



45 minutes
total

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: Kimberly Benson

Support Plan-Addendum (SPA) 45 min

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:	Kim will choose 1 community activity each week to stay connected & avoid isolation. I could review upcoming activities + take her to the event she chooses.
Outcome 2:	Develop a weekly menu. Remind/encourage taking time to write down a weekly menu giving suggestions when asked. Also reviewing what
Outcome 3:	groceries she has vs. needs & follow through.
N/A	

Which outcome do you think will come easiest to you to support? Why? weekly menu will be easiest for me because I have skill in planning meals & organizing a grocery list, etc.
Which outcome may be challenging for you to support? Why?

The community activity will take ~~more~~ searching for what is happening is the ~~area~~ area, but google will be helpful & Kim may already have ideas. ①



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 <i>per Jessica: Because she lives on her own, she has access to knives,</i> <input 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 <i>etc but there is no concern for her safety</i> <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: <i>Metformin</i>	<i>no</i>	<i>N/A</i>
Seizures: <i>Petit Mal, grand</i>	<i>yes</i>	<i>awareness of signs of seizure + knowledge of what to do if one occurs</i>
Choking:	<i>yes</i>	<i>awareness of signs of seizure + knowledge of what to do.</i>
Special Dietary Needs:	<i>no</i>	
Chronic Medical Conditions	yes <i>no</i>	<i>epilepsy, diabetes, MR she can self manage</i>
Self-Administration of Medication or Treatment Orders:	<i>no</i>	
Preventative Screening:	<i>yes</i>	<i>chart says yes but I think that is incorrect</i>
Medical and Dental Appointments:	<i>?</i>	<i>the yes/no wording does not match staff support description.</i>



Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	N/A	
Mobility issues (include specific issue):	N/A	
Regulating water temperature:	YES	awareness, ongoing discussions of safety + process for burns
Community survival skill:	N/A	
Water safety skills:	no	
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):	N/A	
Property destruction (state behavior):	N/A	
Suicidal ideation, thoughts, or attempts:	NA	
Criminal or unlawful behavior:	NA	
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):	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="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? Discuss personal safety + problem solving using real world examples; assist with getting to safe area		
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? remind him of safety precautions when using hazardous equipment, encourage use of regular safety checks, have guards, etc.		
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? understand Kim has a limited understanding of her finances, use real

Positive Support Strategies world examples to discuss responsible spending habits.

When this individual is frustrated, they can express it in these ways: Therap doesn't specify expression of frustration.

Supporting this individual in these ways will help them feel **less** frustrated: give space to speak; redirect + ask her about her family, sticker books or DVD collection.

Supporting this individual in these ways will make them feel **more** frustrated: ~~Guess~~ Guess what she is going to say before she finishes her thought.

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Nancy Rettmann		2/7/25
Supervisor Name	Supervisor Signature	Date
Hunter Guerde		2/7/2025

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date

Note: under Support Plan Addendum Intensive services → Scope of Services → 24-Hour Emerg Assis the paragraph uses "Mary" instead of "Kim."



Staff Orientation Record: Person-Specific

Employee name: Nancy Rettmann

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

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Person Served: Marla Hamilton

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>Household mgmt skills: Assist with an organized cleaning routine</u>
Outcome 2:
Outcome 3:

Which outcome do you think will come easiest to you to support? Why? Household mgmt skills are my strength.

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

N/A



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:
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	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):	no	
Risk of falling (state specific need):	yes	awareness + observe situation when in apt or community
Mobility issues (include specific issue):	yes	awareness + observe mobility fatigue, pain, etc + assist w/ household tasks
Regulating water temperature:	no	
Community survival skill:	yes	build confidence, planning routes, key landmarks, list of contacts
Water safety skills:	no	
Sensory disabilities:	yes	travel during daylight hrs build confidence thru planning
Other personal safety needs (state specific need):	no	
Self-injurious behavior (state behavior):	no	
Physical Aggression/conduct (state behavior):	no	
Verbal/emotional aggression (state behavior):	yes	prepare for anxiety producing situations or unfamiliar environments
Property destruction (state behavior):	no	relaxation techniques
Suicidal ideation, thoughts, or attempts:	yes	redirection + person centered coping skills, access to calm space
Criminal or unlawful behavior:	NA	
Mental or emotional health symptoms and crises (state diagnosis):	yes	encourage daily routine, set small goals, promote healthy sleep hygiene
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or	NA	



fire department:		
Other symptom or behavior (be specific):	no	

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	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>provide consistent education on healthy relationships & boundaries, offer guidance address concerns re: interactions w/ others.</i>		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, how will you minimize the risk of abuse? <i>role play exercises, engage in conversation about dangerous situations</i>		
Self-Abuse <i>wild confidence</i>		
Is the individual susceptible to abuse in this area?	<input type="radio"/> 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 type="radio"/> 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: *yelling, screaming, talking to herself*

Supporting this individual in these ways will help them feel **less** frustrated: *create routine, give advanced notice of upcoming events + provide reassurance, practice deep breathing*

Supporting this individual in these ways will make them feel **more** frustrated: *don't treat her w/ respect*

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Nancy Pettmann</i>	<i>[Signature]</i>	<i>2/7/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/7/25</i>

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

xh



Supervisor eSignature and Date

xh



Staff Orientation Record: Person-Specific

Employee name: Nancy Rethmann

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

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Person Served: Bruce Tratna

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 mgmt: go thru mail 1x/wk + complete important paperwork. Ask him about his mail and go through it w/ him.</p>
<p><u>Outcome 2:</u> Complete paperwork together choose a community activity 1x/wk.</p>
<p><u>Outcome 3:</u> find community activities + discuss w/ Bruce to see if he is interested in any of them. Take him, find others</p>

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

Household mgmt is a strength for me.

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

I am less aware of comm. happenings, but it will be easy to find activities.

that he can enjoy in the future so he can look forward to attending. Also encourage relationship interacting w/ others (1)



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:
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:	NA	
Seizures:	NA	
Choking: <i>risk of choking</i>	no	
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):	N/A	
Risk of falling (state specific need):	yes	awareness of lifting restrictions remind him to walk slowly use handrails, use a
Mobility issues (include specific issue):	yes	chart to hold onto in community
Regulating water temperature:	NA	assist w/ groceries, laundry, and anything else 10-15
Community survival skill:	yes	pounds, remind him to
Water safety skills:	NA	walk slowly
Sensory disabilities:	yes	walk to build confidence + reduce anxiety - plan
Other personal safety needs (state specific need):	NA	outings during less busy
Self-injurious behavior (state behavior):	NA	times, listen to calming music, deep breathing
Physical Aggression/conduct (state behavior):	NA	avoid large crowds + make sure he wears glasses staff awareness
Verbal/emotional aggression (state behavior):	NA	
Property destruction (state behavior):	NA	
Suicidal ideation, thoughts, or attempts:	yes	staff awareness encourage person centered coping skills
Criminal or unlawful behavior:	NA	encourage diary + writing thoughts + share w/ therapist +
Mental or emotional health symptoms and crises (state diagnosis):	yes	encourage person centered coping skills, staff awareness, participate in activities that make him
Unauthorized or unexplained absence from program:	NA	feel better; remind him the 24 EA line is always
An act or situation involving a person that requires the program to call 911, law enforcement or	NA	available for support



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

Individual Abuse Prevention Plan (IAPP)

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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?	<input checked="" type="radio"/> Yes	No
If yes, how will you minimize the risk of abuse? <i>go places during less busy time.</i>		
Self-Abuse <i>if triggered, encourage coping strategies like deep breathing, calming music. I will remain patient + attentive</i>		
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>meal prep assistance, reg. meal reminders + check-ins</i>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No

validate his emotions



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:

not specifically addressed in Therap

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

redirect + ask him about his life + experiences
- stay away from large crowds

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

ask him about birthdays & holidays

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Nancy Pettmann		2/7/25
Supervisor Name	Supervisor Signature	Date
Jessica Duder		2/7/25

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date