



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwa Yasin

**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:** 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

The easiest outcome to support might be **Outcome 2: Household Management (Organization and Planning Skills)** because it involves direct, structured support from staff. Helping Charles with organization and planning can be done through clear, step-by-step guidance, setting reminders, and establishing routines—tasks that staff can easily assist with during scheduled sessions.

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

The most challenging outcome to support may be **Outcome 3: Health, Safety, and Wellness (Physical Activity Routine)** because establishing and maintaining a habit of physical activity depends heavily on Charles' motivation and consistency. Encouraging him to walk regularly requires ongoing engagement, and external factors like weather, energy levels, or personal preferences might affect his willingness to stick to the routine.

<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 &lt;</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 &lt;</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 &lt;</li> </ul> <p>If yes, explain briefly:</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	Morphine, Red Dye, Medical Tape: Charles is aware of his allergies to these medications and how they can affect his health.  Strengths: Charles can self-administered medication as needed for his allergies and can schedule medical appointments as needed.
Seizures:	No	
Choking:	No	
Special Dietary Needs:	No	
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:	No	
Community survival skill:	No	
Water safety skills:	No	
Sensory disabilities:	Yes	<p><b>Charles' Sensory Support</b></p> <p>Charles self-manages his sensory disabilities and advocates for his needs. He uses coping skills to handle overstimulation.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Listen and support Charles when he self-advocates.</li> <li>● Validate his decision to leave overwhelming environments.</li> </ul>
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	<p><b>Charles' Communication Support</b></p> <p>Charles recognizes his verbal aggression toward his mother and uses coping skills to manage frustration.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Listen and validate his feelings.</li> </ul>



		<ul style="list-style-type: none"> <li>● Remind him to use coping skills.</li> <li>● Encourage him to hang up if needed and call back when calm.</li> </ul>
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	<p><b>Charles' Trauma Support</b></p> <p>Charles attends therapy weekly, practices coping skills, and is working on setting boundaries.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Remind him to use coping skills when triggered.</li> <li>● Encourage discussing triggers with his therapist.</li> <li>● Support him in finding a safe space to process emotions.</li> </ul>
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?		
Physical 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?		
<p><b>Charles' Response to Aggression</b></p> <p>Charles may misinterpret situations as aggressive and tends to walk away.</p> <p><b>Proactive Support:</b></p> <ul style="list-style-type: none"> <li>• Help Charles distinguish real aggression from misunderstandings.</li> <li>• Use role-playing to improve his ability to read body language and tone.</li> </ul>		



- Reinforce de-escalation strategies, including asking for clarification.

**Reactive Support:**

- Calmly reassure him if he misinterprets a situation.
- Model relaxed behavior to help him feel at ease.

If abuse is suspected, BrightPath staff will follow mandated reporting procedures.

**Self-Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

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

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

Yes

No

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

Charles reported that he has a Representative Payee (Breanna at Mark Owens). Charles reported has a special needs trust that is overseen by his guardian.

Charles prides himself on being a "helper" and at times he may give money to people without considering the consequences or the boundary issues it may cause.

BrightPath does not handle any financial matters. If Charles reports any incidents of financial exploitation during EA calls or while IHS staff are providing supports the IHS staff will assist him in filling a report and updating the support team accordingly.



<b>Positive Support Strategies</b>
<p>When this individual is frustrated, they can express it in these ways:</p> <p>Express frustration through tone of voice.                      Feel put off by close-minded people or condescending speech.                      Struggle with changes in routine or unclear expectations.</p>
<p>Supporting this individual in these ways will help them feel <b>less</b> frustrated:</p> <ul style="list-style-type: none"> <li>● Speak in a calm, respectful tone.</li> <li>● Validate their feelings and listen with an open mind.</li> <li>● Allow them to lead and set priorities.</li> <li>● Provide clear, written plans and reminders.</li> <li>● Be consistent and flexible with their schedule.</li> </ul>
<p>Supporting this individual in these ways will make them feel <b>more</b> frustrated:</p> <p>Using a harsh or condescending tone.                      Being dismissive of their thoughts or feelings.                      Rigidly enforcing changes without discussion.                      Ignoring their need for structure and clarity.</p>

<b>Signatures by Employee and Supervisor</b>		
<b>Employee Name Printed</b>	<b>Employee Signature</b>	<b>Date</b>
Shirwa Yasin	Shirwa Yasin  <small>Signed by: 04131129A92F433...</small>	02/14/2025 2/14/2025

Supervisor Reviewed: Casey Hinck Date: 02/14/2025

Signed by:  
  
5DE67BC7635D48E...

2/14/2025



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwar Yasin

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

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**Person Served:** Kurt Stanley

### 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: Accessing the community to partake in community activities once per week for 75% for the next annual meeting.

Outcome 2: Adaptive Skills: Kurt would like support in learning coping skill sand de-escalating techniques to manage his mental health symptoms and substance abuse related to his anxiety and depression during shifts for 75% for the next annual meeting. Supports and method

Outcome 3: N/A



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

The easiest outcome to support would likely be **Outcome 1: Community Participation** because it involves helping Kurt access and engage in community activities. Encouraging participation, providing transportation, and assisting with scheduling events are more structured and predictable tasks. Additionally, building rapport through shared activities can make the process more enjoyable and natural.

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

The most challenging outcome to support may be **Outcome 2: Adaptive Skills** since it involves helping Kurt manage his mental health symptoms and substance abuse. Supporting someone through anxiety and depression requires a deeper understanding of emotional regulation, active listening, and the ability to recognize triggers. Encouraging the consistent use of coping skills can also be challenging, as progress may not always be linear, and setbacks can occur.

<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 &lt;</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 &lt;</li> </ul> <p>If yes, explain briefly:</p>
<p>Does this individual require you to use permitted actions/procedures to assist them with daily</p>	<ul style="list-style-type: none"> <li>● Yes</li> <li>● No &lt;</li> </ul>



routines/activities or a restraint to position them due to a physical disability?	If yes, explain briefly:
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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:	N/A	
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	N/A	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	Yes	<p><b>Strengths:</b> Kurt understands the importance of taking his medication as prescribed and can communicate when he needs support. He is also able to schedule medical appointments.</p> <p><b>Staff Supports:</b> Staff will help Kurt set up reminders on his phone and calendar to take his medication. If requested, they can accompany him to medical appointments and assist in obtaining referrals for a skilled nurse or medication dispenser. Staff will also encourage him to attend appointments and</p>



		emphasize their benefits to his health.
Preventative Screening:	Yes	<p><b>Strengths:</b> Kurt understands the importance of attending medical appointments and can communicate when he needs support in scheduling them.</p> <p><b>Staff Supports:</b> Staff will help Kurt develop skills to schedule appointments, make phone calls, set reminders, and arrange transportation. They will assist in setting up reminders on his phone and calendar. If requested, staff can accompany him to appointments and encourage attendance by highlighting their benefits to his health.</p> <p>4o</p>
Medical and Dental Appointments:	Yes	<p><b>Strengths:</b> Kurt understands the importance of medical and dental appointments and can ask for support when needed.</p> <p><b>Staff Supports:</b> Staff will help Kurt develop independence in scheduling appointments, making calls, setting reminders, and arranging transportation. They will assist in setting up phone and calendar reminders. If requested, staff can accompany him to appointments and reinforce their importance for his health.</p>
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:	N/A	
Water safety skills:	N/A	
Sensory disabilities:	No	
Other personal safety needs (state specific need):	N/A	
Self-injurious behavior (state behavior):	No	
Physical Aggression/conduct (state behavior):	N/A	
Verbal/emotional aggression (state behavior):	Yes	<p><b>Strengths:</b> Kurt recognizes how verbal aggression affects his health and can communicate when he needs support.</p> <p><b>Staff Supports:</b> Staff will help Kurt identify triggers and develop coping strategies. They will use person-centered coaching to guide him in calming techniques, stepping away when needed, and exploring healthier responses for future situations.</p>
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Criminal or unlawful behavior:	N/A	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	<p><b>Strengths:</b> Kurt recognizes when his mental health symptoms worsen and can communicate when he needs support. He can engage in coping skills and schedule medical appointments.</p> <p><b>Staff Supports:</b> Due to increased depression and anxiety, Kurt has been canceling services and avoiding calls from providers. Staff will work with him to encourage engagement and support his well-being.</p>



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)

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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?		



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**Physical Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

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

**Proactive:** Staff will help Kurt identify and avoid situations involving aggressive individuals. They will introduce conflict resolution and de-escalation techniques and assist him in creating a safety plan, including calling 911 in emergencies or the BrightPath 24-hour Emergency Assistance line at 651-363-5550.

**Reactive:** If an altercation occurs, staff will support Kurt’s safety by guiding him away, using de-escalation techniques, and calling 911 if necessary. Staff will recognize Kurt’s vulnerability and follow mandated reporting policies by notifying BrightPath’s Designated Agent or MAARC at (844) 880-1574 within 24 hours. An Incident Report will be completed, and Kurt’s Designated Coordinator will update his support team.

**Self-Abuse**

Is the individual susceptible to abuse in this area?

Yes

No

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

**Proactive:** Staff will help Kurt identify and avoid situations involving aggressive individuals. They will introduce conflict resolution and de-escalation techniques and assist him in creating a safety plan, including calling 911 in emergencies or the BrightPath 24-hour Emergency Assistance line at 651-363-5550.

**Reactive:** If an altercation occurs, staff will support Kurt’s safety by guiding him away, using de-escalation techniques, and calling 911 if necessary. Staff will recognize Kurt’s vulnerability and follow mandated reporting policies by notifying BrightPath’s Designated Agent or MAARC at (844) 880-1574 within 24 hours. An Incident Report will be completed, and Kurt’s Designated Coordinator will update his support team.



will update his support team.

**Proactive:** Staff will support Kurt in building independence with self-care by helping him establish a daily hygiene routine and providing reminders as needed.

**Reactive:** Staff will offer verbal prompts and encouragement to maintain his hygiene, emphasizing the benefits of regular self-care.

As a vulnerable adult, any concerns of maltreatment will be reported per BrightPath policies, including notifying the Designated Agent or MAARC at (844) 880-1574 and completing an Incident Report within 24 hours.

**Financial Exploitation**

Is the individual susceptible to abuse in this area?

Yes

No

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

**Positive Support Strategies**

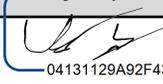
When this individual is frustrated, they can express it in these ways:  
Kurt may become verbally expressive, including raising his voice or using strong language, when frustrated.

Supporting this individual in these ways will help them feel **less** frustrated:  
Staff can provide Kurt with space to process his emotions while remaining available for support. Using calm communication, validating his feelings, and reminding him of coping strategies (such as deep breathing or taking a break) can help. Encouraging engagement in activities he enjoys, like exercise or community outings, can also be beneficial.



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Supporting this individual in these ways will make them feel **more** frustrated:  
Pressuring Kurt to talk before he is ready, dismissing his feelings, or using a demanding or authoritative tone may increase his frustration. Not respecting his need for personal space or disregarding his preferences can also contribute to heightened stress.

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Shirwa Yasin	<i>Shirwa Yasin</i>  04131129A92F433...	02/14/2025 2/14/2025

Supervisor Reviewed: Casey Hinck Date: 02/14/2025

Signed by:  
*Casey Hinck*  
5DE67BC7635D48E...

2/14/2025



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwa Yasin

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

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**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:** Paul will create a weekly menu outlining his plans for breakfast, lunch, and supper. He will include the meals he intends to prepare, the necessary ingredients, and the cooking instructions. Additionally, Paul will make a grocery list based on this menu to ensure he has all the needed items

**Outcome 2:** Community Participation: Paul will have meaningful access to the community to get his necessities by completing errands with staff and engage in enjoyable activities to increase community integration and decrease isolation.

**Outcome 3:** Adaptive Skills: Paul will engage in memory skills activities to help improve and support his memory.



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

I think the outcome that would be easiest for me to support is Outcome 1 (Weekly Menu and Grocery List). I can easily help Paul plan out meals, create a menu with ingredients and cooking instructions, and even assist in developing a grocery list. Meal planning is a structured task, and I can offer a lot of support in organizing it. If Paul needs recipes or ideas, I can provide suggestions and make sure he has everything he needs.

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

Outcome 3 (Memory Activities) might be the hardest to support because memory exercises often require ongoing tracking of progress and adapting activities based on Paul's specific needs. It can be challenging to determine which techniques work best without consistent observation. However, I can still help by suggesting personalized exercises, providing guidance, and adapting strategies to best support his memory improvement.

<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 &lt;</li> </ul> <p>If yes, explain briefly:</p> <p>Paul does not require a rights restriction at this time.</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"> <li>● Yes</li> <li>● No &lt;</li> </ul> <p>If yes, explain briefly:</p> <p>Paul does not use any dangerous items or 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>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No &lt;</li> </ul> <p>If yes, explain briefly:</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	<p>Paul is aware of his allergy to Clindamycin and knows to avoid it, but cannot identify allergic reaction symptoms (rash, itching, swelling).</p> <p><b>Staff Support:</b> Staff will call 911 if an allergic reaction is suspected.</p>
Seizures:	No	
Choking:	No	
Special Dietary Needs:	No	<p>Paul has dementia, which sometimes causes him to forget meals. He can cook, get groceries, and receive meal deliveries.</p> <p><b>Strengths:</b> Paul will work with IHS staff to create a weekly menu, set meal reminders, and track meals.</p>



		<p><b>Staff Support:</b> IHS staff will check in to ensure Paul eats, assist with meals, suggest snacks, and help with shopping as needed.</p>
Chronic Medical Conditions	No	<p>Paul has dementia, causing memory issues, difficulty with conversations, and confusion.</p> <p><b>Strengths:</b> Paul will use a daily planner to track activities and stay on top of tasks with IHS staff support.</p> <p><b>Staff Support:</b> IHS staff will encourage the use of a planner, sticky notes for reminders, and assist with appointments and tasks.</p>
Self-Administration of Medication or Treatment Orders:	Yes	<p><b>Paul's Medication Support</b></p> <p>Paul has dementia, which may cause him to forget his medication, risking missed or extra doses. However, he can self-administer his medications and schedule appointments.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Help set phone reminders for medication times.</li> <li>● Assist in contacting his doctor if issues arise.</li> <li>● Notify the Designated Coordinator (DC) if concerns arise for further support.</li> </ul>
Preventative Screening:	Yes	<p><b>Paul's Appointment Support</b></p> <p>Paul values attending preventative screenings but struggles with scheduling due to dementia.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Help with scheduling, reminders, and transportation.</li> </ul>



		<ul style="list-style-type: none"> <li>Attend appointments if requested.</li> </ul>
Medical and Dental Appointments:	Yes	<p><b>Paul's Medical &amp; Dental Support</b></p> <p>Paul willingly attends medical and dental appointments but struggles with scheduling due to dementia.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>Assist with scheduling, reminders, and transportation.</li> <li>Attend appointments if requested.</li> </ul>
Other health and medical needs (state specific needs):	No	
Risk of falling (state specific need):	Yes	<p><b>Paul's Mobility &amp; Fall Risk Support</b></p> <p>Paul experiences knee pain, affecting his balance and increasing fall risk. He uses a cane or walker for safety.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>Remind Paul to use his cane or walker.</li> <li>Offer assistance as needed.</li> <li>If Paul falls, assist safely, check for injuries, and call 911 if necessary.</li> <li>Report falls to the Designated Coordinator (DC).</li> </ul>
Mobility issues (include specific issue):	Yes	<p><b>Paul's Mobility &amp; Fall Risk Support</b></p> <p>Paul experiences knee pain, affecting his balance and increasing fall risk. He uses a cane or walker as</p>



		<p>needed.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Remind Paul to use his cane or walker.</li> <li>● Suggest bringing a mobility aid when going out.</li> <li>● Assist safely if he falls and call 911 if needed.</li> <li>● Report falls to the Designated Coordinator (DC).</li> </ul> <p>4o</p>
Regulating water temperature:	No	
Community survival skill:	Yes	<p><b>Paul's Community Navigation Support</b></p> <p>Paul struggles with navigation due to memory loss and relies on trusted individuals when commuting.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Accompany Paul on errands, activities, and events as requested.</li> <li>● Encourage him to carry his phone and emergency response system.</li> <li>● Help him navigate safely and identify trusted contacts if lost.</li> <li>● Use unassigned hours to support community engagement.</li> </ul>
Water safety skills:	No	
Sensory disabilities:	No	
Other personal safety needs (state specific need):	No	
Self-injurious behavior (state behavior):	No	
Physical Aggression/conduct	No	



(state behavior):		
Verbal/emotional aggression (state behavior):	No	
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):	No	
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)

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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	> No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	> Yes	No
If yes, how will you minimize the risk of abuse?		
<p><b>Paul's Safety Support</b></p> <p>Paul struggles with handling aggressive individuals and is at risk for abuse.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Help identify risks and develop safety strategies.</li> <li>● Assist with de-escalation and remove Paul from threats.</li> <li>● Call 911 if safety is at risk.</li> <li>● Paul can use BrightPath's 24-hour Emergency Assistance line.</li> <li>● Follow mandated reporting if abuse is suspected.</li> </ul>		
Self-Abuse		



Is the individual susceptible to abuse in this area?	> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p><b>Paul's Meal Support</b></p> <p>Paul's dementia causes him to forget meals, risking neglect. He receives meal deliveries, can cook, and shops as needed.</p> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Check if Paul has eaten; suggest food if unsure.</li> <li>● Help with cooking, ordering, or dining out.</li> <li>● Assist in creating a weekly menu and grocery list.</li> <li>● Set phone reminders for meals and snacks.</li> <li>● Follow mandated reporting if neglect is suspected.</li> </ul>		

**Financial Exploitation**

Is the individual susceptible to abuse in this area?	> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p> <p>Paul lives with dementia and occasionally forgets to handle important financial matters, such as paying rent. He requires full assistance with his financial affairs and has a representative payee who manages these responsibilities for him. While Paul understands the value of money and how to use it independently, BrightPath staff are not responsible for managing his financial matters. They cannot handle his money, make purchases on his behalf, or hold onto his funds during scheduled shifts.</p>		

**Positive Support Strategies**



BrightPath

<p>When this individual is frustrated, they can express it in these ways:</p> <ul style="list-style-type: none"> <li>● Express frustration verbally.</li> <li>● Prefer to have space and ask staff to leave.</li> <li>● Struggle with remembering things, leading to frustration.</li> </ul>
<p>Supporting this individual in these ways will help them feel <b>less</b> frustrated:</p> <ul style="list-style-type: none"> <li>● Listen to their requests and respect their need for space.</li> <li>● Help with organization and reminders.</li> <li>● Encourage them to stay active and engaged in the community.</li> <li>● Be patient and provide clear communication.</li> </ul>
<p>Supporting this individual in these ways will make them feel <b>more</b> frustrated:</p> <ul style="list-style-type: none"> <li>● Ignoring their requests or staying when asked to leave.</li> <li>● Being dismissive or not listening to their concerns.</li> <li>● Overloading them with too much information at once.</li> <li>● Making sudden changes without notice</li> </ul>

Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Shirwa Yasin	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">Signed by:</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="margin-right: 10px;">Shirwa Yasin</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px;"> </div> <div style="margin-left: 10px; font-size: 8px;">04131129A92F433...</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">Signed by:</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="margin-right: 10px;">Casey Hinck</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px;"> </div> <div style="margin-left: 10px; font-size: 8px;">5DE67BC7635D48E...</div> </div>
		<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">Signed by:</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="margin-right: 10px;">Casey Hinck</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px;"> </div> <div style="margin-left: 10px; font-size: 8px;">5DE67BC7635D48E...</div> </div>

Supervisor Reviewed: Casey Hinck Date: 02/15/2025

Signed by:  
  
 5DE67BC7635D48E...

2/14/2025



## Staff Orientation Record: Person-Specific

**Employee name:** Shirwa Yasin

**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:** Sonia Gonzalez

### 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: Sonia would like support in going through her mail and filling out important paperwork as needed regarding her benefits/housing. Sonia would like assistance with household chores.

Outcome 2: Health, Safety & Wellness: Sonia would like support with calling, scheduling, setting reminders, and providing transportation to all medical appointments.

Outcome 3: Community Participation: Sonia will have meaningful access to the community to get her necessities and engage in enjoyable activities to increase community integration and decrease isolation.



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

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

<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 &lt;</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 &lt;</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 &lt;</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:	N/A	
Seizures:	N/A	
Choking:	N/A	
Special Dietary Needs:	No	
Chronic Medical Conditions	No	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	Yes	IHS staff will be aware that Sonia needs support with calling, scheduling, setting reminders, and transportation to her preventative screening. IHS staff will assist Sonia in calling and scheduling appointments as needed. IHS staff can provide transportation on scheduled IHS shifts.
Medical and Dental Appointments:	Yes	IHS staff will be aware that Sonia needs support with calling, scheduling, setting reminders, and transportation to her medical/dental appointments. IHS staff will assist Sonia in calling and scheduling appointments as needed. IHS staff can provide transportation on scheduled IHS shifts.
Other health and medical needs (state specific needs):	N/A	
Risk of falling (state specific need):	No	



<p>Mobility issues (include specific issue):</p>	<p>Yes</p>	<p><b>Support Plan for Sonia</b></p> <p><b>Strengths &amp; Skills:</b></p> <ul style="list-style-type: none"> <li>● Sonia understands her fall risk due to mobility issues.</li> <li>● She can use her walker or hold onto staff for support.</li> <li>● She knows how to ask for help and instruct others to call 911 if needed.</li> </ul> <p><b>Staff Support:</b></p> <ul style="list-style-type: none"> <li>● Assist Sonia with crossing streets and using public transportation.</li> <li>● Provide full support when navigating stairs to prevent falls.</li> <li>● Offer verbal directions while in the community.</li> <li>● Encourage the use of her walker or holding onto staff for stability.</li> <li>● Be mindful that Sonia does not have a phone and ensure she has access to help when needed.</li> </ul>
<p>Regulating water temperature:</p>	<p>N/A</p>	
<p>Community survival skill:</p>	<p>No</p>	
<p>Water safety skills:</p>	<p>N/A</p>	
<p>Sensory disabilities:</p>	<p>No</p>	
<p>Other personal safety needs (state specific need):</p>	<p>N/A</p>	
<p>Self-injurious behavior (state behavior):</p>	<p>N/A</p>	
<p>Physical Aggression/conduct (state behavior):</p>	<p>N/A</p>	
<p>Verbal/emotional aggression</p>	<p>No</p>	



(state behavior):		
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 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



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?		
Physical 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?		
<p><b>Support Plan for Sonia</b></p> <p><b>Proactive Support:</b></p> <ul style="list-style-type: none"> <li>● Staff will provide constant supervision due to Sonia’s mobility and visual impairments.</li> <li>● Encourage the use of her walker or offer an arm for support when walking or using stairs.</li> <li>● Walk at her pace and provide verbal cues for obstacles.</li> <li>● Assist with safe navigation in the community and prevent hazardous situations.</li> </ul> <p><b>Reactive Support:</b></p> <ul style="list-style-type: none"> <li>● Redirect Sonia from potential hazards and offer immediate support.</li> <li>● In case of injury, call 911 and notify the Designated Coordinator.</li> <li>● Follow BrightPath’s reporting policies for suspected abuse, ensuring timely documentation and communication.</li> </ul>		
Self-Abuse		



Is the individual susceptible to abuse in this area?	> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p><b>Medication Assistance Plan for Sonia</b></p> <p><b>Proactive Support:</b></p> <ul style="list-style-type: none"> <li>● Sonia relies on her friend for all medication-related tasks.</li> <li>● BrightPath staff are not trained in medication administration and cannot assist.</li> <li>● If concerns arise, staff will advocate for skilled nursing support.</li> </ul> <p><b>Reactive Support:</b></p> <ul style="list-style-type: none"> <li>● If staff suspect self-abuse, they will follow BrightPath’s mandated reporting policy, file necessary reports, and notify the Designated Coordinator and Case Manager within 24 hours.</li> </ul>		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of financial exploitation?</p> <p><b>Financial Safety Plan for Sonia</b></p> <p><b>Proactive Support:</b></p> <ul style="list-style-type: none"> <li>● Sonia has a rep payee for financial matters; BrightPath staff cannot handle her money.</li> <li>● Staff will help Sonia set boundaries, build budgeting skills, and remind her to secure her money while shopping.</li> </ul> <p><b>Reactive Support:</b></p> <ul style="list-style-type: none"> <li>● Staff will guide Sonia in making safe financial choices.</li> <li>● If financial exploitation is suspected, staff will follow BrightPath’s reporting policies and notify the Designated Coordinator and Case Manager within 24 hours.</li> </ul>		



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<b>Positive Support Strategies</b>
<p>When this individual is frustrated, they can express it in these ways:</p> <ul style="list-style-type: none"> <li>Withdrawing from conversations and seeking privacy.</li> <li>Becoming vocal about their feelings, especially regarding personal beliefs.</li> <li>Displaying restlessness or increased anxiety.</li> </ul>
<p>Supporting this individual in these ways will help them feel <b>less</b> frustrated:</p> <ul style="list-style-type: none"> <li>Actively listening and validating their emotions without judgment.</li> <li>Giving them space when needed while ensuring they feel heard.</li> <li>Engaging them in music or singing, which provides comfort and emotional release.</li> <li>Helping them stay organized by writing things down and offering gentle reminders.</li> </ul>
<p>Supporting this individual in these ways will make them feel <b>more</b> frustrated:</p> <ul style="list-style-type: none"> <li>Dismissing or challenging their strongly held beliefs.</li> <li>Ignoring their requests for privacy or personal space.</li> <li>Speaking in a condescending tone or not taking their concerns seriously.</li> <li>Overloading them with information or changes without clear communication.</li> </ul>

<b>Signatures by Employee and Supervisor</b>		
Employee Name Printed	Employee Signature	Date
Shirwa Yasin	<i>Shirwa Yasin</i>  <small>04131129A92F433...</small>	02/14/2025 2/14/2025

Supervisor Reviewed: Casey Hinck Date: 02/14/2025

Signed by:  
  
04131129A92F433...

2/14/2025



### Staff Orientation Record: Person-Specific

Employee name: Shirwa Yasin

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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Orientation to Individual Service Recipient Needs				
Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Paul Vought	Yes	N/A	1.00	Instructor Name:  Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Sonia Gonzalez	Yes	N/A	1.00	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kurt Stanley	Yes	N/A	1.00	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Charles Younger	Yes	N/A	1.00	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Kristin Colombo	Yes	N/A	1.00	Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input checked="" type="checkbox"/> Self-Review <input type="checkbox"/> Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
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		N/A		Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
		N/A		Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
		N/A		Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
			<b>5.00</b>	

Casey Hinck

Signed by:  
  
 5DE67BC7635D48E...

Total Training Hours:

02/14/2025

2/14/2025

Trainer Signature  
 Shirwa Yasin

Signed by:  
  
 04131129A92F433...

Date  
 02/14/2025

2/14/2025

Employee Signature

Date

<b>Name of Individual Served</b>	<b>Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?</b>	<b>CPR, if required by the Support Plan or Support Plan Addendum?</b>	<b>Hours of Training</b>	<b>Name of Instructor + Type of Competency</b>
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\*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.