



## Staff Orientation Record: Person-Specific

**Employee name:** Joshua Xiong

**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:** Evelyn Liebenstein

### 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:

Household Management: Evie would like assistance with sorting her mail and completing important paperwork as needed, with support provided once a week for 75% of the time until the next annual review.

Outcome 2:

Health, Safety, and Wellness: Evie would like assistance with scheduling medical appointments and arranging transportation once a week for 75% of the time until the next annual review.

Outcome 3:

Community Participation: Evie will select and participate in a community activity once a week for 75% of the time until the next annual review.



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

The Health, Safety, and Wellness outcome may be the easiest to support because it involves practical tasks like scheduling appointments and arranging transportation, which are straightforward and manageable with clear steps. These activities can be planned in advance, require minimal emotional engagement, and are less dependent on Evie’s motivation compared to other outcomes, such as community participation.

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

The Community Participation outcome may be the most challenging to support because it requires Evie to actively choose and engage in activities outside her home. This involves addressing potential barriers such as lack of motivation, anxiety about social interactions, or difficulty identifying suitable activities. Encouraging consistent participation may also require additional effort and time to build her confidence and interest in engaging with her community.

<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"/> <del>No</del>                  If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> <del>No</del>                  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"/> <del>No</del>                  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:	N/A	
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	Yes	Help her create balanced meal plans that prioritize nutrient-dense foods in small portions. Remind her to eat at consistent intervals to maintain her energy levels and meet her nutritional needs.
Chronic Medical Conditions	N/A	
Self-Administration of Medication or Treatment Orders:	N/A	
Preventative Screening:	N/A	
Medical and Dental Appointments:	N/A	
Other health and medical needs	N/A	



(state specific needs):		
Risk of falling (state specific need):	Yes	Ensure her home is free of tripping hazards by helping with home modifications such as non-slip rugs, grab bars, and ensuring pathways are clear.
Mobility issues (include specific issue):	Yes	Encourage her to use her walker or cane to support her mobility, especially on uneven surfaces, and provide reminders to use them consistently.
Regulating water temperature:	N/A	
Community survival skill:	Yes	Help her navigate and familiarize herself with new locations in advance to reduce disorientation. Offer to accompany her on initial visits to new areas.
Water safety skills:	N/A	
Sensory disabilities:	N/A	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Help her set realistic and manageable goals each day. Celebrate small accomplishments to boost her confidence and sense of independence.
Unauthorized or unexplained absence from program:	N/A	



An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	N/A	
Other symptom or behavior (be specific):	N/A	

### 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.

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	X <input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		



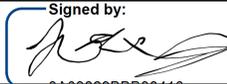
Physical Abuse		
Is the individual susceptible to abuse in this area?	X <input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Encourage regular check-ins with a trusted friend, family member, or caregiver when she is heading to unfamiliar places. This ensures someone is aware of her whereabouts in case she gets lost.</p>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	X <input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Help Evie develop a meal plan with nutritious, smaller portions that meet her dietary needs. This can prevent the risk of over-eating or under-eating due to her restriction, promoting overall health.</p>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	X <input type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p>		

Positive Support Strategies
<p>When this individual is frustrated, they can express it in these ways:</p> <p>N/A</p>



BrightPath

Supporting this individual in these ways will help them feel <b>less</b> frustrated: N/A
Supporting this individual in these ways will make them feel <b>more</b> frustrated: N/A

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Joshua Xiong	<i>Joshua Xiong</i>  <small>Signed by: 3A03629B8B38416...</small>	1/23/25

Hunter Guerue

  
Signed by:  
3FABE35548184B7...

1/23/3035