



## Staff Orientation Record: Person-Specific

**Employee name:** Alex Baker

**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:** Kristin Colombo

### 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: Kristine would like help managing her budget, tracking expenses, paying bills on time, and developing strategies to save money effectively. Kristine will work on this outcome during each scheduled shift with IHS staff for 50% until the next annual meeting.

**Outcome 2:** Community Participation: Kristin would like to participate in community integration activities where she can engage with others, build relationships, and develop friendships to reduce her feelings of isolation. Kristin will choose a community activity once per week for 50% until the next annual meeting.

**Outcome 3:** Adaptive Skills: Kristin will work on developing skills to manage feelings of dysregulation and will engage in person-centered coping strategies. Kristin will choose 2 person-centered coping skills during schedule shift for 50% until the next annual meeting.



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

Outcome 1 is easiest because I'm getting a better understanding of saving m self.

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

None

<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 X</li></ul> <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"><li>● Yes</li><li>● No X</li></ul> <p>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>	<ul style="list-style-type: none"><li>● Yes</li><li>● No X</li></ul> <p>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	
Seizures:	Yes	Keeping on her at all times.
Choking:	No	
Special Dietary Needs:	No	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	Yes	Call and schedule appointments
Medical and Dental Appointments:	Yes	Reminder to attend medical or dental appointment
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	N/A	
Mobility issues (include specific issue):	No	
Regulating water temperature:	No	
Community survival skill:	No	
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):	No	
Verbal/emotional aggression (state behavior):	Yes	Remove her from triggering situations
Property destruction (state behavior):	Yes	Watch for Upset moods.
Suicidal ideation, thoughts, or attempts:	no	
Criminal or unlawful behavior:	No	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Follow redirection when shown
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.

<b>Sexual Abuse</b>		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> X Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Create a safe environment.		
<b>Physical Abuse</b>		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> X Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Assisting building the person confidence and develop skills to mange situations.		
<b>Self-Abuse</b>		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> XNo
If yes, how will you minimize the risk of abuse?		



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Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X 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: Get them away from the Triggering situations.
Supporting this individual in these ways will help them feel <u>less</u> frustrated: Let the person talk and don't over speak them.
Supporting this individual in these ways will make them feel <u>more</u> frustrated: No letting the individual vent.

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Alexander Baker	Signed by:  alexander.baker@brightpath.com <small>6BC0FAAF77E241D...</small>	02/17/2025



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Reviewed by: Casey Hinck Date: 02/13/2025

Signed by:

*Casey Hinck*

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## Staff Orientation Record: Person-Specific

**Employee name:** Alex Baker

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

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**Person Served:** Charles Younger

### 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: Charles would like to help to manage his budget to save money effectively to get his driver's license and purchase a car. With the support of IHS staff, Charles will work to establish a budget and track his spending for 50% of all trials over the next annual year.

**Outcome 2:** Household Management: Charles wants to improve his organization and planning skills by having staff support for 75% of all trials over the next year.

**Outcome 3:** Health, Safety, and Wellness: Charles would like to be more physically active and establish a routine of walking for increased physical activity for 50% of all trials over the next year.



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

Outcome 1 and 2 because I am currently increasing my goals budgeting and being more active.

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

None

<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 X</li></ul> <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"><li>• Yes</li><li>• No X</li></ul> <p>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>	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul> <p>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:	Yes	Morphine, Red dye, Medical Tape
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	Yes	Diabetic
Chronic Medical Conditions	Yes	Autism, PTSD, Anxiety, Bipolar
Self-Administration of Medication or Treatment Orders:	Yes	Medication and treatment
Preventative Screening:	N/A	
Medical and Dental Appointments:	N/A	
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:	N/A	
Community survival skill:		
Water safety skills:		
Sensory disabilities:		



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:	N/A	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	Victim History	
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 fire department:	N/A	
Other symptom or behavior (be specific):	N/A	



## 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.

<b>Sexual Abuse</b>		
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?		
<b>Physical Abuse</b>		
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 work with Charles on identifying clear signs of actual aggression versus misunderstanding or assumptions. Role-playing exercises can help him learn to observe a person's body language, tone, and words more accurately, making it easier to discern whether the situation is truly threatening. Since Charles already knows to walk away from aggression, staff can reinforce this positive response by reminding him of other de-escalation techniques. For example, he could politely ask for clarification if he's unsure about someone's tone or intention. Practicing calm responses will also help him manage situations effectively without feeling the need to immediately leave.		
<b>Self-Abuse</b>		



Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> XNo
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If yes, how will you minimize the risk of abuse?

**Financial Exploitation**

Is the individual susceptible to abuse in this area?	<input type="checkbox"/> XYes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of financial exploitation? Make sure he's keeping his money and not giving out to be a helper.

**Positive Support Strategies**

When this individual is frustrated, they can express it in these ways: Verbal aggression

Supporting this individual in these ways will help them feel **less** frustrated: Helping him get some fresh air away from the situation.

Supporting this individual in these ways will make them feel **more** frustrated: Let them speak and hearing them out.

**Signatures by Employee and Supervisor**



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Employee Name Printed	Employee Signature	Date
Alexander Baker	<p>Signed by:</p> <p>Alexander.baker@brightpath.com</p> <p>6BC0FAAF77E241D...</p>	02/13/2025

Reviewed by: Casey Hinck Date: 02/13/2025

Signed by:

Casey Hinck

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