



Staff Orientation Record: Person-Specific

Employee name: Karlesta Mays

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: James Heinings

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.*

Outcome 1: Community Participation: Jim will choose a community activity to participating in once per week for 75% until the next annual period.

Outcome Household management: Jim will write down his grocery list once per week for 75% until the next annual meeting.2:

Outcome 3:



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

Choosing an activity

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

NA

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
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?	☐ Yes ☒ No If yes, explain briefly:



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:	NA	
Seizures:	NA	
Choking:	NA	
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):	yes	Make sure there are no obstacles in his way
Mobility issues (include specific issue):	Yes	Keep him safe while walking
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):	No	
Property destruction (state behavior):	NA	
Suicidal ideation, thoughts, or attempts:	NA	
Criminal or unlawful behavior:	NA	
Mental or emotional health symptoms and crises (state diagnosis):	NA	
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NA	
Other symptom or behavior (be specific):	NA	



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?	☐ Yes	☒ No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	☒ Yes	☐ No
If yes, how will you minimize the risk of abuse? Making sure he has a safe place to walk		
Self-Abuse		
Is the individual susceptible to abuse in this area?	☐ Yes	☒ No
If yes, how will you minimize the risk of abuse?		

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

☒ Yes☐ No

If yes, how will you minimize the risk of financial exploitation?
Making sure he is counting his money before and after we leave

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 less frustrated:Supporting this individual in these ways will make them feel more frustrated:**Signatures by Employee and Supervisor**

Employee Name Printed	Employee Signature	Date
Karlesta Mays	 Karlesta Mays	01/27/2025



Hunterwolf Guerue	Hunterwolf Guerue	
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Audit trail

Details

FILE NAME Karlesta Mays, J Heinings UBS OIN - 1/29/25, 10:17 AM

STATUS ● Signed

STATUS TIMESTAMP 2025/01/30
16:39:33 UTC

Activity



SENT

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

- Karlesta Mays (karlesta.mays@brightpath-mn.com)
- Hunterwolf Guerue (hunter.guerue@brightpath-mn.com)

2025/01/29
16:18:05 UTC



SIGNED

Signed by Karlesta Mays (karlesta.mays@brightpath-mn.com)

2025/01/29
18:18:16 UTC



SIGNED

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

2025/01/30
16:39:33 UTC



COMPLETED

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

2025/01/30
16:39:33 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.