



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: Matthew Munz

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> Community participation: Matthew will choose a volunteer in his community once per week for 75% until the next annual meeting.</p>
<p><u>Outcome 2:</u> Health, Safety and Wellness: Matthew will prep healthier food choices once per week for 75% until the next annual meeting.</p>
<p><u>Outcome 3:</u></p>



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

I can easily support either outcome. I live in Apple Valley so I am familiar with several events and locations referenced in Matt’s plans. The things Matt likes to do sound fun to me and I could help him socialize at various community events.

I have a lot of meal ideas and could assist Matt in finding recipes online or in cookbooks at the library.

Which outcome may be challenging for you to support? Why? I would be successful in helping with either outcome and have no concerns.

<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, Matthew lives on his own and has access to dangerous items or equipment, but there are no concerns about him using these items or equipment as needed.</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:		
Special Dietary Needs:		
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:		
Community survival skill:	yes	Assist Matt in finding and exploring transportation options other than the bus so he can access the community.
Water safety skills:		



Sensory disabilities:		
Other personal safety needs (state specific need):		
Self-injurious behavior (state behavior):		
Physical Aggression/conduct (state behavior):		
Verbal/emotional aggression (state behavior):	yes	Model calm behavior and a good attitude despite winning or losing. Encourage practicing calming strategies and taking a short break when frustration is building.
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):	yes	Practice coping skills with Matt during non-stressful times so they become automatic during stressful times.
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 type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Educate and reinforce healthy boundaries, assist in recognizing unsafe situations and manipulative behaviors. Give Matthew opportunities to practice saying no and model that behavior in the real world and also via role play.</p>		
Physical Abuse		
Is the individual susceptible to abuse in this area? Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, how will you minimize the risk of abuse?</p> <p>Encourage Matthew to trust his instincts, practice saying no, and point out disrespectful or manipulative behavior. Remind him it is ok to say no and give him positive reinforcement when he follows through on safety precautions to build his confidence in trusting his instincts. Encourage Matthew to remain in well-trafficked public areas when interacting with others and carry his cell phone at all times.</p>		
Self-Abuse		



Is the individual susceptible to abuse in this area? yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of abuse?

- Ongoing education about healthy boundaries, unhealthy relationships, and risky situations.
- Encouraging Matthew to speak up when he feels uncomfortable or unsafe

Financial Exploitation

Is the individual susceptible to abuse in this area? yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how will you minimize the risk of financial exploitation?

If I suspect financial exploitation, I will report my concerns to the correct staff at BrightPath.

Positive Support Strategies

When this individual is frustrated, they can express it in these ways: He can become easily agitated and frustrated especially when playing games. He likes to win and when he loses he may show his displeasure by throwing a pencil, withdrawing from others, shutting down, ruminating about the loss or engaging in arguments.

Supporting this individual in these ways will help them feel **less** frustrated: Offer a strong supportive presence, validate his feelings and reassure him that his reaction is normal given his past experience. Guide Matthew through exercises like deep breathing, focusing on his surroundings, or using mindfulness to reduce anxiety. Staff can also encourage counting to 10, taking a break, and modeling healthy responses to winning and losing. Staff can support Matt by teaching methods to strengthen skillsets that will benefit Matt's overall independence.

Supporting this individual in these ways will make them feel **more** frustrated: Model behavior that shows Matt that winning is the most important outcome of any game. Do not help him practice coping skills.

Signatures by Employee and Supervisor



BrightPath

Employee Name Printed	Employee Signature	Date
Nancy Rettmann	<p>Signed by:</p>  6D0B8904610D419...	03/03/2025

Reviewed by: Casey Hinck Date: 03/03/2025

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...

03/03/2025

Trainer Signature
 Nancy Rettmann

Signed by:

 6D0B8904610D419...

Date
 03/03/2025

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.