

Staff Orientation Record: Person-Specific

Employee name: Nancy Rettmann

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: Mary Klein

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.

→ validate achievements: discuss or notice achievements in her life + validate them/discuss them.

| | |
|------------|--|
| Outcome 1: | Develop & maintain life skills (e.g. awareness, communication, judgment). Ask Mary if there is anything she needs help problem solving like @ work or |
| Outcome 2: | Participation in community activities, specifically volunteering. I would ask Mary where she would like to volunteer + if no ideas, make suggestions (e.g. with pets/animals) + search for local opportunities + discuss possibilities. Make a list or talk about pros + cons. |
| Outcome 3: | Participation in community activities, specifically volunteering. I would ask Mary where she would like to volunteer + if no ideas, make suggestions (e.g. with pets/animals) + search for local opportunities + discuss possibilities. Make a list or talk about pros + cons. |

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

Problem solving because I have a lot of experience with creative solutions.

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

Volunteering opportunities - I don't know what exists, but am confident I can figure this out easily & find something that works.



| | |
|--|---|
| 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: <i>discussed w/ staff</i> |
| 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: |

discussed w/ staff 

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: | N/A | |
| Choking: | N/A | |
| Special Dietary Needs: | N/A | <i>med intellectual disability</i> |
| Chronic Medical Conditions | yes | <i>support related to atty/con. awareness, learning, problem solving</i> |
| Self-Administration of Medication or Treatment Orders: | N/A | <i>Set</i> |
| Preventative Screening: | no | |
| Medical and Dental Appointments: | no | |



| | | |
|--|-----|--|
| fire department: | | |
| Other symptom or behavior (be specific): | yes | May is good @ calming her herself if her routine is interrupted. No intervention is typically needed. |

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? | Yes | <input checked="" type="radio"/> No |
| If yes, how will you minimize the risk of abuse? | | |
| Self-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? | | |
| Financial Exploitation | | |
| Is the individual susceptible to abuse in this area? | <input checked="" type="radio"/> Yes | No |



| | | |
|--|-----|--|
| Other health and medical needs (state specific needs): | Yes | anxiety: self manage |
| Risk of falling (state specific need): | N/A | performs small group explore breathing |
| Mobility issues (include specific issue): | N/A | |
| Regulating water temperature: | N/A | |
| Community survival skill: | NO | |
| Water safety skills: | N/A | |
| Sensory disabilities: | Yes | -only if she asks for help with |
| Other personal safety needs (state specific need): | N/A | glasses |
| Self-injurious behavior (state behavior): | no | |
| Physical Aggression/conduct (state behavior): | no | |
| Verbal/emotional aggression (state behavior): | no | |
| 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): | no | |
| Unauthorized or unexplained absence from program: | no | |
| An act or situation involving a person that requires the program to call 911, law enforcement or | no | |



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

observe financial transactions + if inappropriate, step it + file MAARC report + inform legal rep.

Positive Support Strategies

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

not listed

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

no big crowds, validate achievements, respect disability, provide encouragement + redirection, assist in problem solving.

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

not listed

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

| Employee Name | Employee Signature | Date |
|-----------------|----------------------|--------|
| Nancy Rettmann | | 2/6/25 |
| Supervisor Name | Supervisor Signature | Date |
| Jessica Dudas | | 2/6/25 |

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date