



Staff Orientation Record: Person-Specific

Employee name: Avery Overlie

Program name: BrightPath LLC. Home & Community-Based Services

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. ***Complete this form for all persons served to whom the staff person will be providing direct contact services.***

Staff will review Support Plan, Support Plan Addendum, Self Management Assessment, and Individual Abuse Prevention Plan at orientation, and ongoing as plans are updated. Staff will review to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person. Other topics as determined necessary according to the person's Service and Support Plan or identified by the company will be outlined as needed.

Person Served: Logan Sharp

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *Please review all service outcomes for the individual and state the purpose of the outcome and **one** thing you, as staff, need to do to effectively assist them with the outcome.*

<p><u>Outcome 1:</u> Household Management Assist in going through mail, budgeting, and putting things on a calendar</p>
<p><u>Outcome 2:</u> Community Participation Provide transportation and access to the community</p>
<p><u>Outcome 3:</u></p>



Which outcome do you think will come easiest to you to support? Why

Community Participation, I like finding new places out in the community!

Which outcome may be challenging for you to support? Why?

Household Management, I have a tough time going through mail and making sure things are on my calendar.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:</p>
<p>Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:</p>



Self-Management Assessment (SMA)

The information presented within a Self-Management Assessment must describe the person's overall strengths, functional skills and abilities, and behaviors or symptoms. The assessment information provides the basis for identifying and developing supports to be provided to the person and methods to be implemented to support the accomplishment of outcomes related to acquiring, retaining, or improving skills.

Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	No	
Seizures:	No	
Choking:	No	
Special Dietary Needs:	No	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	No	
Medical and Dental Appointments:	No	
Other health and medical needs (state specific needs):	No	
Risk of falling (state specific need):	No	
Mobility issues (include specific issue):	No	
Regulating water temperature:	No	
Community survival skill:	No	
Water safety skills:	No	
Sensory disabilities:	No	



Other personal safety needs (state specific need):	No	
Self-injurious behavior (state behavior):	No	
Physical Aggression/conduct (state behavior):	No	
Verbal/emotional aggression (state behavior):	Yes	Offer validation of emotions and lightly redirect towards problem solving or coping
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	Yes	Encourage non-judgemental conversations about mental health and relationship building.
Criminal or unlawful behavior:	No	
Mental or emotional health symptoms and crises (state diagnosis):	No	
Unauthorized or unexplained absence from program:	No	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	No	
Other symptom or behavior (be specific):	No	



Individual Abuse Prevention Plan (IAPP)

The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Talk with Logan about boundaries and safety when talking to others in the community or online.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Role play scenarios that may become dangerous, such as avoiding riding his bike in unsafe neighborhoods.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Monitor for signs of Logan not eating, or signs of dysregulation. Encourage regular and healthy eating habits.		



Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation? Encourage Logan to track his spending habits and create a budget.		

Positive Support Strategies
When this individual is frustrated, they can express it in these ways:
Supporting this individual in these ways will help them feel <u>less</u> frustrated:
Supporting this individual in these ways will make them feel <u>more</u> frustrated:

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Avery Overlie		1/14/25



Huterwolf Guerue	<i>Hunter Guerue</i>	1/14/2025
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Audit trail

Details

FILE NAME Copy of LS OIN 1/14/25 - Avery - 1/16/25, 12:56 PM

STATUS ● Signed

STATUS TIMESTAMP 2025/01/16
18:58:17 UTC

Activity



hunter.guerue@brightpath-mn.com **sent** a signature request to:

- Hunter Guerue (hunter.guerue@brightpath-mn.com)
- Avery Overlie (avery.overlie@brightpath-mn.com)

2025/01/16
18:56:31 UTC



Signed by Hunter Guerue (hunter.guerue@brightpath-mn.com)

2025/01/16
18:57:20 UTC



Signed by Avery Overlie (avery.overlie@brightpath-mn.com)

2025/01/16
18:58:17 UTC



This document has been signed by all signers and is **complete**

2025/01/16
18:58:17 UTC

The email address indicated above for each signer may be associated with a Google account, and may either be the primary email address or secondary email address associated with that account.