

Staff Orientation Record: Person-Specific

Employee name: Henna Dammen

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: Vincent Fiorilli

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. Staff will help him check his mail every 1HS shift. And determine which mail is most important and creating a filing system

Outcome 2: Staff will support Vincent in finding a social community activity of his choice

Outcome 3: Staff will give Vincent transportation as needed to access the community

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

Outcome 2, because it can be fun getting involved in the community and helping someone be proactive

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

Helping Vincent with a filing system, because I am good at organization but it could be challenging keeping it organized as we progress



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:

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:	NIA	
Seizures:	yes	remind Vincent of PER'S device
Choking:	NIA	
Special Dietary Needs:	NIA	
Chronic Medical Conditions	NO	
Self-Administration of Medication or Treatment Orders:	yes	Remind Vincent of his meds and help to set a reminder on his phone
Preventative Screening:	NO	
Medical and Dental Appointments:	NO	



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	NIA	
Mobility issues (include specific issue):	NIA	
Regulating water temperature:	NIA	
Community survival skill:	NIA	
Water safety skills:	NIA	
Sensory disabilities:	NO	
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	Yes	Redirect Vincent from hitting Bites or other objects
Physical Aggression/conduct (state behavior):	NO	
Verbal/emotional aggression (state behavior):	Yes	Staff will help Vincent in identifying strategies to help regulate his aggression
Property destruction (state behavior):	Yes	Redirect Vincent and find a quiet place to breath
Suicidal ideation, thoughts, or attempts:	NIA	
Criminal or unlawful behavior:	NIA	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	assist Vincent with scheduling medical appointments as needed, Redirect
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NIA	



fire department:	NIA	
Other symptom or behavior (be specific):	NIA	

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>Staff will assist Vincent in creating strategies to keep him safe</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>Staff will encourage Vincent to eat</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? *Staff will ensure that during all transactions, if maltreatment, will intervene*

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: *Verbal / Emotional aggression / Sometimes physical aggression*

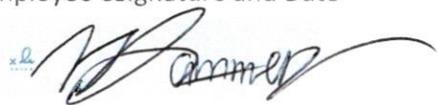
Supporting this individual in these ways will help them feel less frustrated: *Staff providing solutions and strategies to cope with frustrations*

Supporting this individual in these ways will make them feel more frustrated: *Staff not providing space when needed*

Signatures of Employee and Supervisor
For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>[Signature]</i>	<i>2/6/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>[Signature]</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: Henna Dammen

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

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Person Served: Glen Froehlig

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>Engaging in the community ; Free activities</u>
Outcome 2: <u>Staff will go with Glen to appointments and help him set them up</u>
Outcome 3: <u>Staff will accompany Glen in his hobbies ; Amateur Radio</u>

Which outcome do you think will come easiest to you to support? Why?
helping Glen set up and go to appointments. I am good at time management and helping with anxiety

Which outcome may be challenging for you to support? Why?
nothing seems challenging for me to support Glen



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:

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:	NO	
Choking:	NO	
Special Dietary Needs:	NO	
Chronic Medical Conditions	Yes	Doesn't want support
Self-Administration of Medication or Treatment Orders:	Yes	Doesn't need support, has an in home nurse
Preventative Screening:	NO	
Medical and Dental Appointments:	Yes	Staff will help client setup and go to appointments



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	yes	Doesn't want support with this
Mobility issues (include specific issue):	yes	Doesn't want support with this
Regulating water temperature:	yes	Client can self-manage this
Community survival skill:	No	Wants support accessing the community
Water safety skills:	yes	Doesn't want support
Sensory disabilities:	NIA	
Other personal safety needs (state specific need):	NIA	
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	Doesn't want support in this area
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	



fire department:	NIA	
Other symptom or behavior (be specific):	NIA	

Individual Abuse Prevention Plan (IAPP)

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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 type="checkbox"/> 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?	<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: *anxious*

Supporting this individual in these ways will help them feel less frustrated:
grounding and self soothing techniques

Supporting this individual in these ways will make them feel more frustrated:
overwhelmed and not having assistance

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>Henna Dammen</i>	<i>2/16/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/16/25</i>

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Henna Dammen

2/16/25

Supervisor eSignature and Date

Jessica Dudas

2/16/25



Staff Orientation Record: Person-Specific

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

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Person Served: Dylan Dreifke

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: Staff will support Dylan with cooking home-cooked meals and gathering the necessary ingredients - grocery shopping
Outcome 2: Staff will help Dylan in establishing a weekly routine to manage household chores and tasks
Outcome 3: helping Dylan with transportation to achieve his outcomes and goals

Which outcome do you think will come easiest to you to support? Why?
helping Dylan with cooking home cooked meals; because I enjoy cooking and grocery shopping

Which outcome may be challenging for you to support? Why?
establishing a weekly routine seems a bit challenging but doable. Because of us working to find a routine to stick to



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 type="checkbox"/> No If yes, explain briefly: anything can be dangerous; use caution
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:	NIA	
Seizures:	NIA	
Choking:	NIA	
Special Dietary Needs:	no	has meals delivered to him by his mom
Chronic Medical Conditions	no	Staff be aware of Dylan's medical conditions
Self-Administration of Medication or Treatment Orders:	yes	IHS staff is not assigned to support Dylan with this
Preventative Screening:	no yes	Dylan needs help calling and scheduling to go to preventative screenings
Medical and Dental Appointments:	yes	Staff will look over addendum to support Dylan with appointments



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	Yes	Staff to be aware of Dylan's mobility needs. Staff can help Dylan when a fall occurs. assure no injuries
Mobility issues (include specific issue):	Yes	Staff to support Dylan with his mobility and help when falls
Regulating water temperature:	no	
Community survival skill:	Yes	Staff to remind him to carry his smartphone, and access to community
Water safety skills:	no	Doesn't enjoy swimming
Sensory disabilities:	Yes	Staff to be aware of his limited communication. make sure device is charged
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	Yes	Staff be aware of Dylan's mobility needs and assist when needed
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	Dylan reports he doesn't have any mental health issues
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NIA	



fire department:	NIA	
Other symptom or behavior (be specific):	NIA	

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	No
If yes, how will you minimize the risk of abuse? <i>Staff will utilize natural techniques and teaching opportunities due to mental disabilities</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? <i>Remind Dylan to always have his <u>Charged</u> Smartphone for any safety risks</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>Communicate direct concerns to Dylan's Guardian</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? Offer verbal guidance and report any suspected maltreatment

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: Possibly communicating through his device his frustrations - nothing reported in addendum

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

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

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Henna Dammen		2/6/25
Supervisor Name	Supervisor Signature	Date
Jessica Dudas		2/6/25

eSignatures of Employee and Supervisor

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Employee eSignature and Date

Supervisor eSignature and Date



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Person Served: ~~Kathy Breer~~ Catherine Breer

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.

<u>Outcome 1:</u> Household management: Supporting with lighthouse cleaning, organizing, and meal prep
<u>Outcome 2:</u> Health, Wellness, and Safety: Staff assisting with making appointments every IHS shift
<u>Outcome 3:</u> Community Participation: Staff will assist in Cathy choosing a community activity at least once a week

Which outcome do you think will come easiest to you to support? Why?
Household tasks, because I enjoy doing those tasks

Which outcome may be challenging for you to support? Why?
Nothing appears challenging, all seem very interesting in partaking with



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>discuss w/ staff</i>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly: <i>lives in a 55+ community</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:

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:	NIA	
Seizures:	NIA	
Choking:	NIA	
Special Dietary Needs:	NIA	
Chronic Medical Conditions	Yes	<i>IHS staff will be aware of Cathy's medical conditions. Support when needed</i>
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	Yes	<i>Encouraging Cathy to set up her Preventative Screenings</i>
Medical and Dental Appointments:	Yes	<i>Assisting Cathy setting up and going to appointments</i>



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	no yes	Staff will support carry out in the community to offer support on slippery surfaces
Mobility issues (include specific issue):	no	
Regulating water temperature:	NIA	
Community survival skill:	NIA	
Water safety skills:	NIA	
Sensory disabilities:	NIA	
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	NIA	
Physical Aggression/conduct (state behavior):	NIA	
Verbal/emotional aggression (state behavior):	NIA	
Property destruction (state behavior):	NIA	
Suicidal ideation, thoughts, or attempts:	NIA	
Criminal or unlawful behavior:	NIA	
Mental or emotional health symptoms and crises (state diagnosis):	yes	anxiety and depression; staff to have frequent check ins and remind of coping skills
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NIA	



fire department:	NIA	
Other symptom or behavior (be specific):	NIA	

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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?		
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?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>Frequent check ins and reminder of coping skills</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: *Flustered or overwhelmed - nothing stated, seems to have more internalized affects from depression and anxiety*

Supporting this individual in these ways will help them feel less frustrated: *Reminder of coping skills and frequent coping skills*

Supporting this individual in these ways will make them feel more frustrated: *not actively listening*

Signatures of Employee and Supervisor

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<i>Henna Dammen</i>	<i>Henna Dammen</i>	<i>2/6/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/6/25</i>

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