



## Staff Orientation Record: Person-Specific

**Employee name:** Kara Fortner

**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:** Seth Loftus

### 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: Seth would like support with his household tasks including cleaning, organization, meal planning, cooking, and grocery shopping.

**-Asking Seth about some of his favorite foods. We can try to make some of the foods he likes.**

Outcome 2: Seth would like to access the community for errands and other enjoyable activities as identified by Seth.

**-I would encourage him to follow his interests. We would be able to talk about what he wants to do and how to prioritize making plans.**

Outcome 3: Seth would like support with maintaining his self-care tasks independently.

**-having lots of reminders around him to keep on a schedule.**

Outcome 4: Seth would like to learn skills to manage his finances, such as budgeting and gaining



self-awareness.

**-I would support him by asking what his reasons are for wanting to budget. Is he trying to save to buy something or does he want to have a rainy day fund?**

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

**Outcome #2. This is something that I have lots of experience with. I really enjoy exploring my community and I hope to share that with Seth.**

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

**Outcome # 4. The budgeting might be a bit difficult. I have very basic skills in budgeting. So I would try my best to use as many resources as possible to meet Seth's goals.**

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<ul style="list-style-type: none"><li>● Yes</li><li>● No</li></ul> <p>If yes, explain briefly:</p> <p><b>NO</b></p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"><li>● Yes</li><li>● No</li></ul> <p>If yes, explain briefly:</p> <p><b>NO</b></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>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>If yes, explain briefly:</p> <p><b>NO</b></p>
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### 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:	yes	I would remind him to eat slowly. To chew his food thoroughly.
Special Dietary Needs:	yes	I would want to speak with Seth’s guardian and get an idea of what the best foods for him to eat.
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):	no	
Mobility issues (include specific issue):	no	
Regulating water temperature:	yes	I can help by checking the water temperature before Seth drinks it.
Community survival skill:	yes	I will assist Seth in learning how to use transportation in the community. Also will make sure that he is being safe and making the best choices in regards to his safety.
Water safety skills:	no	
Sensory disabilities:	no	
Other personal safety needs (state specific need):	no	
Self-injurious behavior (state behavior):	no	
Physical Aggression/conduct (state behavior):	yes	We will try to redirect and help Seth to use self-soothing skills.
Verbal/emotional aggression (state behavior):	yes	I will try to communicate with Seth in a way that he understands. If things get too intense, I would suggest we do something like go for a walk or deep breathing.
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	If he is having a mental health crisis, I would try to play it by ear. Maybe he would want to go on a walk or he might want to play UNO or we could take a break if we are doing an activity.



Unauthorized or unexplained absence from program:	no	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	no	
Other symptom or behavior (be specific):	no	

### 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 type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Try to encourage self-advocacy. Also Monitor Seth for the signs sexual abuse. Making sure that he		



understands that if someone touches you that you need to speak out. Tell myself or his guardian.

**Physical Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of abuse?

We would work on what are safe and unsafe situations as they naturally occur. Also work on his self preservation skills.

**Self-Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of abuse?

If we are going out to the community, I would make sure that he knows what to expect in terms of weather and temperature. For example: If it was going to rain. I would let him know and make sure that he had the proper clothes to go out in the rain.

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

Yes

No

If yes, how will you minimize the risk of financial exploitation?

If we were to go out into the community I would want Seth to have an understanding of how much money he has with him and how much he wants to spend during that time. I would help him make responsible choices with his money.



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Positive Support Strategies
When this individual is frustrated, they can express it in these ways:  n/a
Supporting this individual in these ways will help them feel <b>less</b> frustrated:  n/a
Supporting this individual in these ways will make them feel <b>more</b> frustrated:  n/a

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Kara Fortner-Vanderkolk	<small>Signed by:</small>  AE4D3D48DCE1422...	1/30/2025

Supervisor Review: Casey Hinck 01/30/2025

Signed by:  
  
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