



Staff Orientation Record: Person-Specific

Employee name: Holly Kastl, HIS 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: Randy Hemmen

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 - such as grocery shopping,

Outcome 2: Provide transportation to the gym

Outcome 3:



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

Driving to gym to assist Randy there would be enjoyable and would help her to accomplish her goal.

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

Household management may be more challenging when learning how Randy likes things done in her home.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<ul style="list-style-type: none">• Yes• No <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none">• Yes• No <p>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>	<ul style="list-style-type: none">• Yes• No <p>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:		
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions	no	
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		
Other health and medical needs (state specific needs):		
Risk of falling (state specific need):		
Mobility issues (include specific issue):		
Regulating water temperature:		
Community survival skill:		
Water safety skills:		



Sensory disabilities:		
Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):		
Physical Aggression/conduct (state behavior):		
Verbal/emotional aggression (state behavior):		
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):	yes	Encourage Randy to follow up with mental health providers and stay aware of her mental state/health conditions
Unauthorized or unexplained absence from program:		
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:		
Other symptom or behavior (be specific):		



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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse? n/a		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Identify situations in which someone might be verbally or physically aggressive.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		



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

Positive Support Strategies
When this individual is frustrated, they can express it in these ways: lacks motivation, self isolates with anxiety and depression
Supporting this individual in these ways will help them feel <u>less</u> frustrated: looks like she enjoys weight lifting or traveling - maybe just getting
Supporting this individual in these ways will make them feel <u>more</u> frustrated: having too much alone time or not enough exercise might be more frustrating for her

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date



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Holly Kastl	Signed by: <i>Holly Kastl</i> 25E4310C631B461...	2/6/2025
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Jamila Whitlock

Signed by:
Jamila Whitlock
05A908D1BF6D4FC...

2/6/2025