gordon would engage in his presenting behaviors when he is separated from his family, loud environment, change in his routine, and requirement to perform a non-preferred task/activity such as ADLs or goals.

Gordon is non-verbal and the only way of communication is through his body language. Gordon's presenting behaviors mainly function as access to tangibles or escape from a non-preferred demand/ task. Gordon also engages in his presenting behaviors as a way of communication, especially when he engages in low-force physical aggressions, poor interpersonal skills, and difficulties following directives. Gordon has a history of unsafe behaviors during transportation where he would attempt to unbuckle his seatbelt while the vehicle is in motion and bang on the windows. There is also a history of Gordon's aggressive behaviors towards his peers during transportation. Although these behaviors were not observed during this review period, staff should encourage Gordon to sit in the back of the van during transportation and monitor for safety. It is also important for staff to be aware of the environment that Gordon is in as he exhibits poor interpersonal skills; he has a desire to take others food, items not belonging to him, iPad, or iPhones. His desire to take items is due to his inability to effectively express or communicate his want/need for the specific item. Staff can prompt Gordon to use his gestures to indicate when he is hungry, thirsty, or want a desired item.

Gordon has made great progress on his interpersonal skills and has successfully faded out the door sensor in 2024 revision of plan. The overall frequencies and intensities of presenting behaviors have decreased. Inappropriate touching behavior is removed from the current revision. Gordon continues to see his neuro/psych doctor with his mom and takes prescribed medications to assist in his treatment of his diagnosis.

In 2024 revision of plan, the presenting behavior of inappropriate touching as this has not occurred within the review period. Additionally, taking glasses off others faces is removed from the presenting behavior of physical aggression as this has not occurred within the year.

During this review period, Gordon has been doing well and has made progress with his presenting behaviors which have decreased over the last year. Since January 2025, his presenting behaviors have remained about the same with no significant changes. There were no other changes made during this time.

C. BASELINE MEASURE OF PRESENTING BEHAVIOR(S):

include: frequency, intensity, duration, and latency (for existing plans, indicate that previous baseline measures were taken and what the current frequency, etc are.).

1. Physical Aggression – average (0-1x) per month with low to moderate intensity.
2. Poor Interpersonal Skills – average of (0-2x) per month, with low to moderate intensity.
3. Difficulty following directives – average (0-1x) per month, with low to moderate intensity.
4. Anal digging/Fecal Smearing – average (0-1x) per month, with low intensity.

Psychotropic Medication List Addendum

Name:	Gordon Miller
Behavioral Intervention Specialist:	Alexa Litwak, M.S., BIS
BSP/MP effective date:	06/30/25
Medication Addendum date:	06/30/25

Active Diagnoses and symptoms:

- 1) **Cerebral Palsy:** is defined as a congenital disorder of movement, muscle tone or posture with exaggerated reflexes floppy or rigid limbs and involuntary motions
- 2) **Severe Developmental Disability:** is defined as mental or physical impairment resulting in substantial functional limitations in three or more areas of major life activity.
- 3) **Autism:** is defined as a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior.
- 4) **ADHD:** is defined as a chronic condition including attention difficulty, hyperactivity and impulsiveness.
- 5) **Seizure Disorder:** is defined as a medical condition of uncontrolled electrical activity in the brain.
- 6) **Mild Intellectual Disability** – is defined as neurodevelopmental disorders that begin in childhood and area characterized by intellectual disabilities as well as difficulties in conceptual, social and practical areas of living.

List of current medications and indication:

- **Strattera (Atomoxetine)** – to treat ADHD
- **Quetiapine ER (Seroquel)** – to treat bipolar disorder, depression, and schizophrenia
- **Propranolol ER** – to treat anxiety
- **Divalproex Sodium (Depakote)**– to treat bipolar disorder, depression and seizure disorder
- **Melatonin** – sleep aid

Keep this form with person's BSP/MP

Please indicate that you have read and understand the preceding Behavior Support Plan and Data Tracking requirements for: GORDON MILLER

Print name	Signature	Title	Date
1.			
2.			
3.			
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20.			

Person's Input and Review of Positive Behavior Supports

Place this completed form with the person's approved plan at their primary site

Name:	Gordon Miller
Behavioral Intervention Specialist:	Alexa Litwak, M.S., BIS

Please obtain person's input prior to the start of Behavior Support Plan, Monitoring Plan or Dementia Guideline, and at each revision.

Type of Plan reviewed: <input checked="" type="checkbox"/> Behavior Support Plan <input type="checkbox"/> Monitoring Plan <input type="checkbox"/> Dementia Guideline	Date reviewed with me: <hr style="width: 100%;"/>	Effective date of Plan being reviewed: <p style="text-align: center;"><u>6/30/25</u></p>
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The identified Presenting Behaviors, corresponding Replacement Skills, Strategies and/or Psychiatric Symptoms within my Plan were reviewed with me by my Behavioral Intervention Specialist.

I am in agreement with the focus of my self-improvement through this plan: Yes / No

If No, specify reason(s): _____

Follow-up: _____

If not in agreement, a team meeting has been scheduled on: _____ *(required within 10 days)*
Meeting Date

My Signature: _____
Or Advocate's name and relationship to person

Citizens Options Unlimited, Inc.

INDIVIDUALIZED PLAN OF NURSING SERVICES AND MEDICAL OVERSIGHT

INDIVIDUAL: Gordon Miller		
<p>Medical Conditions & Concerns</p> <p><i>(not all diagnoses listed will have an associated care plan)</i></p>	Severe Developmental Disability	History of Lipid Metabolism Abnormality
	Autism	History of Arrythmia resolved with ablation
	Seizure Disorder	Watch for chewing as a sign of gastric upset (see attached guidelines)
	Cerebral Palsy	History of aspiration Pneumonia 8/19/23
	Attention Deficit Hyperactivity Disorder	History of Hypoxia
	Unsteady Gait	History of Fecal impaction
	Incontinence of Bowel and Bladder- wears adult undergarments	History of Choking- please see eating guidelines
	Constipation	
	Insomnia	<u>Interim Plans (include time frames):</u>
	Iron Deficiency Anemia	Sterocoral colitis
	Hepatomegaly	Sepsis
	Hiatal Hernia	
	Onychomycosis	
	Gastro/Esophageal Reflux -Esophagitis	
Dysphagia		
Allergies: No Known Allergies		
Diet: Please see diet orders and eating guidelines	Nectar Thickened liquids, soft foods.	
Medical Conditions <i>(write explanations in layman's terms)</i>	Safeguards and Instructions for Staff (reference & attach all guidelines)	
Severe Developmental Disability	<ul style="list-style-type: none"> • Maintain routine and a highly structured environment • Help orient Gordon to unfamiliar environments • Advocate for Gordon while helping to maximize his independence 	
Autism is a pervasive developmental disorder (PDD), a group of illnesses that involve delays in the development of many basic skills, most notably the ability to socialize or form relationships with others as well	<ul style="list-style-type: none"> • Speech, physical, or occupational therapy as/if ordered • Medications as/if ordered • Report changes in mood/behavior to RN/behaviorist • Maintain routine and a highly structured environment 	

<p>as the ability to communicate and to use imagination (including fantasy play). Children with autism and related disorders often are confused in their thinking and generally have problems understanding the world around them.</p>	
<p>Seizure disorder Episodes of uncontrolled electrical activity in the brain</p>	<ul style="list-style-type: none"> • Administer seizure medications as ordered (see MAR) • Monitor type and duration (time it) of seizure activity and record on seizure record • Stay with individual, keep safe and calm, clean area to prevent injury during a seizure • Notify RN/MD of seizure activity • Call 911 for 1 seizure 5 minutes long or 5 consecutive seizures
<p>Cerebral Palsy (CP) a group of problems that affect body movement and posture. It is related to a brain injury or to problems with brain growth</p>	<ul style="list-style-type: none"> • Report changes in movements or gait to RN • Fall precautions, maintain safety
<p>Attention Deficit Hyperactivity Disorder- A chronic condition including attention difficulty, hyperactivity and impulsiveness</p>	<ul style="list-style-type: none"> • Help direct Gordon to stay focused on a task. • Help redirect Gordon when he gets distracted • Encourage Gordon to complete tasks • Praise Gordon for completion of tasks
<p>Unsteady Gait</p>	<ul style="list-style-type: none"> • Report changes in movements or gait to RN. • Fall precautions, maintain safety • Physical Therapy as prescribed
<p>Incontinence of bowel and bladder- inability to control urination and defecation</p>	<ul style="list-style-type: none"> • Assist Gordon with all Activities of Daily Living (ADLs) • During changes and showers, monitor Gordon for skin breakdown • Report reddened skin that does not blanch when touched, broken skin/scabs, rash, change in Gordon's behavior to the RN
<p>Constipation-Experiencing hard bowel movements that are difficult to pass</p>	<ul style="list-style-type: none"> • Maintain bowel records • Report to a nurse no bowel movement in 2 or more days • Encourage fluids as tolerated • Encourage fiber as tolerated

History of Choking	<ul style="list-style-type: none"> • Please see eating guidelines
Insomnia- Inability to sleep	<ul style="list-style-type: none"> • Administer medication as /if prescribed • Document in sleep charts
Anemia- low blood counts from lack of iron	<ul style="list-style-type: none"> • Administer meds as if prescribed • Report increased lethargy or sleepiness
Hepatomegaly an enlarged liver.	<ul style="list-style-type: none"> • Administer medications as/if prescribed • Notify RN for yellowing of eyes or skin • Notify RN for abdominal pain white or grey colored BM
Hiatal Hernia- a condition in which the stomach is pushed into the chest through an opening in the diaphragm	<ul style="list-style-type: none"> • Administer medications as/if prescribed • Report vomiting or abdominal pain to RN
Onychomycosis- fungal infection of the nails	<ul style="list-style-type: none"> • Report to RN any toe or nail pain • Medications if/as ordered • Ensure proper fitting footwear • Report to RN any swelling, redness, drainage, open areas of toe/nails/feet
Aspiration pneumonia an inflammation of the lungs. It may occur after you breathe in foreign material, such as food, liquid, vomit, or mucus.	<ul style="list-style-type: none"> • Follow eating guidelines • Administer medications as prescribed • Notify RN for fever, cough, vomiting, trouble breathing, dizziness, or lightheadedness
Hypoxia is low levels of oxygen in your body tissues. It causes symptoms like confusion, restlessness, difficulty breathing, rapid heart rate, and bluish skin	<ul style="list-style-type: none"> • Administer medications as prescribed • Notify RN for changes in behavior, confusion, rapid heart rate, trouble breathing, or bluish nails/lips/skin
Fecal impaction the result of severe constipation, when you're unable to regularly	<ul style="list-style-type: none"> • Administer medications as prescribed • Encourage high fiber diet (unless contraindicated) • Encourage fluids (unless contraindicated)

<p>pass poop (stool or feces) and, it backs up inside your large intestine (colon)</p>	<ul style="list-style-type: none"> • Document BMs every shift • Notify RN if no BM in 2+ days
<p>Gastro/Esophageal Reflux Esophagitis Inflammation of the esophagus causing pain, swelling, and difficulty swallowing</p>	<ul style="list-style-type: none"> • Administer medications as prescribed • Notify RN of chest pain or sore throat that is not relieved by OTC medication
<p>Dysphagia Difficulty swallowing</p>	<ul style="list-style-type: none"> • See specific eating guidelines, pacing guidelines, etc. • If individual has choking episode and Heimlich is used, call 911 and do not allow individual to continue eating • Follow prescribed diet <p>Report any noted fever to a nurse immediately</p>
<p>Stercoral colitis occurs when a patient has chronic constipation leading to stagnation of fecal matter. This leads to an increase in volume, impaction, and eventual deformation of the colon</p>	<p>Stercoral colitis is a condition in which fecal matter collects and causes swelling within the colon, eventually leading to a fecaloma mass. This mass causes a blockage in the last part of the colon, known as the rectosigmoid colon.</p> <p>The main symptoms of stercoral colitis are: (Report to RN if):</p> <ul style="list-style-type: none"> • abdominal discomfort • cramps • fever • anorectal pain <p>People with stercoral colitis abdominal distension, where the belly swells noticeably. The abdomen may feel tender when the person tenses their stomach muscles-report this to the RN.</p> <p>The stercoral colitis complications are intestinal perforation and solitary stercoral ulcers.</p> <p>Other possible complications :</p> <ul style="list-style-type: none"> • sepsis, or septic shock • ischemic colitis • urinary retention if the bowel causes compression-report to RN any decrease in urine output; e.g.-not urinating within 6 hours.
<p>Sepsis is a serious condition in which the body responds improperly to an infection. The infection-fighting processes turn on the body, causing the organs to work poorly.</p>	<p>Symptoms of sepsis may include: (Report symptoms to RN)</p> <ul style="list-style-type: none"> • Change in mental status. • Fast, shallow breathing. • Sweating for no clear reason. • Feeling lightheaded. • Shivering.

<p>Sepsis may progress to septic shock. This is a dramatic drop in blood pressure that can damage the lungs, kidneys, liver and other organs. When the damage is severe, it can lead to death.</p>	<ul style="list-style-type: none"> • Symptoms specific to the type of infection, such as painful urination from a urinary tract infection or worsening cough from pneumonia. <p>Sepsis may progress to septic shock. Septic shock is a severe drop in blood pressure. Progression to septic shock raises the risk of death. Symptoms of septic shock include (report to RN):</p> <ul style="list-style-type: none"> • Not being able to stand up. • Strong sleepiness or hard time staying awake. • Major change in mental status, such as extreme confusion.
<p>IF ANY EVENT OCCURS THAT CAUSES CONCERN FOR THE PERSON'S WELL-BEING, IMMEDIATELY NOTIFY THE RN</p>	
<p>IF ANY EVENT OCCURS THAT MAY REPRESENT A THREAT TO THE PERSON'S HEALTH/WELL-BEING, ACTIVATE THE MEDICAL EMERGENCY SERVICES BY CALLING 911.</p>	
<p>RN: Ishri Prashad, RN</p>	<p>Date: 11/12/2024</p>



**Citizens Options
Unlimited**

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic:

GM updated PON

Presented by: Ishri Prashad, Nurse

Date initiated: 11/13/2024

Print Name	Signature	Title	Date
Amanda Legros		Manager	11/2/24
Coretta Brown		DSP	11/21/24
Matthew Mcrae		DSP	11-15-24
Scheidise Paul		Asst manager	11/14/24
Claude Borgart		DSP	11/15/24
Marie Antenor		DSD	11/18/25
Jaxon Placide		DSP	11/19/24
Louise Rho		DSP	3/18/25
Stephane Casseus		DSP	
Jean Dupont		DSP	11-17-24
Steven Lennon		DSP	11/22/24
Andrea Epps		DSP	11/18/24
Noble Benoit		DSP	11/14/24
Amani Mills		DSP	11/15/24
Kyle Makinen		DSP	4/18/25
Jacques Charles		Assist mgr	6/25/25
Evelyn Valles		DSP	8/22/25

Citizens Options Unlimited, Inc.

INDIVIDUALIZED PLAN OF NURSING SERVICES AND MEDICAL OVERSIGHT

INDIVIDUAL: John McCabe		
Medical Conditions & Concerns <i>(not all diagnoses listed will have an associated care plan)</i>	Autism	
	Anxiety	
	Altered Gait	
	Constipation	<u>History of UTI (urinary tract infection)</u>
	Incontinence of Bowel and Bladder- wears adult undergarments	<u>Interim Plans (include time frames):</u>
	Apnea	Open fracture of distal phalanx of left little finger
	Dysphagia	
	Cataracts both eyes, trace nuclear sclerosis	
	Sleep Apnea	
	Tinea Unguium	
	Hypertension	
Allergies: No Known Allergies		
Diet: Please see diet orders and eating guidelines aspiration guidelines		
Medical Conditions <i>(write explanations in layman's terms)</i>	Safeguards and Instructions for Staff (reference & attach all guidelines)	
<p>Autism is a pervasive developmental disorder (PDD), a group of illnesses that involve delays in the development of many basic skills, most notably the ability to socialize or form relationships with others as well as the ability to communicate and to use imagination (including fantasy play). Children with autism and related disorders often are confused in their</p>	<ul style="list-style-type: none"> • Speech, physical, or occupational therapy as/if ordered • Medications as/if ordered • Report change in mood/behavior to RN/behaviorist • Maintain routine and a highly structured environment 	

thinking and generally have problems understanding the world around them.	
Anxiety A condition that can cause nervousness/worry	<ul style="list-style-type: none"> • Administer medications as /if prescribed. • Promote/encourage relaxation • Follow behavior plan
Abnormality of Gait is a condition that requires assistance with walking	<ul style="list-style-type: none"> • Report change in movements or gait to RN • Fall precautions, maintain safety
Incontinence of bowel and bladder- inability to control urination and defecation	<ul style="list-style-type: none"> • During changes and showers, monitor John for skin breakdown • Report reddened skin, broken skin/scabs, rash, to the RN
Constipation- Experiencing hard bowel movements that are difficult to pass	<ul style="list-style-type: none"> • Administer medication as/if prescribed • Maintain bowel records • <i>Notify RN for no BM in 3 days</i>
Apnea- is temporary cessation of breathing, especially during sleep	<ul style="list-style-type: none"> • Make sure John head is elevated when sleeping • Complete his sleeping chart every night • Monitor John daily for sign and symptoms of insomnia difficulty sleeping, tiredness, agitation and report to RN • Follow his diet as prescribed • Call 911 if you notice John has trouble breathing and notify RN after
Dysphagia- difficulty swallowing	<ul style="list-style-type: none"> • Follow eating guidelines • Notify RN for choking, gagging, coughing while eating. • Aspiration precautions: please see guidelines
Cataracts- a film over the eye which decreases vision	<ul style="list-style-type: none"> • Administer meds as/if prescribed. • Safety Precautions

<p>Trace Nuclear Sclerosis-is caused by proteins in the eye lens that naturally break down over time causing blurry vision</p>	
<p>Sleep Apnea B- when breathing may be come irregular during sleeping hours</p>	<ul style="list-style-type: none"> • Administer medications as/if prescribed • Notify RN for s/s of difficulty breathing, coughing wheezing
<p>Tinea Unguium-fungal infection of the toenails</p>	<ul style="list-style-type: none"> • Report to RN any toe or nail pain • Medications if/as ordered • Ensure proper fitting foot wear • Report to RN redness, swelling, drainage, open areas of the toes/nails or feet
<p><u>Hypertension (High Blood Pressure)</u> is a condition in which the blood flows too quickly which puts a strain on the heart to pump quicker</p>	<ul style="list-style-type: none"> • Administer Meds as /if prescribed • Hold medication Lisinopril if BP is below 90/60 • Notify RN if medication is held 3 or more times in the month.
<p>Open fracture of distal phalanx of left little finger</p>	<ul style="list-style-type: none"> • Please pick up your antibiotics from the pharmacy and take them as prescribed. Continue taking until finished, even if you feel completely better. Inform your primary doctor if you experience rash, shortness of breath, abdominal pain, or diarrhea. • Follow up with hand surgery in 1 week with Dr. Dagly. • Proper laceration care minimizes the risk of infection and helps the laceration to heal better. • Do not get the site wet for 24-48 hours, after which you may indirectly get it wet Do NOT soak the wound. Pat the area to dry - avoid rubbing. <p>SEEK IMMEDIATE MEDICAL CARE IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:</p> <ul style="list-style-type: none"> • swelling around the wound • worsening pain • drainage from the wound • red streaking going away from your wound • inability to move finger or toe near the laceration • discoloration of skin near the laceration.
<p style="text-align: center;">Please note: IF ANY EVENT OCCURS THAT CAUSES CONCERN FOR THE PERSON'S WELL-BEING, IMMEDIATELY NOTIFY THE RN</p>	
<p style="text-align: center;">IF ANY EVENT OCCURS THAT MAY REPRESENT A THREAT TO THE PERSON'S HEALTH/WELL-BEING, ACTIVATE THE MEDICAL EMERGENCY SERVICES BY CALLING 911.</p>	

RN: Ishri Prashad, RN

RN Signature:

Date: 10/24/2024



Citizens Options Unlimited

38 Kirkland Drive, Greenlawn NY 11740

Training / Meeting / In-Service Signature Sheet

My signature on this form indicates that the below-mentioned materials and/or the attached information regarding the topic have been reviewed with me; questions that I may have about the topic were clarified during the training. However, I have been informed that if I have any additional questions after, I am to contact the presenter.

Topic: John McCabe revised Nursing Plan			
Presented by: Tessa Guillaume-Lewis		Date: 10/25/2024	
Print Name	Signature	Title	Date
Amanda Legros		Manager	10/25/24
Scheidise Paul		Assistant Manager	10/30/24
Stephane Casseus		Direct Support Professional	11/22/24
Jean Robert Dupont		Direct Support Professional	3/8/25
Andrea Epps		Direct Support Professional	11/5/24
Noble Benoit		Direct Support Professional	11/14/24
Coretta Brown		Direct Support Professional	10/25/24
Matthew Mcrae		Direct Support Professional	11-12-24
Claude Borgart		Direct Support Professional	10/30/24
Marie Suzie Anttenor		Direct Support Professional	10/30/24
Steven Lennon	no longer here	Direct Support Professional	
Jaxon Placide		DSP	11/6/24
Louise Rho			10/31/24

Amani Mills DSP 11/15/24
 Kyle Makinen DSP 4/18/25
 Jacques Charles Assistant mgr 6/25/25
 Samuel Aye DSP 9/18/24
 CHRISTINA MORAN DSP 9/18/24
 MATTHEW TUNOCH DSP 9/16/25