

Staff Orientation Record: Person-Specific

Employee name: Kristi Lemair

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: Adriel Ramirez

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: filing imp. paperwork for benefits	thousing
X help org. paperwork + setup filingsys	
Outcome 2: meaningful comm interaction to decrease	
- Rehook into bible groups/smaller meetings	isolation
Outcome 3: Learn how to use uber at his church	
for more independence	

Which outcome do you think will come easiest to you to support? Why?
 → ~~that~~ show them how to download app + go on uber rides w/ them

Which outcome may be challenging for you to support? Why?
 Go on ~~sugg~~ walks w/ them in low populated areas



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 <i>N/A</i> 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:

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>↓</i>	
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions		
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		<i>↓</i>



Other health and medical needs (state specific needs):	No		
Risk of falling (state specific need):	↓		
Mobility issues (include specific issue):	↓		
Regulating water temperature:	↓		
Community survival skill:	Yes	Help to learn Uber/Lyft for more ind. ride	
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:	No	
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>w/with identifying sit. he may deal w/verb/physically agg^r. person - use Conf resolution</i>		
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?		
<i>Struct + decoration</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:

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
Kristi Lemair	<i>Kristi Lemair</i>	02/06/25
Supervisor Name	Supervisor Signature	Date
Amber Cappel	<i>Amber Cappel</i>	02/06/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Kristi Lemair

02/06/25

Supervisor eSignature and Date

Amber Cappel

02/06/25

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Person Served: Kim Rice

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.

Household tasks

①	Comm. Access	② social <i>Household tasks</i>
	Outcome 1: finding meaningful recreational activities to access comm + decrease isolation. • Ask interests + then research comm resources	
②	Outcome 2: Needs help managing medication - Find way to help her w/ this like a pill org.	<i>This act.</i>
③	Outcome 3: I identify triggers that cause create problems w/ emotions / suggest coping mech <i>phone alarm</i>	

→ *Managing Emotions & Coping mech*

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

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

Take her to Pow wares or other relevant cultural events

Go to Zoo + Look into Zoo classes



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? <i>She doesn't use them. If she does →</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>Needs to be assessed for safety</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>If she needs space give it to her</i>

if she does use

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:	YES NO	
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	NO	
Chronic Medical Conditions	NO	
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	NO	
Medical and Dental Appointments:	NO	

Other health and medical needs (state specific needs):	Yes	Risk of fall - has a walker + shoes
Risk of falling (state specific need):	↑	If she falls we ask if she can get up on own → If no call 911
Mobility issues (include specific issue):	↑	"
Regulating water temperature:	N/A	
Community survival skill:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	N/A	
Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	NO	
Verbal/emotional aggression (state behavior):	NO	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):	N/A	
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or	N/A	



fire department:		
Other symptom or behavior (be specific):	N/A	

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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? <i>Discs Distraction Processor</i>		
<i>Talk calmly, discuss ways to comm rather than ^{techn} engaging in phys or verb agg</i>		
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?		
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 w medication org-</i>		
<i>x make sure sh check to see if make sure she has fcs</i>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	No



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

Work w/ him on ways to budget + manage \$

~~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:~~

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Supervisor Name	Supervisor Signature	Date
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