



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: Tom Dao

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: Adaptive Skills: Tom is interested in resuming painting, an activity he enjoys. He would appreciate encouragement from IHS staff to help him start painting again as a way to stay engaged and active

Outcome 2: Health, Safety, & Wellness: Tom aims to increase his physical activity by regularly using his exercise bike and taking walks with the assistance of his cane or walker. These activities will help him continue building leg strength and improving his mobility.

Outcome 3: Community Participation: Tom seeks access to his community for basic necessities and preferred activities, aiming to enhance his meaningful integration and active participation within the community.



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

The easiest outcome to support may be Adaptive Skills because it involves encouraging Tom to resume painting, an activity he already enjoys and is motivated to do. This goal requires less effort than developing new habits and can be achieved at home with minimal resources.

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

The most challenging outcome may be Community Participation because it requires coordinating transportation, addressing mobility or accessibility issues, and ensuring meaningful engagement, which can take time and resources.

<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:	N/A	
Seizures:	N/A	
Choking:	Yes	Cut his food into smaller pieces.
Special Dietary Needs:	N/A	
Chronic Medical Conditions	Yes	By providing consistent, compassionate support, you can help Tom manage his conditions and improve his overall well-being.
Self-Administration of Medication or Treatment Orders:	N/A	
Preventative Screening:	Yes	Help Tom schedule and attend medical and dental appointments to ensure he stays on top of his health screenings and treatments.
Medical and Dental Appointments:	Yes	Ensure Tom has access to regular health screenings and appointments, coordinating these as needed.
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	Yes	Remind Tom to take breaks when moving around to prevent fatigue and shortness of breath. Ensure that Tom has the right equipment, such as a walker or cane, to assist with balance and movement.



Mobility issues (include specific issue):	Yes	Ensure Tom has access to appropriate mobility aids, like a walker or cane, to help him move safely.
Regulating water temperature:	No	
Community survival skill:	Yes	Help arrange safe transportation options, such as private rides or rides from trusted friends or family, to avoid public transportation. If Tom expresses interest, work with him to build strategies for using public transportation safely, such as traveling during off-peak hours or with a companion.
Water safety skills:	No	
Sensory disabilities:	Yes	Remind Tom to wear his glasses and ensure they are always within reach for clear vision. Support him with techniques to manage frustration, such as deep breathing or taking breaks when needed.
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 Tom stay on track with his medication schedule to manage symptoms effectively. Support Tom in using coping techniques recommended by his mental health team, such as relaxation exercises or journaling.
Unauthorized or unexplained	N/A	



absence from program:		
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.

Sexual Abuse		
Is the individual susceptible to abuse in this area?	X <input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Daily check ups and establish a safe environment.		



Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>IHS staff will help Tom develop the skills necessary to navigate and use transportation services. They will assist him with scheduling transportation for appointments as needed. When transporting Tom, staff will make sure his walker is securely stored for safe travel.</p>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Staff will help Tom create a structured daily schedule for self-care tasks, such as hygiene, meals, and medications. They will provide reminders and monitor his progress to ensure tasks are completed. Staff will also support Tom in developing self-advocacy skills, encouraging him to express his needs for the necessary support.</p>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p>		

Positive Support Strategies



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When this individual is frustrated, they can express it in these ways: N/A
Supporting this individual in these ways will help them feel less frustrated: Give him the time he needs to communicate, and show empathy when he expresses frustration.
Supporting this individual in these ways will make them feel more frustrated: N/A

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Joshua Xiong	<i>Joshua Xiong</i>  <small>Signed by: 3A03829BBB38416...</small>	1/23/25

Hunter Guerue


Signed by:
3FABE35548184B7...

1/23/2025