



Staff Orientation Record: Person-Specific

Employee name: Nancy Rettmann

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: Household Management: Have awareness of household tasks that need to be completed and offer to assist Seth in getting the highest priority items completed.

Outcome 2: Community participation: Be open to running errands with Seth and ensuring he is aware of the plan for the outing, is wearing the correct clothing for the weather and has his cell phone fully charged and with him.

Outcome 3: Manage finances and gain self-awareness of finances: When out in the community, pay attention to Seth's financial transactions to ensure he gets change and the receipt. When back at home, encourage and remind him to log his financial transactions.



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

Household management: All tasks in this area are in my wheelhouse and I have a lot of good ideas about routine and organization.

Which outcome may be challenging for you to support? Why? The community task because I am not familiar with south Minneapolis, but I will learn and will support him in this outcome.

<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"> ● Yes ● No <p>If yes, explain briefly:</p> <p>No</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"> ● Yes ● No <p>If yes, explain briefly:</p> <p>Yes, as described by Jessica, this is a poorly worded question and means Seth can use dangerous items or equipment because he lives independently.</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"> ● Yes ● No <p>If yes, explain briefly:</p> <p>No</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:		
Seizures:		
Choking:	yes	Remind Seth to slow down when eating and chew thoroughly.
Special Dietary Needs:	yes	Low fiber and low sugar diet; suggest healthy food choices
Chronic Medical Conditions		
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		
Other health and medical needs (state specific needs):		
Risk of falling (state specific need):		
Mobility issues (include specific issue):		
Regulating water temperature:	yes	Assist Seth in checking the water temp to ensure it is not too hot.
Community survival skill:	yes	Assist Seth in using public transport, remind to



		charge and bring his cell phone, put together or follow a safety plan
Water safety skills:		
Sensory disabilities:		
Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):		
Physical Aggression/conduct (state behavior):	yes	Communicate with Seth and remind him to use self-soothing when triggered such as deep breathing, going for a walk, talking about what happened and what can be different next time.
Verbal/emotional aggression (state behavior):	yes	Work on self-regulation skills and when to use them. Avoid power struggles, redirect behavior, and remain calm while helping Seth. Validate Seth's frustrations and offer him space.
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):	yes	Awareness of mental health diagnosis, support with person-centered coping skills if Seth's mental health is declining.
Unauthorized or unexplained absence from program:		
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:		
Other symptom or behavior (be specific):		



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="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Monitor Seth for signs of abuse while providing services and put myself between Seth and an abusive person while requesting he move to a safe area. Use natural teaching moments and encourage self-advocacy skills and personal boundaries.		
Physical Abuse		
Is the individual susceptible to abuse in this area? Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Make sure Seth has his cell phone fully charged and with him. Practice real world teachable moments and self-preservation skills.		
Self-Abuse		
Is the individual susceptible to abuse in this area? Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Develop a routine of checking the weather and planning for what he will need when going out into the community. Provide support with ADLs. Help Seth problem solve and talk through important decisions.		



Redirect Seth if he self-picks.

Financial Exploitation

Is the individual susceptible to abuse in this area? Yes

Yes

No

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

When out in the community, remind Seth to hold onto his money, assist him when spending, get change/receipt and write down spending activity in his log.

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: throwing items, slamming the door and very rarely hitting. Verbally and emotionally aggressive: yelling, swearing.

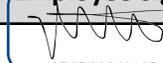
Supporting this individual in these ways will help them feel **less** frustrated: Communication so Seth feels his life is stable and predictable. Remind him to slow down and chew thoroughly when eating so he doesn't choke. Make sure he has his cell phone with him. Encourage deep breaths, going for a walk, and talking about what happened, why it happened and how it can be different next time. Give him verbal prompts and redirections.

Supporting this individual in these ways will make them feel **more** frustrated: Start a power struggle and don't give him space. Don't have awareness of his triggers.

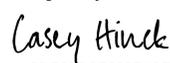
Signatures by Employee and Supervisor



BrightPath

Employee Name Printed	Employee Signature	Date
Nancy Rettmann	 6D0B8904610D419...	2/16/25

Supervisor Reviewed: Casey Hinck Date: 02/17/2025

Signed by:

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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
Seth Loftus	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
Matthew Munz	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
		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

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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
Total Training Hours:			1.00	

Casey Hinck

Signed by:

 5DE67BC7635D48E...

02/17/2025

Trainer Signature
 Nancy Rettmann

Signed by:

 6D0B8904610D419...

Date
 02/17/2025

Employee Signature

Date

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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*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.