Competency Tracking Form

Participant: Leah Blackmore

Annual Service Span: Intake Meeting

Annual Meeting Date: 8/21/2024 **Date Assigned to Lead**:_____

Competency Quiz Due for all Staff: 9/21/2024

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
8/22/24	JM	Jaime Meyer
8/23/24	JG	John Gebhardt
8-26-24	IL	Ilene Lubick
8/27/24	LO	Lateeph Onikoro
8/22/24	JJ	Julie Johnson
8/22/24	CS	Cindi Stucky
8/22/24	DM	Dennis Moua
8/27/24	BM	Brian Mattox
8/27/24	DT	Dave Turner
8/27/24	RS	Renee Schmidt
8/29/24	NS	Nancy Snyder
8/27/24	KS	Dolly Stein
08/27/2024	EZ	Elena Zadow
8/27	AZ	Allison Zadach

Date Completed	Initials	Full Name
8/27/24	JB	Julia Baker
8/22/24	RH	Rosaleigh Halverson
8/22/24	PV	Pa Vang
8-24-24	DR	Darlene Rice
8/27/24	KM	Krista Mischnick
8/29/24	SB	Lisa Bailey
		Josh Snodie
		Carla Sykes

Date Uploaded to LMS: _____

Staff: Paia Vang — Service Recipient: Leah Blackmore

Date: 8/22/24 — Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: .seizure in 2021 - none sense - will have a rescue med on site to administer after 3 minutes in event of a seizure
Choking/ Specialized Diet: at a time ☒ No ☐ Yes	Describe Supports: Pureed diet, will come prepared from home - staff feed her- small bite with a spoon. NO extra food at PAI, only what is sent. No drinks at PAI, recieves most of nutrition from g-tube (only at home)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi - paralysis, diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: only seizure PRN (nasal spray) onsite Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt and one person pivot - can propel short distances only, ~~gait belt~~ left leg is the strong leg - remind her to "stand strong", Her body movements are unpredictable - second person nearby until comfortable, wear briefs - needs assistance changing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair for mobility - can propel short distances only, gait belt - one person pivot transfer from chair, left leg is the strong leg - remind to "stay strong", wears AFO'S. leave them on
Community Support: ☐ No ☒ Yes	Describe Supports: Leah and her team have requested no outings until at least her 45-day meeting ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field vision - sometimes moving things a little to one side helps.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: verbal and physical aggression - yelling and kicking, Leah doesn't like to be wrong or be questioned - because her TBI, what she is saying is her reality wheater its true or not, use humor, laughter, and redirect her to another topic - don't get into power struggle
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance, cookies, crafts, shopping, walking, volunteering, and going for walks.

Important for: communicating her needs and preferences, having supporting and consistent staff, and the staff at my home.

Likes: loves to laugh and joke with people, and she enjoys it more when people joke back with her, likes shopping, going for walks, working on puzzles, arts/crafts.

Dislikes: Cleaning after others, being too hot or too cold, and mosquitoes

Communication Style: non-verbal, communicate with finger spelling using sign language, know how to communicate with her and read her body language, express happiness with big smiles and laughter

Learning Style: TBI

Lead Review Completed: _____

Staff: Dennis Moe **PAI** Service Recipient: Leah Blackmon

Date: 8/22/24 Service Span: DT/Ho

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Seizure in 2001
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed diet, ~~[illegible]~~ staff prepare, small bites with spoon, no extra food at PAI, No drinks
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, diabetes, explosive disorder DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: seizure PRN (Nasal) Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: gait belt, 1 person transfer to toilet, left ~~[illegible]~~ leg strong, stand strong
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: wheelchair, gait belt, afo's
Community Support: ☐ No ☑ Yes	Describe Supports: no outings until 45-day meeting ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: split ~~[illegible]~~ field of vision
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: verbal & physical aggression, yelling & kicking, doesn't like to be wrong, humor, language
Unsupervised Time: ☑ No ☐ Yes	Describe Supports: redirect topics, no power struggles
Important to:	dance, baking cookies, crafts, shopping, walking, volunteering.
Important for:	communicate her needs & prefs, having supportive & consistent staff,
Likes:	laugh, jokes, shopping, walking, word puzzles, arts & crafts, mall & parks
Dislikes:	too hot, too cold, mosquitoes, cleaning after others
Communication Style:	non verbal, fingerspelling, using sign
Learning Style:	TBD

Lead Review Completed: ____________________

Staff: Ctucky **PAI** Service Recipient: Leah Blackmore

Date: 8/22/24 Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure 21' none - since will have a rescue med onsite to administer after 3 min in event of seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet, will come prepared from home - staff feed her small bites. no xtra food only whats sent no drinks @ PAI most nutrition fm G-tube
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, diabetes explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: only seizure prn (nasal spray) onsite Left leg is the strong leg remind her to stand strong Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt + a 1 person pivot to toilet transfer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair for mobility can propel short distance only Gait belt + 1 person pivot transfer fm chair. Left leg is strong leg. wears AFO's - leave on
Community Support: ☐ No ☒ Yes	Describe Supports: Leah + team have requested no outings until @ least her 45 day ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision - sometimes moving little to 1 side helps
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: verbal + physical aggression - yelling + kicking - doesnt like to be wrong or be questioned
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance baking cookies, crafts, shopping, walking, volunteering walks.

Important for: Communicating her needs + preferences having support + consistent staff + staff @ home

Likes: loves to laugh + joke w/ ppl, enjoys it more when ppl joke back, shopping walks, puzzles, arts crafts recipe's, keeping busy-active - malls + parks (weather permitting)

Dislikes: Cleaning up after others - being to hot or to cold + mosquito's

Communication Style: non verbal, but communicates w/ finger spelling using sign language. Important to know how to communicate w/ her + read her body language

Learning Style: TBD

Lead Review Completed: ______________

Staff: Julie Johnson | PAI | Service Recipient: Leah Blackmore

Date: 8/22/24 | Service Span: 8/26/24

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Rescue med onsite for over 3 minutes Seizure in 2021 - non sense
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet prepared from home - Staff feed her - small bites @ a time on spoon
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-paralysis, Diabetes [redacted] explosive disorder. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Seizure PRN (nasal spray). Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes Briefs w/ assistance	Describe Supports: gait belt & one person transfer to toilet - left leg is strong leg - remind her to "stay strong" unpredictable body movements needs 2nd person
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair for mobility; can propel short distances changing Leave on her AFO's!
Community Support: ☐ No ☒ Yes	Describe Supports: Leah & her team requested NO outings until @ least her 45 day meeting ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: - split field of vision. [redacted] moving things to one side will help her see the items
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: verbal & physical aggression - yelling & kicking. Leah doesn't like to be wrong, or be questioned - because of her TBI, what she is saying is true. Use humor, laughter to another topic - Do not get into a power struggle redirect
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance, baking cookies crafts, Shopping, walking, volunteering, going for walks

Important for: Communicating her needs and preferences, having support & consistent staff, & the staff @ home

Likes: Leah loves to laugh & joke with people, going shopping, working on word puzzles, arts, crafts, recipes, Keeping herbs; parks & malls

Dislikes: to clean up after others, being too hot or cold, mosquitos

Communication Style: Non verbal but uses finger sign language, important that staff communicate & know her body language - expresses happiness with smiles

Learning Style: Leah expresses anger sadness & confusion with crossed eyebrows - can use a letterboard TBD

Lead Review Completed: _____

Staff: Lateeph Omicon

Date: 8/22/2024

Service Recipient: Leah Blackmore

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures in 2021 - none since. Rescue med On-Site - administer after 3minutes	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, prepared @ home. staff feed her- small bites w/spoon - No extra food @ PAI - No drinks Most nutrition from g-tube at home.	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi - paralysis, Diabetes, explosive disorder	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: PRN	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: - Gait Belt & One person Pivot transfer to toilet. left leg is strong - remind to "stand strong" Body movements unpredictable - second person nearby until comfortable. Wears briefs - need assistance	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: uses chair - Gait Belt One person Pivot transfer from chair. Wears AFO's leave them on.	
Community Support: ☒ No ☐ Yes	Describe Supports: No outings until 45 days	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision - Sometimes moving things to one side helps.	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Verbal & physical aggression - yelling & kicking - Doesn't like to be wrong or questioned. What she says is her reality.	
Unsupervised time while at PAI? ☐ No ☐ Yes	uses humor, laughter and redirect to another topic Don't get into power struggle	
Important to: Dance, baking Cookies, Crafts, shopping, walking, volunteering, going for walks.		
Important for: Communicating her needs and preferences, supportive and Consistent staff, staff at home		
Likes: Laugh & joke, shopping, Walks, arts/crafts anything to keep busy Parks & malls.		
Dislikes: cleaning up after others, being to hot/cold mosquitoes		
Communication Style: Non-Verbal, uses finger spelling w/sign body language happiness w/smiles & Laughter, anger, sadness, Confusion, Crossed eyebrows & arms		
Learning Style: TBD		uses a Letterboard

Lead Review Completed: _____

Staff: Jaime Meyer
Date: 8/22/24

PAI

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures in 2021 - none since Rescue med on-site - administer after 3minutes
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, prepared @ home, staff feed her - small bites w/spoon. - No extra food @ PAI - No drinks - most nutrition from g-tube at home
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, Diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: - gait belt & one person pivot transfer to toilet. Left leg is strong - remind to "stand strong." Body movements unpredictable - second person near by until comfortable. wears briefs - need assistance
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses chair - Gait belt one-person pivot transfer from chair. wears AFO's Leave them on.
Community Support: ☐ No ☒ Yes	Describe Supports: No outings until 45-day ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision - sometimes moving things ~~helps~~ to one side helps.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal & Physical aggression - yelling & kicking - Doesn't like to be wrong or questioned. what she says is her reality. use humor, laughter & redirect to another topic - don't get into a power struggle
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance, baking cookies, crafts, shopping, walking, volunteering, going for walks.

Important for: communicating her needs & preferences, supportive & consistent staff, staff at home.

Likes: Laugh & Joke, shopping, walks, arts/crafts, anything to keep her busy, Parks & malls.

Dislikes: cleaning up after others, being to hot/cold, mosquitos

Communication Style: non-verbal, uses finger spelling w/sign, body language, happiness w/smiles & laughter, anger, sadness, confusion, crossed eyebrows & arms, uses a letterboard

Learning Style: TBD

Lead Review Completed: _____

Staff: JOHN GEBHARDT Service Recipient: Leah Blackmore

Date: 8-23-24 PAI Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: none since 2021, Has PRN seizureMed, will have seizure Med on site for staff to administer
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed Diet - Prepared from Home, staff feed her, small bites, 1 piece at a time
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-Paralysis, Diabetes, Explosive Disorder, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Only has seizure PRN on site Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Gait belt, a person pivot transfer to toilet Remind her to "stand strong" Left leg is stronger wears briefs too. Assist her.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair Mobility - can move for only short distances, Gait Belt, one person pivot,
Community Support: ☐ No ☒ Yes	Describe Supports: No outings unit after the 45 Day Meeting ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision, Sometimes. Move things to one side can help,
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal & Physical aggression. Kicks, Yells, Doesn't like to by wrong or questioned because of TBI use humor, laughter, and redirect her.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance, Cookies, crafts, shopping, walking, Volunteering

Important for: Communicating her needs and wants, Having supporting staff and her home staff.

Likes: laughs, jokes, shopping, walks, puzzles, crafts, Art,

Dislikes: Cleaning up after others, Being To Cold/To Hot, Mosqitos

Communication Style: Non Verbal, uses Finger spelling and ASL Body language. Big smiles, Laughter. Has a Letter Board

Learning Style: TBD

Lead Review Completed: _____

Staff: Krysta-Mischnick
Date: 8/27/24

PAI

Service Recipient: Leah Blackmore
Service Span: intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: seizure in acal - none sense will have a rescue med onsite to administer after 3min
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet. will come prepared from home - staff feed her. small bites at a time with spoon NO extra food at PAI. only what is sent. NO drinks. g tube feeding
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: hemi - paralysis, diabetes, explosive disorder DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: only seizure PRN (Nasal spray) onsite Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: gait belt and a one-person pivot transfer to toilet. Left leg is the strong leg - remind her to stand strong second person nearby until comfortable. wears briefs
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Manual wheelchair for mobility Gait belt for transfer from chair wears AFO - leave them on
Community Support: ☐ No ☑ Yes	Describe Supports: Leah and team have requested no outings until at least her 45 day meeting ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision - sometimes moving things a little to one side helps.
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Verbal and physical aggression - yelling and kicking. Leah does not like to be wrong or be questioned - redirect her at PAI
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: dance, baking cookies, crafts, shopping, walking, volunteering,	
Important for: communicating her needs, having supporting and consistent staff, and staff at home.	
Likes: Leah loves to laugh and joke with people and she enjoys it more when people joke back. going shopping, walks, word puzzles, Art, magazines	
Dislikes: cleaning up after others, being to hot or to cold and mosquitoes	
Communication Style: non-verbal. But communicates with finger spelling using sign language. will use body language.	
Learning Style: TBD	

Lead Review Completed: _____

Staff: Rosaleigh Halvorson
Date: 8/27/24

Service Recipient: Leah Blackmore
Service Span: intake

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports:	Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: no seizures since 2021 rescue med on site to administer 3 min after event of seizure	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: pureed, small bites, no extra food/drinks at PAI most food through g-tube at home	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, Diabetes, explosive disorder	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: seizure PRN (nasal spray)	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: gait belt * 1 person pivot toilet transfer left leg is strong leg, remind to "stand strong" unpredictable body movements assistance changing brief	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: manual w/c self propel short distances left leg strong leg, reminders to "stand strong" wears AFO's	
Community Support: ☐ No ☑ Yes	Describe Supports: no outings until at least 45 day meeting	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Split field vision - sometimes moving things a little to one side helps	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Yelling / kicking, doesn't like to be wrong or questioned use humor, laughter + redirect, don't get into a power struggle	
Unsupervised time while at PAI? ☑ No ☐ Yes		
Important to: dance, baking cookies, shopping, walking, volunteering		
Important for: communicating needs + preferences supporting + consistent staff		
Likes: laugh + joke, shopping, walks, word puzzles, arts/crafts, recipes malls, parks		
Dislikes: cleaning up after others, being too hot or cold, mosquitoes		
Communication Style: nonverbal, finger spelling/sign language, body language, letterboard		
Learning Style: TBD		

Lead Review Completed: _____

Staff: Julia Baker
Date: 8/27/24

PAI

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: no seizures since 2021 rescue med on site to administer 3 mins after event of seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed, small bites, no extra food/drinks at PAI most food through g-tube at home
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: seizure PRN (nasal spray) Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt - 1 person pivot toilet transfer, needs reminders to "stand strong", unpredictable body movements assisting w/ brief changes
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual w/c, self propel short distances. left leg is the strongest, remind to "stand strong" unpredictable body movements / needs assistance changing brief
Community Support: ☐ No ☒ Yes	Describe Supports: no outings until at least 45 day meeting ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field vision - sometimes moving things a little to one side helps
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: telling / hitting, doesn't like to be wrong or questioned, use humor, laughter & redirect, don't get into a power struggle
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	dance, baking cookies, shopping, walking, volunteering
Important for:	communicating needs & preferences. supporting & consistent staff
Likes:	laughter, jokes, shopping, walks, word puzzles, arts/crafts, recipes, malls, parks
Dislikes:	cleaning up after others, being too hot or cold, mosquitoes
Communication Style:	nonverbal, finger spelling/sign language, body language, letterboard
Learning Style:	TBD

Lead Review Completed: _____

Staff: Allison Zadach
Date: 8/27/24

PAI

Service Recipient: Leah Blackmore
Service Span: intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizures in 2021 - none since. Rescue med on-site - administer after 3 min.	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: pureed diet, prepared @ home, staff feed her small bites w/ spoon. No extra food at PAI - no drinks. most nutritious from g-tube at home	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, diabetes, expulsive disorder	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt + one person pivot transfer to toilet, left leg is strong, remind to "stand strong", body movements unpredictable - 2nd person nearby until comfortable, wears briefs -	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses chair, gait belt one person pivot transfer from chair. Wears AFO's leave them on.	needs assistance from chair.
Community Support: ☐ No ☒ Yes	Describe Supports: No outings until 45 days	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision - sometimes moving things to one side helps	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal + physical aggression - yelling + kicking. Doesn't like to be wrong or questioned. What she says is her reality. Use humor/laughter + redirect to another topic - don't get into power struggle	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to:	dance, baking cookies, crafts, shopping, walking, volunteering, going for walks	
Important for:	Communicating her needs + preferences. Supportive and consistent staff. Staff at home.	
Likes:	Laughs + jokes, shopping, walks, arts + crafts, anything to keep her busy	
Dislikes:	Cleaning up after others, being too hot/cold, mosquitos	
Communication Style:	non-verbal, uses finger spelling w/ signs, body language, happiness w/ smiles and laughter, anger confusion, sadness	
Learning Style:	TBD	Uses a letter board

Lead Review Completed: _____

Staff: Elena Zadow
Date: 08/27/2024

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: N/A	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Rescure meds. onsite (after 3 mins.) None since 2021	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, prepared @ home, feed small bites with spoon. G-tube (no food/drink @ PAI)	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-paralysis, diabetes, explosive disorder	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assist bruf, transfer gait one person + another person mar by. Strong left leg (remind "stand strong")	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Wheelchair, Use gait belt to transfer Leave AFO on	
Community Support: ☐ No ☒ Yes	Describe Supports: No outings (45 days)	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision. Move things to the side	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal/physical assist to redirect to another topic. Don't question her if wrong inference on her reality. Avoid power struggle	
Unsupervised time while at PAI? ☒ No ☐ Yes N/A		
Important to: Dance, baking cookies, crafts, shopping, walking, volunteering, consistent staff, ~~staff~~ @ home		
Important for: Needs, preferance, support, consistent ~~staff~~, home ~~staff~~		
Likes: Jokes, laughing, shopping, walks, arts/crafts, parks, malls		
Dislikes: Cleaning up after others, mosquitos, being hot or cold		
Communication Style: Non-verbal, sign, body language, facial expressions, learning board		
Learning Style: TBD		

Lead Review Completed: _____

Staff: Dolly Stein
Date: 8/27/24

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure in 2021 hasn't had one since Rescue Med on site - 3mins after event of seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: ~~Hemi~~ - Pured diet comes prepared from home staff feed her small bites w/ spoon NO drinks at PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-Paralysis, Diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Only seizure PRN Nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Gait belt and one person pivot transfer to toilet left leg stronger Wears AFO's
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair self - short distance only
Community Support: ☐ No ☒ Yes	Describe Supports: NO outings per request of team and Leah until 45 day ☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yelling, kicking doesn't like to be wrong or question use of humor, laughter, redirection
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, baking cookies, shopping, walking, volunteering, crafts	
Important for: communication of wants/needs, choices, support from staff	
Likes: laughing/jokes, shopping, word puzzles, arts & crafts, recipes, keeping busy, malls, parks	
Dislikes: Cleaning up after others, too cold/too hot, mosquitos	
Communication Style: Non verbal, ASL, Body ~~language~~ language	
Learning Style: TBD	

Lead Review Completed: _____

Staff: ReneeSchmidt
Date: 8/27/24

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizur in 2021. hasnt had one since will have a rescue med onsite - 3min after event of seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet, will come prepared from home staff feed her small Bites with spoon No Drinks at PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-Paralysis Diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Only Seizure PRN nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt and one person pivot transfer to toilet left leg stonger wears Aids
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual Wheelchair self-short distance only
Community Support: ☐ No ☒ Yes	Describe Supports: loan and loam request No outings until 45 day ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yelling Kicking doesnot like to be wrong or question use humor laughter redirection
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance baking cookies, Shopping, Walking Volunteering Crafts	
Important for: Communicating her needs & preferences having support and consistant staff	
Likes: Laugh & Jokes with people going shopping Word puzzles arts & crafts looking for recipes anything to keep her busy Malls parks	
Dislikes: Cleaning up after others too cold too Hot and mosquitos	
Communication Style: non-verbal sadness & mad confusion frustration Sign Language Body language	
Learning Style:	

Lead Review Completed: _____

Staff: Dave Tuiw

Date: 8/27/24

Service Recipient: Leah Blackmore

Service Span: Intake

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

Allergies: ☐ No ☐ Yes ■ N/A	List & Describe Supports: Medication Allergies? ■ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: -Seizure in 2021 – none sense -Will have a rescue med onsite to administer after 3 minutes in the event of a seizure
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: -Pureed diet, will come prepared from home – staff feed her – small bites at a time with a spoon -NO extra food at PAI, only what is sent -NO drinks at PAI -Receives most of nutrition from g-tube feedings (only at home)
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes - hemi-paralysis, Diabetes, explosive disorder *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes -only seizure PRN (nasal spray) onsite *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: -gait belt and a one-person pivot transfer to toilet. Left leg is the strong leg – remind her to "stand strong." Her body movements are unpredictable – second person nearby until comfortable. -Wears briefs – needs assistance changing
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: -Manual wheelchair for mobility – can propel short distances only. -Gait belt and a one-person pivot transfer from chair. Left leg is the strong leg – remind her to "stand strong." Her body movements are unpredictable – second person nearby until comfortable. -Wears AFOs, leave them on.
Community Support: ☐ No ■ Yes	Describe Supports: ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs -Leah and team have requested no outings until at least her 45-day meeting.
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: -Split field of vision – sometimes moving things a little to one side helps.
Behavior Support: ■ No ☐ Yes	List & Describe Supports: -Verbal and physical aggression – yelling and kicking. Leah doesn't like to be wrong or be questioned – because of her to TBI, what she is saying is her reality whether it's true or not. Use humor, laughter, and redirect her to another topic – don't get into a power struggle.
Unsupervised time while at PAI? ■ No ☐ Yes	
Important to: Dance, baking cookies, crafts, shopping, walking, volunteering, and going for walks.	

Lead Review Completed: _____

Staff: Brian mattox | **PAI** | Service Recipient: Leah Blackmore

Date: 8/27/24 | | Service Span: intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: seizure in 2011 hasn't had one since will have a team med on site - 3 min [illegible] seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Pureed diet will come prepared from home staff feed her small bites with spoon NO Drinks at PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi – Paralysis Diabetes explosive disorder DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: only seizures PRN nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt and one person pivot transfer to toilet left leg stronger wears [illegible]
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair self - short distance only
Community Support: ☐ No ☒ Yes	Describe Supports: Leah and team request [illegible] until 45 days ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: yelling kicking does not like to be wrong or question use humor laughter redirection
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Dance baking cookies shopping walking volunteering crafts

Important for: communicating her needs and preferences having support and consistent staff

Likes: laugh and jokes with people going shopping word puzzles art crafts looking for recipes anything to keep her busy malls parks

Dislikes: Cleaning up after others too cold too hot and mosquitos

Communication Style: non verbal [illegible] cross between sign language body language

Learning Style:

Lead Review Completed: ____________

Staff: DARLENE RICE
Date: 8-28-24

Service Recipient: LEAH BLACKMORE
Service Span: INTAKE

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports:	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: SEIZURE - 2021 / NONE SENSE MED ONSITE TO ADMINISTER AFTER 3 MINS.	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: PUREED DIET FROM HOME	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: HEMI - PARALYSIS - DIABETES EXPLOSIVE DISORDER	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - ONSITE	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: GAIT BELT ONE PERSON PIVOT TO TOILET LEFT LEG IS STRONG - WEARS BRIEFS	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: WHEELCHAIR - CAN PROPEL SHORT DISTANCES WEARS AFO's - LEAVE ON	
Community Support: ☐ No ☒ Yes	Describe Supports: NO outings until 45 DAY meeting	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: SPLIT FIELD OF VISION MOVING THINGS TO ONE SIDE HELPS	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: VERBAL + PHYSICAL AGGRESSION - YELLING + KICKING USE HUMOR - LAUGHTER + REDIRECT TO TOPIC	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: DANCE - BAKING COOKIES - CRAFTS - SHOPPING		
Important for: COMMUNICATING - STAFF - SUPPORT		
Likes: LAUGH - JOKE - PUZZELS - ACTIVE - MALLS - PARK		
Dislikes: CLEANING AFTER OTHERS - BEING HOT OR COLD - MOSQUITOES		
Communication Style: NON - VERBAL - SIGN LANGUAGE - LETTER BOARD		
Learning Style: TBD		

Lead Review Completed: _____

Staff: Ilene M Lubick
Date: Aug 28-24

PAI

Service Recipient: Leah Blackmore
Service Span: Intake

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure in 2021 - None since - will have a rescue med onsite to administer after 3 minutes in the event of a seizure.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: - Pureed diet, will come prepared from home - staff feed her - small bites at a time with a spoon - No extra food at PAI, only what is sent. No Drinks at PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis, Diabetes, explosive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: only seizure PRN (nasal spray) onsite Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: - gait belt and a one-person pivot transfer to toilet. Left leg is the strong leg - remind her to "stand strong". Her body movements are unpredictable - second person nearby until comfortable. - Wear briefs -
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: - manual wheel chair for mobility - can propel short distances only (needs assistance charging) Gait belt and one-person transfer from chair - Left Leg Strongest, Stand strong + as above Wear AFO's leave on when
Community Support: ☐ No ☒ Yes	Describe Supports: No outings will be redetermined after 45 days meeting ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: split field of vision - sometimes moving things a little to one side helps.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal and physical aggression - yelling and kicking. Leah doesn't like to be wrong or be questioned because of her ToBI what she is saying is her reality whether it's true or not. Use humor, laughter and redirect her to another topic - don't get into a power struggle.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, Baking cookies, crafts, shopping, walking, volunteering, and going for walks	
Important for: Communicating her needs and preferences, having supporting and consistent staff at my home.	
Likes: Loves to laugh, joke with people and she enjoys it more when people joke back with her. Leah enjoys going shopping, going for walks, working on word puzzles, art/crafts, looking for recipes in magazines, and anything to keep her busy/active. (Leah likes to go to the malls and parks (weather permitting))	
Dislikes: Leah dislikes cleaning up after others, being too hot or too cold, and	
Communication Style: IS NONVERBAL but communicates with finger (mosquito). spelling using sign language. Important to know how to communicate and read her body language smiles/laughs when happy, crossed eyebrows and folded arms when angry, sad or confused. She is able to use a letter board to spell out what she is try to say and there will be one that stays	
Learning Style: TBD	

Lead Review Completed: at PAI.

Staff: Lisa Bailey
Date: Aug. 29, 2024

Service Recipient: Leah Blackmore
Service Span: On Take

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Seizure in 2021 will have a rescue med on site to administer after 3 minutes in the event of Seizure
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: - Pureed diet, will come prepared from home - Staff feed her - small bites at a time with a spoon - no extra food at PAI, only what is sent. Recieves most of the nutrition from G-Tube feed (at Home)
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Hemi-paralysis, Diabetes, Expressive disorder DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: only Seizure PRN (nasal spray) on site Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: gait belt and a one-person pivot tranfer to bed left leg is strong leg, remind her to stand strong. Her body movement are unpredictable - Second person near by until confortable. Wears Briefs - need assistance changing
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Manual wheelchair for mobility - can propel short distances. Gait belt and a one-person pivot tranfer from Chair left leg is strong leg - remind her to stand strong. Her body movement unpredictable, Second person near by until comfortable wear AFO
Community Support: ☐ No ☒ Yes	Describe Supports: Leah and her team have requested no outings until at least her 45 day meeting ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision - Sometimes moving things a little to one side helps
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal / physical agression. Yelling, Kicking. Leah doesn't like to be wrong or be questioned - because of TBI what she is saying is her reality whether its true or not. Use humor laughter, and redirect her to another topic - don't get into power Struggle
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Communicating her needs and preferences, having Supporting and consistant Staff, and the Staff at my home	
Important for: Dancing, baking cookies, Craft, Shopping, Walking, Volnteering	
Likes: Leah loves to laugh + joke with people and She enjoy it more when people joke back. Enjoys Shopping, going for walks, wood projects, art/Craft looking for recipes in Magazines, going to Mall, anything to keep Busy + active	
Dislikes: Cleaning up after others, being to hot or Cold, mosquitoes	
Communication Style: Nonverbal Communicates with Jungles, Spelling + using Sign language, use letter board to spell out what She's Saying	
Learning Style: TBD	

Lead Review Completed: _____

Staff: Abby Snyder

Date: 8-29-24

PAI

Service Recipient: Leah Blackmore

Service Span: In Home

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

Allergies: ☐ No ☐ Yes ☑ N/A	List & Describe Supports: Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: - last known 2021 - will have med on sight
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet / food from home / staff feeds NO food at PAI, NO Drinks at PAI - + use fed @ home
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: hemi-paralysis explosive behavior Diabetes TBI DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: seizure PRN (Nasal spray) Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Gait belt, one-person pivot to toilet, left leg - Strong leg Briefs - needs assistance
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Manual wheelchair, propels short distance Gait belt, wears AFO's - leave on
Community Support: ☐ No ☑ Yes	Describe Supports: NO outings ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Split field of vision
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yelling, Kicking, TBI
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: Dance, cookies, crafts, shopping, walking, volunteering

Important for: communicating her needs, supporting & consistent staff Home staff

Likes: laughing & jokes, shopping (malls, parks), walks, word puzzles, arts/crafts

Dislikes: cleaning up after others, too hot or cold, mosquitoes

Communication Style: non-verbal, ASL, letterboard (bringing one to PAI)

Learning Style: TBD

Lead Review Completed: _____