



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: Teresa Ruzin

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:

Teresa will collaborate with her IHS staff to enhance her community access by going on walks, running errands, and engaging in recreational activities of her choice once a week, aiming for a 75% success rate annually.

Outcome 2:N/A

Outcome 3:N/A



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

This outcome would be easy to support because Teresa is actively involved in choosing her activities, which increases her motivation and engagement. Additionally, the activities are straightforward, such as walks, errands, and recreational outings, which are manageable with proper planning and support. The once-a-week frequency and clear success criteria make it achievable and practical to implement.

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

This outcome might be hard to support if Teresa faces barriers such as inconsistent motivation, health challenges, or weather conditions that limit outdoor activities. Additionally, scheduling conflicts, transportation issues, or limited availability of staff to accompany her could make it challenging to maintain a consistent routine. If Teresa struggles with anxiety or discomfort in public settings, it may also require extra time and effort to build her confidence and comfort.

<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>



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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:	N/A	
Chronic Medical Conditions	Yes	Establish routines and a stable environment to help reduce anxiety and build trust. Be patient, understanding, and empathetic to her experiences, offering reassurance during moments of stress or fear.
Self-Administration of Medication or Treatment Orders:	N/A	
Preventative Screening:	Yes	Help her schedule preventative screenings and set reminders on her phone or calendar to ensure she doesn’t forget. Follow up with her about upcoming appointments to reinforce the reminders she’s set.
Medical and Dental	Yes	Help her schedule medical and dental



Appointments:		appointments and set reminders to ensure she stays on track. Help her research and identify new medical and dental providers that meet her needs, including checking reviews, availability, and compatibility with her insurance.
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	N/A	
Mobility issues (include specific issue):	N/A	
Regulating water temperature:	N/A	
Community survival skill:	Yes	Help her re-engage with the community at her own pace, starting with low-stress environments and short outings. Accompany her during community outings to ensure she feels safe and supported.
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	N/A	



symptoms and crises (state diagnosis):		
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.

Sexual 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>Work with her on developing assertive communication skills through role-playing and practice, empowering her to express her boundaries confidently. Help her establish and maintain clear personal boundaries, both physically and emotionally.</p>		
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>Work with Teresa to recognize warning signs of potentially dangerous or aggressive behaviors in others. Encourage her to share any incidents of aggression or discomfort immediately with staff or trusted individuals.</p>		
Self-Abuse		
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 abuse?</p>		
Financial Exploitation		
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 financial exploitation?</p> <p>Offer simple explanations of her financial situation, such as how her money is managed, the role of her representative payee, and any budgeting or spending limits she should be aware of.</p>		



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Positive Support Strategies
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: N/A
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> 	1/23/25

Hunter Guerue

Signed by:

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1/23/2025