



Staff Orientation Record: Person-Specific

Employee name: Henna Dammen

30 mins

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

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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: Kim Benson

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: Community Participation: Kim will choose a community activity to partake in once a week

Outcome 2: Household management: Kim will develop a weekly menu once a week

Outcome 3: Only two outcomes



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

Coming up with a weekly menu once a week, because I enjoy cooking and it seems highly enjoyable to help meal-prep

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

both outcomes don't seem challenging for me to support

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: Anything in a kitchen could be dangerous or any other environment, remind to use caution</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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly: assisting with her Grand MAI seizures by putting her on her side</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 Metformin
Seizures:	Yes	Aware of seizure protocol; Place Kim on her side
Choking:	Yes	Same support for seizures
Special Dietary Needs:	NIA	
Chronic Medical Conditions	NO	Has epilepsy and Diabetes; self-managed
Self-Administration of Medication or Treatment Orders:	NO	Knows name of pills and has pill box
Preventative Screening:	Yes	transportation through Kota Connections
Medical and Dental Appointments:	Yes	transportation through Kota Connections
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:	Yes	Discusses regular safety according to correct water temperatures
Community survival skill:	NO	
Water safety skills:	NO	reports strong swimmer
Sensory disabilities:	NO	hearing loss, glasses, & high pain tolerance



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):	NIA	
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or 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?	<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? While meeting with Kim Staff will discuss Personal Safety and Problem-solving using real-world examples. Staff will also assist Kim to a safe area if in dangerous situation		
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? Staff will gently redirect to safer area and remind Kim of Safety Precautions, Warning labels on hot surfaces		



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? Staff will be aware of Kim's lack of financial understanding. Reporting Procedure if suspected maltreatment		

Positive Support Strategies
When this individual is frustrated, they can express it in these ways: Kim doesn't like when people try to guess what she is trying to say
Supporting this individual in these ways will help them feel <u>less</u> frustrated: let Kim speak and be an active listener
Supporting this individual in these ways will make them feel <u>more</u> frustrated: not letting her talk and talking over her

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Henna Dammen		2/7/25

Hunter Guerue

2/7/2025



Staff Orientation Record: Person-Specific

30 mins

Employee name: Henna Dammen

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

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Person Served: Debra Gahm

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: Community Participation: Staff will assist Deb in developing social skills needed to maintain healthy relationships in the community

Outcome 2: Household management: Staff will help Deb complete basic maintenance tasks as needed

Outcome 3: Only two listed

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

basic maintenance around the house, because it is simple to complete and assist with

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

community participation could be challenging because of finding what works for Deb to develop this skill into a habit

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: Use caution with everyday equipment</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	Penicillium Sulfa / Lantus
Seizures:	no	be aware of Deb's history
Choking:	NIA	
Special Dietary Needs:	no	self-manages according to her type - 2 diabetes
Chronic Medical Conditions	yes	staff can assist with scheduling medical appointments
Self-Administration of Medication or Treatment Orders:	no	self-managed
Preventative Screening:	no	
Medical and Dental Appointments:	no	help when asked
Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	yes	Staff will remind Deb to walk slowly and use her camelwalker
Mobility issues (include specific issue):	yes	Using camelwalker
Regulating water temperature:	no	
Community survival skill:	yes	Staff will provide coaching and guidance to help with anxiety
Water safety skills:	NIA	states she can swim
Sensory disabilities:	no	



Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	Yes	offer to help and work with deb on picking wounds
Physical Aggression/conduct (state behavior):	NIA	
Verbal/emotional aggression (state behavior):	Yes	be aware of Deb's verbal aggression and redirect in stressful social situations
Property destruction (state behavior):	NIA	
Suicidal ideation, thoughts, or attempts:	Yes	work with deb to learn safe coping skills
Criminal or unlawful behavior:	NIA	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	observe any changes to Deb's mental health, schedule medical appointments when needed
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or 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="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Working with Deb to identify situations and identify strategies Deb can use		
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? be mindful of her community survival skills, ensure her phone is on her at all times. Provide coaching and guidance to her		
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? Work with Deb to develop positive coping strategies		



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: <i>by losing her temper</i>
Supporting this individual in these ways will help them feel <u>less</u> frustrated: <i>Check in with Deb during any stressful situations, look for where she can practice her coping skills. Remind her to not bottle it up</i>
Supporting this individual in these ways will make them feel <u>more</u> frustrated: <i>Over-stimulated settings and social interactions that make her feel anxious</i>

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Henna Dammen	<i>Henna Dammen</i>	2/7/25

Hunter Buesae *[Signature]* 2/7/2025



Staff Orientation Record: Person-Specific

Employee name: Henna Dammen

20 mins

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

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Person Served: Brittany Meyer

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: help her go through her mail and file out important paperwork - regarding benefits/housing

Outcome 2: Choosing a community activity of her choice at least once a week

Outcome 3: Participate in in-person coping skills with staff related to mental health symptoms once a week



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

Coping skills, because I am good at helping with that and formulating a tool box to best help the individual

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

Nothing appears challenging

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: Use Caution</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:	NIA	
Seizures:	NIA	
Choking:	NIA	
Special Dietary Needs:	NIA	
Chronic Medical Conditions	no	
Self-Administration of Medication or Treatment Orders:	NIA	
Preventative Screening:	no	
Medical and Dental Appointments:	no	
Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	no	
Mobility issues (include specific issue):	no	lower back Pain
Regulating water temperature:	no	
Community survival skill:	no	
Water safety skills:	no	
Sensory disabilities:	no	

Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	no	
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:	no	
Mental or emotional health symptoms and crises (state diagnosis):	yes	engage in communication, she has access to the ZHIT EA service line
Unauthorized or unexplained absence from program:	NIA	
An act or situation involving a person that requires the program to call 911, law enforcement or 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Use preferred name and pronouns, create a safe environment for her emotional support		
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? Create resolution strategies and de-escalation techniques		
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? be aware of Brittany's history with substance abuse, ensure her safety		



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: <i>has a lot of anxiety with aggressive presenting people</i>
Supporting this individual in these ways will help them feel <u>less</u> frustrated: <i>listen and provide a safe environment</i>
Supporting this individual in these ways will make them feel <u>more</u> frustrated: <i>Don't shut down britany's feelings, help her regulate them</i>

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
<i>Henna Damman</i>	<i>Henna Damman</i>	<i>2/7/25</i>
<i>Jessica Dudas</i>	<i>Jessica Dudas</i>	<i>2/7/25</i>



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Employee name: Henna Dammen

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

30 mins

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Person Served: Kayloni Pavey

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> assist Kayloni in meal prepping once a week for independence in Health & Wellness</p>
<p><u>Outcome 2:</u> focus on helping organizing Kayloni's apartment once a week alongside assisting her with budgeting</p>
<p><u>Outcome 3:</u> help Kayloni in choosing a community activity to partake in once a week</p>

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

meal prepping because I enjoy cooking, and community activities

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

nothing appears challenging



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: <i>USE CAUTION</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	Provide reminders to take medications and assist with mobility, offer support
Self-Administration of Medication or Treatment Orders:	no	Rita handles all medication administrations
Preventative Screening:	no	
Medical and Dental Appointments:	no	



Other health and medical needs (state specific needs):	NIA	
Risk of falling (state specific need):	Yes	Previously tore ACL, remind her to wear proper footwear
Mobility issues (include specific issue):	no	
Regulating water temperature:	no	
Community survival skill:	Yes	Provide additional training in community safety
Water safety skills:	no	
Sensory disabilities:	Yes	help avoid these triggers and offer coping strategies
Other personal safety needs (state specific need):	NIA	
Self-injurious behavior (state behavior):	Yes	implement coping strategies and provide additional DBT support
Physical Aggression/conduct (state behavior):	no	
Verbal/emotional aggression (state behavior):	Yes	implement DBT homework and consistent practice with coping skills
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	Provide guidance on effective coping skills and DBT Homework
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	

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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>Strengthen her self-awareness and decision making skills; Healthy boundaries</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>Provide support and intervention when needed; Remind of healthy boundaries</i>		
Self-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>help her build awareness to her surroundings</i>		
Financial Exploitation		
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 financial exploitation? *Report any suspected maltreatment*

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: *Possibly will yell and bring UP situation again after it's been diffused in need of more emotional support*

Supporting this individual in these ways will help them feel less frustrated: *Provide emotional support and remind of DBT homework*

Supporting this individual in these ways will make them feel more frustrated: *Not actively listening and disregarding her emotional needs for support*

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
<i>Henna Dammen</i>	<i>[Handwritten Signature]</i>	<i>2/7/25</i>
Supervisor Name	Supervisor Signature	Date
<i>Jessica Dudas</i>	<i>[Handwritten Signature]</i>	<i>2/7/25</i>

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

[Electronic Signature]

2/7/25

Supervisor eSignature and Date

[Electronic Signature]

[Date]