



Staff Orientation Record: Person-Specific

Employee name: Mubarak Ibrahim

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: Evelyn "Erk" Liebsteru

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: goes through the mail and filling out paper work
Outcome 2: Health, safety, and wellness: schedule appointments
Outcome 3: Community Participation

Which outcome do you think will come easiest to you to support? Why?
outcome 2, you're just helping set up appointments

Which outcome may be challenging for you to support? Why?
none



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:

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:		
Seizures:		
Choking:		
Special Dietary Needs:	Yes	Help meal prep or plan be involved as much as possible
Chronic Medical Conditions		
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):	Yes	Remind her to use her elements to help her move around and be close by her
Mobility issues (include specific issue):	Yes	↓
Regulating water temperature:		
Community survival skill:	Yes	Help her set up travel and help her know how to call for help in case of an emergency
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	Help with house hold management tasks Help her stay on track so things don't get too much for her, be there for her emotionally
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?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>Help her plan travel encourage to call all</i> <i>Help her manage situations and learn strategies to stay safe</i> <i>all</i>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>Help her plan meals and staying clean</i>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No

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

Positive Support Strategies

When this individual is frustrated, they can express it in these ways:

they can communicate pretty well

Supporting this individual in these ways will help them feel **less** frustrated:

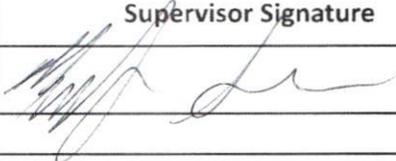
be supportive of how they live and choose to do things

Supporting this individual in these ways will make them feel **more** frustrated:

~~if you~~ *if you criticize them or their belongings*

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Mubarik Ibrahim</i>		<i>02/06/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Hunter Guerae</i>		<i>2/6/25</i>

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date





Supervisor eSignature and Date







Staff Orientation Record: Person-Specific

Employee name: Mubarik Fbrahim

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: OLIVER Jueh

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:	House hold management ! Sorting paper work and mail
Outcome 2:	Community activity
Outcome 3:	Health safety and wellness

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

Outcome 2: Helping with paper work I have done before

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

none



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>in case of a stroke</i>

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:		
Seizures:		
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions	<i>yes</i>	<i>100% for any sign of a stroke - call 911</i>
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):	yes	look out for a stroke be near
Mobility issues (include specific issue):	yes	↓
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):		
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 checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>remind him</i>		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>draw a line</i>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No



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

Have Conversations

Positive Support Strategies

When this individual is frustrated, they can express it in these ways:

Supporting this individual in these ways will help them feel less frustrated:

Supporting this individual in these ways will make them feel more frustrated:

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Mubarak Zabrak		2/6/2025
Supervisor Name	Supervisor Signature	Date
Hunter Guerue		2/6/2025

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date



Supervisor eSignature and Date





Staff Orientation Record: Person-Specific

Employee name: Mubarik Ibrahim

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: James Heininger

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:	Community participation
Outcome 2:	going shopping
Outcome 3:	

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

outcome 2 every one does shopping nothing hard about it

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

it might be hard finding a community for him to participate



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>Help him get out and in the car</i>

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:	<i>NO</i>	
Seizures:	<i>NA</i>	
Choking:	<i>NA</i>	
Special Dietary Needs:	<i>NO</i>	
Chronic Medical Conditions	NO <i>NO</i>	
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		



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?	Yes	No ✓
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	Yes ✓	No
If yes, how will you minimize the risk of abuse? <i>be close to jim and look out for anything making it hard for his movements</i>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	Yes	No ✓
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes	No



Other health and medical needs (state specific needs):		
Risk of falling (state specific need):	Yes	give them a hand bc close at all times
Mobility issues (include specific issue):	Yes	help with equipment if needed
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):		
Unauthorized or unexplained absence from program:		
An act or situation involving a person that requires the program to call 911, law enforcement or		

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

be on the look-out for anything suspicious and don't exploit myself

Positive Support Strategies

When this individual is frustrated, they can express it in these ways:

he expressed he likes someone to listen so listening is what I would do

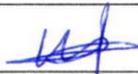
Supporting this individual in these ways will help them feel less frustrated:

Supporting this individual in these ways will make them feel more frustrated:

not listening

Signatures of Employee and Supervisor

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Employee Name	Employee Signature	Date
Mubarriz Ibrahim		
Supervisor Name	Supervisor Signature	Date
Hunter Guerne		2/6/2025

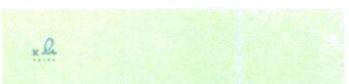
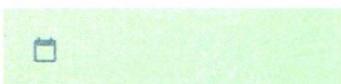
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Employee eSignature and Date

Supervisor eSignature and Date



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Person Served: Deb Galm Debra

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: <u>Community Participation</u>
Outcome 2: <u>household management</u>
Outcome 3:

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

outcome 2 helps with groceries is ~~easy~~
easy

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

~~Community Participation~~
because of the persons known temper, aggression, ~~is~~ not liking to be told what to do, /



Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:

Self-Management Assessment (SMA)

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Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:		
Seizures:		
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions	Yes	
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):	Yes	be supportive when walking long period of time, she need supervision
Mobility issues (include specific issue):	Yes	
Regulating water temperature:		
Community survival skill:	Yes	Provide guidance when in unfamiliar places
Water safety skills:		
Sensory disabilities:		
Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):	Yes	Help learn coping strategies and skills skills and communicate
Physical Aggression/conduct (state behavior):		
Verbal/emotional aggression (state behavior):	Yes	check in with client and look for recurrence
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:	Yes	listen to her and keep out of a telling her what to do but keep an eye on ideas
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):	Yes	observe any changes regarding mental health symptoms
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)

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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>identify situations and HePP with strategies to be safe</i>		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>create safety plans and be aware of danger and call 911</i>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>be on the look out for and suspicious activity</i>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="radio"/> Yes	<input checked="" type="radio"/> No



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

Positive Support Strategies

When this individual is frustrated, they can express it in these ways:

Be nice

Supporting this individual in these ways will help them feel less frustrated:

Talking to them and being nice

Supporting this individual in these ways will make them feel more frustrated:

Being rude and not ~~being~~ communicative

Signatures of Employee and Supervisor

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Employee Name	Employee Signature	Date
Mubarik Ibrahim		2/6/2025
Supervisor Name	Supervisor Signature	Date
Hunter Guerue		2/6/2025

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