



Staff Orientation Record: Person-Specific

Employee name: Rose Saybo

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: Timothy 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> Tim would like his mail picked up and to assist with important paperwork to pertain to his benefits. As a staff, I would get tim mail and help him fill out paperwork.</p>
<p><u>Outcome 2:</u> Tim would like to attend his medical appointment and transportation. As a staff, I would get tim to his appointment and help with transportation such as Lyft, and uber.</p>
<p><u>Outcome 3:</u> Attending community activities and running errands. As a staff I will plan activities outing and take time to run errands.</p>



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

A easy outcome will setting firm appointment and reminders. That way he doesn't miss an appointment.

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

No outcome, outcomes are doable and understandable.

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:	NO	NA
Seizures: <i>mild seizures</i>	NO	NA
Choking:	NO	NA
Special Dietary Needs:	NO	NA
Chronic Medical Conditions	NO	NA
Self-Administration of Medication or Treatment Orders:	NO	NA
Preventative Screening:	Yes	<i>Schedule appointment, transportation teach and coaching tim how to do so.</i>
Medical and Dental Appointments:	Yes	<i>Teach tim how to schedule appointment and transportation.</i>
Other health and medical needs (state specific needs):	NO	NA
Risk of falling (state specific need):	Yes	<i>Support tim guiding safety to the ground, observing movement also call 911 and designated coordinator</i>
Mobility issues (include specific issue):	Yes	<i>Assist tim with getting up and safety guide to ground and observe for seizures and call 911 and designated coordinator</i>
Regulating water temperature:	NO	NA
Community survival skill:	NO	NA
Water safety skills:	NO	NA
Sensory disabilities:	NO	NA



Other personal safety needs (state specific need):	NO	NA
Self-injurious behavior (state behavior):	NO	NA
Physical Aggression/conduct (state behavior):	N NO	NA
Verbal/emotional aggression (state behavior):	Yes	Tell tim to take deep breathe redirect him, remove him from others.
Property destruction (state behavior):	NO	NA
Suicidal ideation, thoughts, or attempts:	NO	NA
Criminal or unlawful behavior:	NO	NA
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Help tim take person-centered coping skills when feeling dysregulated. Tell tim to call brightpath 24 hr EA line
Unauthorized or unexplained absence from program:	NO	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NO	NA
Other symptom or behavior (be specific):	NO	NA

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?		
NA		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	No
If yes, how will you minimize the risk of abuse?		
<p>Community - try to remove them and redirect him to Encourage him himself do a few different tasks. Call 911 and follow Bright Path incident report policy report to designated Coordinator within 24 hrs.</p>		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	No
If yes, how will you minimize the risk of abuse?		
<p>Remind him to take his medications - Create cues and prompt to stop self harming - Report to Bright path and designated coordinator</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? - Observe transaction to see if corrected - file a MAARC if I see jim getting exploit for money - Contact Brightpath and designated coordinator.		

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
Rose Sayoo	<i>Rose Sayoo</i>	01/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cairi	<i>Amber Cairi</i>	02/06/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

 *Rose Sayoo*

 01/30/25

Supervisor eSignature and Date





Staff Orientation Record: Person-Specific

Employee name: Rose Saybo

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: Heinrich Von Mende

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> Heinrich will like support with house keeping and budgeting and completing papers to keep his benefits. As a staff, I will clean Heinrich house and maintain house supplies. Also, help him budget.</p>	
<p><u>Outcome 2:</u> Heinrich ^{want to} learn skills to access his medical appointments and documents. As a staff, I will make sure Heinrich is at all his appointment and help him by contacting his providers to</p>	
<p><u>Outcome 3:</u> Make bonds within the community and engage in activities. As a staff, I would schedule community outing and help take walk to meet new friends.</p>	<p>help him get access to his medical records.</p>



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

One outcome that would be easy will helping Adriel maintaining house supplies so he don't run out and also make sure the house kept clean. help adriel maintain his budgeting or creating plans now to save money. ~~Adriel~~ ^{Heinrich} need a clean home.

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

No outcome is challenging, because every outcome is doable.

<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: Contrast dye	NO	NA
Seizures:	NO	NA
Choking:	NO	NA
Special Dietary Needs:	NO	NA
Chronic Medical Conditions	Yes	Teach Heinrich how to schedule his appointments
Self-Administration of Medication or Treatment Orders:	NO	NA
Preventative Screening:	NO	NA
Medical and Dental Appointments:	NO	NA
Other health and medical needs (state specific needs):	NO	NA
Risk of falling (state specific need):	Yes	Call 911 if any falls and need medical attention
Mobility issues (include specific issue):	Yes	Encourage Heinrich to use his cane or walker, call 911 if fall or medical attention
Regulating water temperature:	NO	NA
Community survival skill:	NO	NA
Water safety skills:	NO	NA
Sensory disabilities:	NO	NA



Other personal safety needs (state specific need):	NO	NA
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):	YES	Help Hermon take part in person centered coping skill / assist with scheduling
Unauthorized or unexplained absence from program:	NO	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NO	NA
Other symptom or behavior (be specific):	NO	NA

medical appointment



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? <i>offer help Heinrich be comfortable comfortable comfortable with his community. As a staff, once Heinrich become physical assess the situation and provide reassurance</i>		
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?		



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?		

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:



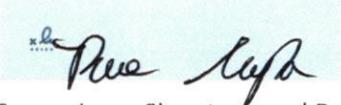
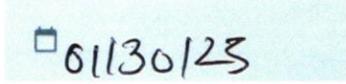
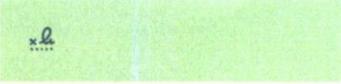
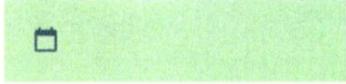
Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name Printed	Employee Signature	Date
Rose Saybo		01/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cairl	ac	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: Rose Saybo

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.

<p><u>Outcome 1:</u> Adriel have light housekeeping that he may not be able to complete on his own. As a staff person, I will organize Adriel's documents and helping him fill out important paperwork.</p>
<p><u>Outcome 2:</u> Adriel want to attend all his appointments. As a staff, I will keep track of Adriel's appointment and show him available other transportation option, if not available.</p>
<p><u>Outcome 3:</u> Adriel want to be in tone with his community and attend fun community activities. As a staff, I will plan activities outing in the community, help Adriel run errands and find resource Adriel might find interest in.</p>



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

Helping Adriel get out in the ~~community~~ ^{community} to attend activities. I want Adriel to create the bond he need and to have fun and meet new people.

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

No outcome will be challenging because Adriel don't have a hard outcome.

<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: <i>food/medications</i>	<i>NO</i>	<i>NA</i>
Seizures:	<i>NO</i>	<i>NA</i>
Choking:	<i>NO</i>	<i>NA</i>
Special Dietary Needs:	<i>NO</i>	<i>NA</i>
Chronic Medical Conditions	<i>NO</i>	<i>NA</i>
Self-Administration of Medication or Treatment Orders:	<i>NO</i>	<i>NA</i>
Preventative Screening:	<i>NO</i>	<i>NA</i>
Medical and Dental Appointments:	<i>NO</i>	<i>NA</i>
Other health and medical needs (state specific needs):	<i>NO</i>	<i>NA</i>
Risk of falling (state specific need):	<i>NO</i>	<i>NA</i>
Mobility issues (include specific issue):	<i>NO</i>	<i>NA</i>
Regulating water temperature:	<i>NO</i>	<i>NA</i>
Community survival skill:	<i>Yes</i>	<i>Help Adriel learn about Lyft or Uber, help with person centered coping skills</i>
Water safety skills:	<i>NO</i>	<i>NA</i>
Sensory disabilities:	<i>NO</i>	<i>NA</i>



Other personal safety needs (state specific need):	NO	NA
Self-injurious behavior (state behavior):	NO	NA
Physical Aggression/conduct (state behavior):	NO	NA
Verbal/emotional aggression (state behavior):	NO	NA
Property destruction (state behavior):	NO	NA
Suicidal ideation, thoughts, or attempts:	NO	NA
Criminal or unlawful behavior:	NO	NA
Mental or emotional health symptoms and crises (state diagnosis):	NO	NA
Unauthorized or unexplained absence from program:	NO	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NO	NA
Other symptom or behavior (be specific):	NO	NA

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? NA		
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? Staff can create conflict resolution / strategies and de-escalation techniques dealing with person who is aggressive. Contact BrightPath		
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? NA		



Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="checkbox"/> 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 <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
Rose Saybo	<i>Rose Saybo</i>	01/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cairi	<i>Amber Cairi</i>	02/10/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Rose Saybo

01/30/25

Supervisor eSignature and Date

Amber Cairi

Staff Orientation Record: Person-Specific

Employee name: Rose Saybo

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: Kimberley Ann 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.

<p><u>Outcome 1:</u> Kimberley will need help staying motivated to complete her daily task. Kimberley will need a distraction from feeling overwhelmed. AS a staff, I will create that coping skill such as meditation, taking a walk or watching a movie.</p>	
<p><u>Outcome 2:</u> Kimberley just moved and want to make meaningful bonds with her community. AS a staff, I would schedule outing activities as community biking, community events and taking walk</p>	
<p><u>Outcome 3:</u> Kimberley want to keep a good diet and balance her weight. AS a staff person, I would recommend taking walks, health nutrients ideas, and make sure we are checking her weight often.</p>	<p>to meet her community</p>



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

One outcome will be easier to me is helping Kimberley stay ~~post~~ ~~positive~~ positive. I will make sure Kimberley do activities that she loves to do. I want to Kimberley happy at all times so tasks can be completed.

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

No outcome will be challenging because Kimberley don't have any challenging tasks.

<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: Bees	No	NA
Seizures: NA	NO	NA
Choking: NA	NO	NA
Special Dietary Needs: Diabetes	NO	NO
Chronic Medical Conditions	No	NO
Self-Administration of Medication or Treatment Orders:	NO	NA
Preventative Screening:	NO	NA
Medical and Dental Appointments:	NO	NA
Other health and medical needs (state specific needs):	NO	
Risk of falling (state specific need):	YES	Try to see if Kim get up by herself. If not, call 911
Mobility issues (include specific issue):	YES	Try to see if Kim can get up by herself. If not call 911
Regulating water temperature:	NO	NA
Community survival skill:	NO	NA
Water safety skills:	NO	NA
Sensory disabilities:	NO	NA



Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):	NO	NA
Physical Aggression/conduct (state behavior):	NO	NA
Verbal/emotional aggression (state behavior):	NO	NA
Property destruction (state behavior):	NO	NA
Suicidal ideation, thoughts, or attempts:	NO	NA
Criminal or unlawful behavior:	NO	NA
Mental or emotional health symptoms and crises (state diagnosis):	NO	NA
Unauthorized or unexplained absence from program:	NO	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NO	NA
Other symptom or behavior (be specific):	NO	NA

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? Dont talk about previous abuse or present abuse that makes her feel verbal/physical aggressive to others. As a Staff person I will find other ways to communicate than engaging.		
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? Create meal plans so kim dont go out of food. Contact designated coordinator for further instructions Contact Brightpath about the 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? Report any financially exploitation of any family and friends to brightpath and individual also designated coordinator		

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
Rose Saybos	<i>Rose Saybos</i>	11/30/25
Supervisor Name Printed	Supervisor Signature	Date
Amber Cairi	<i>Amber Cairi</i>	02/06/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Rose Saybos 01/30/25

01/30/25

Supervisor eSignature and Date

Amber Cairi