



Staff Orientation Record: Person-Specific

Employee name: Suhaib Hussein

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: Paul Vought

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: I will need to help him write direction down for his meals

Outcome 2: I will help him write list of ingredient down for him.

Outcome 3: Create a shopping list and help create meal plans.



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

Probably writing down the list of ingredients for him. Its pretty self explanatory and it shouldn't take that long.

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

Creating meal plans and creating a shopping list. This will be hard because its more based on the person and it will take more time to help.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p> <p>No they don't have a rights restriction in place.</p>	<ul style="list-style-type: none"> • Yes • No <p>If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p> <p>No, they don't use dangerous items.</p>	<ul style="list-style-type: none"> • Yes • No <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> <p>No it has not been determined.</p>	<ul style="list-style-type: none"> • Yes • No <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:	No	
Choking:	No	
Special Dietary Needs:	No	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	Yes	Just make sure to set reminders and make sure we're both aware of when he's taking his prescription. But hes independent
Preventative Screening:	Yes	Just make sure to remember to schedule appointment and help attend them.
Medical and Dental Appointments:	Yes	Just make sure to remember to schedule appointment and help attend them.
Other health and medical needs (state specific needs):	No	None
Risk of falling (state specific need):	Yes	Paul has chronic pain in knees. Ill just make sure to be able to give support when he needs it and to be aware of his knee.
Mobility issues (include specific issue):	Yes	He has Chronic pain in the knees. Ill just make sure to be able to give support and to be a stand for him if he needs it.
Regulating water temperature:	No	



Community survival skill:	Yes	He needs help navigating the community. I just need to make sure that im there to help him.
Water safety skills:	No	He knows how to swim, i can just make sure his knee is not acting up and be on standby if he needs help.
Sensory disabilities:	No	
Other personal safety needs (state specific need):	NA	NA
Self-injurious behavior (state behavior):	NA	NA
Physical Aggression/conduct (state behavior):	NA	NA
Verbal/emotional aggression (state behavior):	NA	NA
Property destruction (state behavior):	NA	NA
Suicidal ideation, thoughts, or attempts:	NA	no , but i will still be available.
Criminal or unlawful behavior:	No	NA
Mental or emotional health symptoms and crises (state diagnosis):	No	None
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 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?		
Just make sure to deescalate situation, make sure nobody is giving paul hostility.		



Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Just make sure I'm aware and make sure I don't put Paul in a situation where his dementia will affect him. I will also remind him of certain actions like eating and so on.</p>		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p> <p>I cant minimize this expect maybe giving paul reminder but because Paul has help and has people who work his finances then theres no issue.</p>		
Positive Support Strategies		
<p>When this individual is frustrated, they can express it in these ways: Becoming more vocal about his dissatisfaction, isolation, decreased participation, and he will show physical signs.</p>		
<p>Supporting this individual in these ways will help them feel less frustrated: Helping them stay organized and making them write things down.</p>		



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

Making paul go through overly rigid routines, ignoring his preferences, disregarding his health and micromanaging.

Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Suhaib Hussein	Suhaib Hussein <small>Signed by:</small> <i>Suhaib Hussein</i> <small>DA1F03E88A3648A...</small>	2/13/2025

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

Signed by:
Casey Hinck
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