

Implementation Plan for: Warren Pease Care ID: A0X0X0 Comp Code: 8FV

Service Component: Supervised Living Services Back-up Plan Required: yes no Date IP Developed: 1/22/13

IPC Begin Date: 3/18/2013 IPC Effective Date: 3/18/2013 IPC End Date: 3/17/2014

**Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:**

1.	Warren wants to feel safe and secure in his home.
2.	Warren wants to participate in more community activities.
3.	Warren wants to learn living skills so he can live on his own.
4.	Warren wants to become more physically fit.
5.	Warren wants to either get a job or do volunteer work.
6.	Warren wants to participate in the Special Olympics.
7.	

**In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):**

Conversation(s) with: Warren and Jeff (Direct Care Staff)

Observation  Formal Assessment(s): nursing assessment

Implementation Strategy Objectives:	Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
SL staff will work with Warren with all of his ADLs with an ultimate goal of independent living.	1/1/13	ongoing	n/a	365 days/yr
SL staff will work with Warren to become more physically fit so he may be able to participate in the Special Olympics and similar activities in the area. SL staff will determine where there are places he can work out that are affordable for him.	1/1/13	ongoing	n/a	Included in units calculated above
SL staff will work with Warren to determine his likes and dislikes in terms of where he might like to volunteer and/or work.	1/1/13	ongoing	n/a	Included in units calculated above
Warren will be assisted with all medical appointments and health monitoring by staff in coordination with nursing services. He will be supervised with all medications and observed for side effects. Staff will report any side effects, illness, or injury to the RN.	1/1/13	ongoing	n/a	Included in units calculated above
SL staff will provide transportation for Warren for all of his needs.	1/1/13	ongoing	n/a	Included in units calculated above
<b>Total IPC Units Needed for this Service Component:</b>				365 days
<b>Requisition Fee (if applicable)</b>				n/a

**Signature for Implementation Plan:**

Signature sheet for implementation plan(s) on file

or

Signatures below:

Warren Pease

Signature-Individual

Signature-  Legally Authorized Representative

Family Member/Advocate

Imma Goode

Signature-HCS Provider Representative

Signatures for Discontinuation of Implementation Plan:

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Signature – HCS Provider Representative or Individual LAR

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Date