



Staff Orientation Record: Person-Specific

Employee name: Paris Perez Ortega, IHS Specialist

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: Kristin Colombo

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: One of the things I could do to help is create a budget plan that keeps track of monthly expenses. What needs to be paid and when and how much money she'll have left over.

Outcome 2: Community Participation: One of the things I could help with in this area is help her find things she is interested in and can participate in that is free or within her budget to do.

Outcome 3: Adaptive Skills: One thing I could do to help is learn her coping strategies and assist her in these by doing them with her as she prefers 2 person coping strategies.



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

I believe I will find it easier to help her with her budgeting as I also create one for myself so I have an idea of how to help her with this, and I also don't always follow the budget I make when I should so I would not judge her but do my best to redirect her towards making choices that benefit her.

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

Looking for things and going out into the community as I am a homebody and don't go out often. I don't know my way around the city or places to go to but we can figure it out together and find things that suit her interests.

<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</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:</p>



due to a physical disability?	
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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:Penicillin,Erythromycin, Trimectropin and Fluconazole	No	
Seizures:Generalized Seizures	Yes	Look out for seizure activity, stay calm and call 911 when appropriate. Notify Designated Coordinator and complete a General Emergency Report within 24 hours
Choking:None	No	
Special Dietary Needs:Type 2 Diabetic	No	
Chronic Medical Conditions:Pseudotumor Cerebri, Pancreatic Cancer, Type 2 Diabetes, Kidney damage from lithium, Seizures, Anxiety, Depression	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	Yes	Help calling to schedule appointments, reminders of appointments and arranging transportation



Medical and Dental Appointments:	Yes	Setting reminders and encouraging to go to appointments, as well as help setting up transportation.
Other health and medical needs (state specific needs):	No	
Risk of falling (state specific need):	No	
Mobility issues (include specific issue):	No	
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):	Yes	Help redirect aggression by using person centered coping skills
Property destruction (state behavior):	Yes	Be attentive to signs of distress to implement early intervention viz coping skills and redirection to prevent an escalation
Suicidal ideation, thoughts, or attempts:	No	
Criminal or unlawful behavior:	No	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Remain calm and attempt to redirect using "I Feel" statements to communicate empathy and that property destruction is harmful and unacceptable. If public redirection does not work, call 911 and let them know she is a vulnerable adult, inform the



		Designated Coordinator and fill out a General Emergency Report within 24 hours.
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? Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes, how will you minimize the risk of abuse?
Utilizing The IAPP

Physical Abuse

Is the individual susceptible to abuse in this area? Yes

Yes

No

If yes, how will you minimize the risk of abuse?
PROACTIVE:Provide training on effective communication, assertiveness and de-escalation techniques.
Roleplay potential scenarios and practice responding to interactions.

REACTIVE:Remove from the situation to ensure safety. Provide a calm presence, allow to express feelings and if she needs additional resources help with contacting them.

Self-Abuse

Is the individual susceptible to abuse in this area? NO

Yes

No

If yes, how will you minimize the risk of abuse?

Financial Exploitation

Is the individual susceptible to abuse in this area?NO

Yes

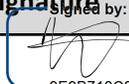
No

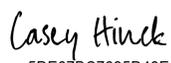
If yes, how will you minimize the risk of financial exploitation?



BrightPath

Positive Support Strategies
<p>When this individual is frustrated, they can express it in these ways: Property Destruction and Verbal/Emotional Aggression</p>
<p>Supporting this individual in these ways will help them feel less frustrated: Redirect using person centered coping skills, remain calm and allow her to express her feelings. Communicating with her in a timely manner. Prefers staff that are calm, understanding, empathetic and active listening.</p>
<p>Supporting this individual in these ways will make them feel more frustrated: Not communicating in a timely manner. Not taking shoes off when entering her home or making a mess in her house and not cleaning up after myself. Force her to interact when she is not in an emotional state to do so.</p>

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Francia Perez Ortega	Signed by:  Francia Perez Oretga 9E9B718C88CC442...	12/20/2024

Signed by:

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