



Staff Orientation Record: Person-Specific

Employee name: Mariam Jallon

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: Tim Howard

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.

<p><u>Outcome 1:</u> Household management; assisting with household tasks, like cleaning, doing laundry, meal assistance, also help track of important dates and like appointments</p>
<p><u>Outcome 2:</u> Health, safe and wellness; promoting regular exercise by suggestin activities you can do together, like joining a fitness class, and assisting with healthy diet.</p>
<p><u>Outcome 3:</u> Community participation; assisting with shopping medical appointments, like vacations, local organization healthy, and sustainable environment for everyone</p>



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

Household management, health, safe work and community participation.

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

<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 due to a physical disability?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: Seizures!	NO	if needed, staff will make sure he has med to manage his mild seizure
Seizures: Allergies!	N/A	
Choking:	yes	mild seizure - make sure he is taking his med.
Special Dietary Needs:	yes NO	
Chronic Medical Conditions		
Self-Administration of Medication or Treatment Orders:	yes	staff will make sure TIM takes his med as directed.
Preventative Screening:	yes	assist with calling, scheduling, setting reminders, and provide transportation as needed
Medical and Dental Appointments:	yes needs support	helping with scheduling, setting reminders and provide transportation as needed
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	NO	
Mobility issues (include specific issue):	NO	
Regulating water temperature:	N/A	
Community survival skill:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	NO	



Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	Yes	Staff will help Tim participate in person centered coping skills by calming him down; redirect to Cal balls
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	NO 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 fire department:	N/A	
Other symptom or behavior (be specific):	N/A	



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="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation? By observing the transactions to see that they are appropriate, and stop any 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 <u>less</u> frustrated:
Supporting this individual in these ways will make them feel <u>more</u> frustrated:



Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name Printed	Employee Signature	Date
Mariam Jalloh		1/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cain		02/06/25

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: Mariam Jalloh

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

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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.

Outcome 1: Household Management: Kimberly will have supports with managing her household tasks including motivating Kimberly to complete these tasks when she is struggling with her mental health or feeling overwhelmed.

Outcome 2: Adaptive Skills- Better managing emotions and developing strong coping skills.

Outcome 3: Kimberly's health is really important to her, she would like to better manage her overall balance and stability with having more awareness of her chronic health conditions.



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

~~Helping her to manage her mental~~ Helping her to manage her household tasks, because I like helping working on household tasks to help me be busy at work.

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

helping to manage her health, because it might be ~~easy~~ or challenging, it depends on her how her health is

<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 due to a physical disability?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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	Allergic to bees
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:		
Chronic Medical Conditions	NO	
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	N/A	
Medical and Dental Appointments:	N/A	
Other health and medical needs (state specific needs):		
Risk of falling (state specific need):	Yes	Staff will support him by calling 911 for assistance with him/brills on the phone.
Mobility issues (include specific issue):	Yes	Staff will ask him to try to independently get up on her own or,
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):	N/A	
Self-injurious behavior (state behavior):	N/A	
Physical Aggression/conduct (state behavior):	NO	if needed, staff will work with Kim in better managing her anger in a healthy way.
Verbal/emotional aggression (state behavior):	NO	Staff will redirect her or suggest leaving the area.
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):		
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 fire department:	N/A	
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?		
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?		
<p>specific checking susceptibility in any area below Staff will work with Kimberly with better managing her anger in a healthy way.</p>		
Self-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?		
<p>Staff will work with Kim to ensure that she has food in her home and will check in with her re regularly.</p>		



Financial Exploitation		
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 financial exploitation? <i>Kim's father acts as her representative payee and helps manage her money. If needed, staff can work with him on learning skills related to money management.</i>		

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 <u>less</u> frustrated:
Supporting this individual in these ways will make them feel <u>more</u> frustrated:



Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name Printed	Employee Signature	Date
Mariam Jalloh		01/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cairl		02/04/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date