



## Staff Orientation Record: Person-Specific

**Employee name:** Paris Ortega

**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:** Donald McMonigal

### 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 by organizing the house, keeping the floor free of clutter. Help with grocery shopping, meal planning and help filling out paperwork.

Outcome 2: Community Participation by taking out to the community to do errands and enjoyable activities to Donald.

Outcome 3: Adaptive skills by helping Donald do Coping skills when anxious



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

Household Management might come easy because it is a normal thing I would do in my own home

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

Helping With coping skills might be challenging as I don't know the individual yet to know what kind of coping skills would suit him more

<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:	yes	Support with calls, scheduling and transportation.
Medical and Dental Appointments:	yes	Assist withSetting appointment reminders, scheduling appointments and transportations.
Other health and medical needs (state specific needs):	no	
Risk of falling (state specific need):	yes	Staff aware of the risk of falling and reminders to use cane, handrails,wheelchairs and scooters. If fall occurs staff will insure client safety, call 911 if needed, inform DC and fill out GER.
Mobility issues (include specific issue):	yes	Staff aware of the risk of falling and reminders to use cane, handrails,wheelchairs and scooters. If fall occurs staff will insure client safety, call 911 if needed, inform DC and fill out GER.
Regulating water temperature:	no	



Community survival skill:	yes	Engage with Donald if presenting paranoid thoughts by giving other explanations to suspicions . Encourage him to contact his emergency assistance line when needed.
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	Recognize signs of dysregulation, redirect attention, deep breathing skills and encourage yourself to calm down. Help to identify triggers if able to talk about events.
Property destruction (state behavior):	no	
Suicidal ideation, thoughts, or attempts:	no	
Criminal or unlawful behavior:	no	
Mental or emotional health symptoms and crises (state diagnosis):	yes	Watch for signs of distress and redirect to a calm quiet place, practice deep breathing exercises. Allow us to discuss feeling and identify triggers.
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? NO	<input type="checkbox"/> Yes	<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? YES	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Step in to protect Donald by assisting with deescalation or physical assistance to remove Donald from the situation. If immediate risk staff will call 911 and contact DC to fill out report.		



<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area? NO	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area? NO	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation?		

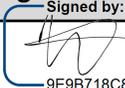
<b>Positive Support Strategies</b>
When this individual is frustrated, they can express it in these ways: Verbal and Emotional abuse
Supporting this individual in these ways will help them feel <b>less</b> frustrated: Listening and being supportive to Donald with his needs as well as providing a calm environment.



BrightPath

Supporting this individual in these ways will make them feel **more** frustrated:  
Not being supportive and fueling his suspicions of strangers.

### Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Francia Perez Ortega	Francia Perez Ortega <small>Signed by:</small>  <small>9E9B718C88CC442...</small>	01/12/2025

Signed by:  
  
5DE67BC7635D48E...