



Staff Orientation Record: Person-Specific

Employee name: Paisy Diaz

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: James Nichols

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> Health, Safety & Wellness making sure James makes it to his appointments and eating well</p>
<p><u>Outcome 2:</u> Community Participation have James try new hobbies and activities</p>
<p><u>Outcome 3:</u> develop skills with electronics working on his skills to work his phone on his own</p>

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

learning to work with electronics

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

having James try new things, hobbies, or activities



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 type="checkbox"/> Yes <input checked="" 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:	Yes	remember to check for appointment making sure all appointment get there <i>remind</i>
Medical and Dental Appointments:	Yes	reminders and transportation for those appointments.



Other health and medical needs (state specific needs):	W/A	
Risk of falling (state specific need):	N/A	
Mobility issues (include specific issue):	N/A	
Regulating water temperature:	N/A	
Community survival skill:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	Yes	James has feedback with his hearing aid helping him to fix the issues
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):	Yes	James worries a lot and work himself up so help him understand and so on
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:	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.

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?	Yes	<input checked="" type="radio"/> No
If yes, how will you minimize the risk of abuse?		
Self-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?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	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:

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

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

Signatures of Employee and Supervisor

For Use if Completed Using a Physical Paper Copy

Employee Name	Employee Signature	Date
Daisy Diaz		2-13-25
Supervisor Name	Supervisor Signature	Date
Hunter Guerrae		2/13/2025

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date

Supervisor eSignature and Date

Staff Orientation Record: Person-Specific

Employee name: Daisy Diaz

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.**

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Person Served: Lorna Nichols

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> Health, Safety, and Wellness Lorna taking walks and exercising. In aiming for 75% consistency and making sure appointment and prescriptions are up to date</p>
<p><u>Outcome 2:</u> Community participation Lorna aiming to explore new hobby and activities trying new things.</p>
<p><u>Outcome 3:</u></p>

Which outcome do you think will come easiest to you to support? Why? Health, Safety and wellness because Lorna is working hard to be healthier and she is working hard to lose weight.

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

Community participation it's can be a little challenging to get Lorna to try something new.



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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:

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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:		
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	N/A ^{msg} N/A	
Chronic Medical Conditions	N/A	
Self-Administration of Medication or Treatment Orders:	N/A	
Preventative Screening:	N/A	
Medical and Dental Appointments:	N/A	



Other health and medical needs (state specific needs):	W/A	
Risk of falling (state specific need):	Yes	Reminding her to use her walker or use a electric scooter keeping her life alarm on
Mobility issues (include specific issue):	Yes	making sure her walker or a electric scooter are available
Regulating water temperature:	N/A	
Community survival skill:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	N/A	
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):	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:	N/A	
Other symptom or behavior (be specific):	N/A	

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Is the individual susceptible to abuse in this area?	Yes	<input checked="" type="radio"/> No



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Daisy Diaz		2-13-25
Supervisor Name	Supervisor Signature	Date
Hunter Guerne		2/13/2025

eSignatures of Employee and Supervisor

For Use if Completed Using an Electronic Copy

Employee eSignature and Date



Supervisor eSignature and Date

