Competency Tracking Form

Participant: Leah Blackmore

Annual Service Span: October 2024 – October 2025

Annual Meeting Date: 10/4/2024 **Date Assigned to Lead:** 10/21/2024

Competency Quiz Due for all Staff: _____

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
1/7/2025	LB	Lisa Bailey
1/7/25	JB	Julia Baker
1/7/25	JG	John Gebhardt
1/8/25	JJ	Julie Johnson
1-15-25	IL	Ilene Lubick
1/7/25	BM	Brian Mattox
1/7/25	KM	Krista Mischnick
1/25	LO	Lateeph Onikoro
1-7-25	DR	Darlene Rice
1-13-25	RS	Renee Schmidt
1/7	NS	Nancy Snyder

Date Completed	Initials	Full Name
1/7/25	PV	Pa Vang
1/7/25	JC	Jessica Carlson
1-7-25	AS	Andrea Swearingen

Date Uploaded to LMS: _____

Staff: Julie Johnson

Date: 1/7/25

PAI

Service Recipient: Leah Blackmore [redacted]

Service Span: 10/2024 - 10/2025

Leah Blackmore

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: Leah has had 1 seizure in 2021 & none since. Staff are trained on seizure protocal & rescue medication
Choking/ NO drinks Specialized Diet: @ ☒ No ☐ Yes PAI	Describe Supports: Leah is @ high risk for choking. pureed foods only - can only eat what is brought G tube @ home
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with rightside DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco - nasal spray/rescue for seizure longer than 3 minutes Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assistance toileting - wears 3 briefs, 1 person pivot transfer with gait belt
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair & wears AFOs on both legs. prompt "stand strong" when pivoting, left leg is stronger her body movements can be unpredictable
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will propel her chair in the community ☒ 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: Leah has traumatic ophthalmoplegia with partial III, IV, VI (split vision) staff can assist her to see things
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Leah shows verbal & physical aggression when she doesn't get a good night sleep. Staff will use redirection to another topic. encourage her to use ASL
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, baking cookies, crafts, shopping, walking, volunteering	
Important for: Communicating her needs & preferences, having supportive & consistent staff @ her home.	
Likes: laughing & joking with people, enjoys more when people joke back with her. working on word puzzles, arts/crafts	
Dislikes: Cleaning up after others, being too hot or cold, & mosquitos	
Communication Style: Gestures, facial expressions, ASL, communication board	
Learning Style: Verbal instruction, repetition, demonstration	

Lead Review Completed: _____

Staff: DARLENE RICE

Date: 1-7-25

Service Recipient: LEAH BLACKMORE

Service Span: 10-24/10-25

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

Allergies: ☐ 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: staff train on protocol & Rescue meds
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: high risk chocking & pureed diet. - g-tube at home staff assist eating & only food from home & NO DRINKS @ PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI w/ Right side hemi-paralysis explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Seizures, Valtoco, Admin intranasal for lasting longer 3 min. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full Assist - wears 3 briefs - one person pivot transfer with gait belt to toilet
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: manual wheelchair - wear AFO's on both legs. Left leg is strong leg.
Community Support: ☒ No ☐ Yes	Describe Supports: staff propel her wheelchair ☒ 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: traumatic nerve palsies - staff assist with seeing things
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: verbal & physical aggression. Leah likes to be right use ASL + verbal cues
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: dance, baking cookies, craft, shopping, walks	
Important for: needs & preferences, support, staff at home	
Likes: laughing, shopping, puzzles, crafts, parks	
Dislikes: cleaning after others, being hot or cold, mosquitoes	
Communication Style: gestures - facial expressions, ASL, communication board	
Learning Style: verbal - repetition - demonstration	

Lead Review Completed: _____

Staff: Julia Baker
Date: 11/7/25

PAI

Service Recipient: Leah Blackmore
Service Span: 10'29 - 10:25

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: 1 seizure in 2021. staff trained on protocol and rescue med.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: pureed diet. also nutrition via g-tube at home. staff will assist and make sure Leah only eats food from home
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: right sida hemi-paralysis, TBI explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures (intranasal) for seizure longer than 3 minutes Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assist. 1 person pivot transfer w/ gait belt to transfer. wears 3 briefs due to leaking
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uses wheelchair and AFO's on both legs. Left leg is strong for pivoting. Ask her to "stand strong!" meds help w/ orig alertness.
Community Support: ☒ No ☐ Yes	Describe Supports: staff propels her wheelchair. ☒ 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: has traumatic ophthalmoplegia w/ partial III, IV, VII nerve palsies (spit vision)
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: verbal & physical aggression. staff will redirect as needed. verbal cues to calm down. encourage ASL. Negotiate alternatives or offer music
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	dance, baking cookies, crafts, shopping, walking and volunteering.
Important for:	communicating needs, consistent staff and staff at home
Likes:	laughing, jokes, shopping, going for walks, working on word puzzles, arts/crafts, recipes, staying busy, malls, parks
Dislikes:	cleaning up, being too hot or cold, mosquitos
Communication Style:	Gestures, facial expressions, ASL, communication board
Learning Style:	verbal instruction, repetition, demonstration

Lead Review Completed: _____

Staff: Nancy Snyder

Date: 1-7-25

PAI

Service Recipient: Leah Blackmore

Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: Leah has had in 2021 and none since, Staff trained on seizure protocol & rescue medication
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Pureed diet, receives food thru g-tube at home. Only eats food sent from home. NO Drinks at PAI
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: TBI w/ right side hemi-paralysis, explosive disorder DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN for seizure, Valtoco for seizure lasting 3 minutes Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Full assist, 3 Briefs to avoid leaking. 1 person Pivot transfer w/ gait belt
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: manual wheelchair, AFO's on legs, prompts "stand strong" left leg is strong
Community Support: ☑ No ☐ Yes	Describe Supports: Staff propel for wheelchair ☑ 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: traumatic ophthalmoplegia w/ partial III, IV, VI nerve palsies / split vision
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: use humor to redirect, verbal cues to calm down encourage ASL, Music good distractions
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to:	Dance, baking cookies, crafts, shopping Walking, volunteering
Important for:	Communicating needs/preference, consistent staff
Likes:	laughing, joking, shopping, walks, board puzzles, looking for recipes
Dislikes:	cleaning up after others being too hot or cold Mosquitoes
Communication Style:	Letter Board
Learning Style:	Hand-over-hand, verbal instruction

Lead Review Completed: _____

Staff: Lusia Bailey
Date: 11/7/2025

PAI

Service Recipient: Leah Blackmore
Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: Leah had one Seizure in 2021 & none since. Staff trained on Seizures Protocal.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Leah has a high Risk of Choking & eats a pureed diet. Also received nutrition via G-Tube.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with right side hemi, paralysis & explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: intranasal Seizures, PRN for Seizies, Valtoco, Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Leah is full assist in bathroom. She wear 3 brief to avoid Leaking. She will use restroom 2 times a day
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Leah uses a manual wheelchair & wears AFO's on both legs which will left on while @ PAI. Left leg is the Strong Leg. She can propel her wheelchair short distances
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel her wheelchair ☒ 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: Leah has traumatic Ophthalmoplegia with partial III, IV, VI nerves palsey
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal & physical agression when Leah is not in a good mood doesn't get good night Sleep. Staff redirect away from behavior, light Art & Numerous mantra
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dancing, baking cookies, crafts, Shopping, walking & volenteering	
Important for: Communicating her needs & preferences, support & consistant Staff & Staff at home too	
Likes: Laughing, & joking with people. enjoy more when people joke back, Shopping, going for walks, work on word puzzles	
Dislikes: Cleaning up after others, being too hot/cold & mositoes	
Communication Style: Letter board	
Learning Style: Hand over hand & verbal cues	

Lead Review Completed: _____

Staff: John Gebhardt

Date: 1-7-25

PAI

Service Recipient: Leah Blackmore

Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: 1 seizure in 2021 none since, staff trained on seizure protocol & medication (PRN)
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: High Risk of Chocking. Only eats Pureed Diet. Also uses a G-Tube at home. Staff assist with eating. No Drinks,
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Diabetes, TBI - right side hemi-paralysis and explosive disorder, DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures Valtco - administered Nasally Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist in bathrooms, Has 3 breifs to avoid any leaks, Uses gait belt to pivot Transfer from her wheel chair to the toilet.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses Manual wheelchair. Wears AFOs on both legs - keep on at PAI. Her body movements can be unpredictable.
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Staff to Propel her wheelchair
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Has Traumatic Ophthalmoplegia with split vision, Staff assist her with being able to see things
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal Aggression and Physical Aggression if she does not get enough sleep. Staff redirect her. Encourage her to use ASL and Letter board.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, Music, krafts, shopping, volunteering.	
Important for: Communicating her needs and Preferences, having supportive staff, at home and at PAI,	
Likes: Laughs, Jokes, shopping, visiting, word puzzles, arts and crafts. Magazines, Malls and Parks	
Dislikes: Cleaning up, Being to hot or cold, Mosquitos,	
Communication Style: Her letter board,	
Learning Style: Verbal instructions & letter board, Hand over Hand	

Lead Review Completed: _____

Staff: Andrea Swearingen | PAI | Service Recipient: Leah Blackmore

Date: 1-7-25 | Service Span: 10/24 10/25

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

Allergies: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: no allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Daxed gym staff trained on seizure protocol.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Dureed diet, g-tube at home. Staff assist with eating.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with right side hemi-paralysis and explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco administered lasting longer than 3 min. Daily medication at PAI? ☐ No ☐ Yes *Trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist in bathroom, one-person pivot transfer with gait belt to transfer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: She uses a manual wheelchair. Left leg is her strong leg when pivoting. Will stand strong.
Community Support: ☒ No ☐ Yes	Describe Supports: staff propel her wheelchair ☒ 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: staff assist her with being able to see things. (split vision)
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal aggression + physical aggression when she doesn't get a good night sleep. Verbal cues to calm down.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Dance, baking cookies, crafts, shopping, walking and volunteering
Important for:	Communicating her needs, preferences, having support and
Likes:	joking, walks, word puzzles, arts + crafts.
Dislikes:	Cleaning up after others, being too hot/cold mosquitoes.
Communication Style:	letter board.
Learning Style:	Hand over hand, verbal instructions

Lead Review Completed: _____

Staff: Jessica Carlson
Date: 1/7/25

PAI

Service Recipient: Jean Blackmore
Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: Has had 1 seizure in 2021 & none since
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: High risk of choking & eats a pureed diet. She receives nutrition via g-tube at home. staff assist w/ eating
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI w/ right side hemi-paralysis, Explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco administered intranasal for seizure activity longer than 3 min Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist in bathroom; wears 3 briefs to avoid leaking; she will use restroom at least twice a day or as requested; is a one pivot transfer
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Uses a manual wheelchair; wears AFOs on both legs; left leg is her strong leg & when pivoting, prompt her by saying "stand strong" to help
Community Support: ☒ No ☐ Yes	Describe Supports: Staff propel her wheelchair ☒ 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: Has traumatic opthalmoplegia w/ partial III, IV, VI nerve palsies (split vision) staff assist w/ being able to see things
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal aggression & physical aggression when she doesn't get a good nights sleep & is focused on something. staff redirect her away from behaviors
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, baking cookies, crafts, walking, shopping, volunteering	
Important for: Communicating her needs & preferences, having supporting & consistent staff, staff at home	
Likes: laughing & joking w/ people, enjoys more when people joke back w/ her. shopping, going for walks, working on word puzzles, arts/crafts	
Dislikes: Cleaning up after others, being too hot or too cold, mosquitoes	
Communication Style: letter board	
Learning Style: hand over hand, verbal instructions	

Lead Review Completed: _____

Staff: Brian mattox
Date: 1/7/25

Service Recipient: Leah Blackmore
Service Span: Oct 24 - Oct 25

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: has had 1 seizure in 2021 and none since staff are trained on her Protocol and rescue med
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: High risk of choking eats a Pureed diet receives nutrition Via g-tube at home staff assist with eating only eats what is sent from home wont drink at PAI
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with right side hemi-paralysis and explosive disorder, diabetes DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures valtaco administered intranasal for seizure lasting longer than 3 minutes Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Full assist in bathroom wear 3 briefs use bathroom twice a day
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: use a manual wheelchair and wears Ankle on both her legs with will left at PAI left leg is the strong leg when pivoting stand steady she can propel her wheelchair for short distances
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will propel her wheelchair ☒ 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: Traumatic Ophalmoplegia with Partial III, IV, VI nerve Palsies staff assist her able to see things
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Verbal aggression and Physical aggression when she does not get her good staff will redirect with right-hearted or humorous manner
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Dance, baking cookies, Crafts shopping walking and volunteering	
Important for: communicating her needs and Preferences having supporting and consistent staff and the staff at her home	
Likes: Joking shopping go for walks word Puzzles Art recipes magazines malls park	
Dislikes: Cleaning up after others being to hot or too cold, mosquitoes	
Communication Style: Gestures facial expressions, ASL communication board	
Learning Style: verbal instruction, repetition, demonstration	

Lead Review Completed: _____

Staff: Krista M

Date: 01/7/25

PAI

Service Recipient: Leah Blackmore

Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: Leah has had 1 seizure on 2001 and none since. staff trained on seizure protocol and rescure med
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Leah has a high risk of chocking and eat a pureed diet. she also receives nutrition via g-tube at home. staff assist leah eating. she only eats what is sent from home
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: diabetes, TBI with right side hemi-paralysis and explosive disorder. DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco administered intranasal for seizures lasting 5 minutes. Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: Leah full assit in bathroom. she wears 3 briefs to aviod leaking, she will use the bathroom at least twice a day or as requested. one person pivot transfer with gait
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: leah uses manual wheelchair and wears AFOs on both other legs which will be left on while at PAI left leg is her stong leg and when pivoting prompt her by saying stand strong
Community Support: ☑ No ☐ Yes	Describe Supports: staff propel her wheelchair ☑ 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: has tramatic othphalmoplegia with partial III, IV, VI palsy. staff assist her with being able to see things
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: verbal aggression & physical aggression when leah does not a good night sleep and is fouzed on someting staff redirect her away from behaviors. staff use light herated homorous manner

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: Dance, baking cookies, craft, shopping, walking and volunteering

Important for: communicating her needs and preference, having supporting and consistent staff

Likes: laughing and joking with people, enjoys more when people joke back with her. shopping & going on walks

Dislikes: cleaning up after others, Being too hot or cold and Mosquitoes

Communication Style: communication borad

Learning Style: hand over hand

Lead Review Completed: ____________

Staff: Lafeeph Onilcon

Date: 1/8/2025

PAI

Service Recipient: Leah Blackmore

Service Span: 10/24 - 10/25

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

Allergies: ☐ 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: Leah has had 1 seizure in 2021 and none since. Staff train on seizure protocol	
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: puree diet.	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with right side hemi-paralysis and explosive disorder, diabetes	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Leah is full assist in bathroom. She wears 3 briefs to avoid leaking	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Leah uses manual wheelchair and wears AFO's on both her legs	
Community Support: ☐ No ☐ Yes	Describe Supports: staff propel her wheelchair	☒ 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: Leah has traumatic ophthalmoplegia with partial III, IV, VI nerve palsies (aka split vision)	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Verbal and physical aggressions when Leah does not get a good night sleep and is focused on something. Staff redirect her away from behavior	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Dance, Baking Cookies, Crafts, Shopping, Walking, Volunteering

Important for: Communicating her needs and preferences, having supporting Consistent staff, and the staff at her home.

Likes: Laughing and joking with People, enjoy more when people joke back at her. Shopping, going for walk. word puzzles.

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

Communication Style: Gesture, facial expressions, ASL, Communicates sound.

Learning Style: verbal instruction, repetition, demonstration. ~~cleaning up after others, being too hot or too cold~~ and ~~Mosquitoes~~

Lead Review Completed: _____

Staff: paia vang

Date: 1/8/25

PAI

Service Recipient: leah Blackmore

Service Span: Oct. 2024 - Oct 2025

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: 1 seizure in 2021 but none since
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: high risk of choking, eat pureed diet. receives via g-tube at home. only eat what is brought to [illegible] [illegible]
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TBI with right side hemi paralysis. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN for seizures, Valtoco, lasting more than 3 min. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: full assist in bathroom, wears 3 briefs to [illegible] [illegible] leaking. twice a day or as request. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] soiled. one person pivot to transfer [illegible] [illegible]
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: w/c, AFO's both legs, left leg strong is her strong leg when [illegible], "stand strong"
Community Support: ☒ No ☐ Yes	Describe Supports: w/c ☒ 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: has traumatic ophthalmoplegia with [illegible] III, IV, VI nerve palsies, [illegible] [illegible] [illegible]
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: get physical if doesn't get her way. Use ASL / gestures to communicate
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Dance, bowling, courses, crafts, shopping, walking and volunteering
Important for:	communicating her needs and preferences, having support, consistent staff,
Likes:	laughing/joking w/ people. enjoys more when people joke back with her, shopping, going for walks, working on word puzzles, arts & crafts, looking for recipes in magazines, music
Dislikes:	Cleaning after [illegible], being too hot or cold, and mosquitos
Communication Style:	gestures, facial expressions, ASL, [illegible] [illegible]
Learning Style:	[illegible] [illegible], repetitions, [illegible]

Lead Review Completed: ____________________