



### Staff Orientation Record: Person-Specific

**Employee name:** Susan Johnson

**Supervisor name:** Casey Hinck

**Date:** 03/13/2025

**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 the 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:** Sonya Wilson

### Support Plan-Addendum (SPA)

*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 assist them with the outcome effectively.*

<u>Outcome 1:</u> Sonya would like to work on community survival skills. Be with Sonya in a variety of community settings and help her problem solve situations if they arise.
<u>Outcome 2:</u> Sonya will work on sobriety. Ask Sonya how meetings/treatments went, help identify resources in community, ask often how sobriety is going and problem solve when she struggles.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety?	No
Can this person use dangerous items or equipment?	Yes



	If yes, explain briefly:lives on her own
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or restraint to position them due to a physical disability?	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 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		
Chronic Medical Conditions: insomnia, PTSD, Acid reflex, Major depressive Disorder, Alcoholism	N	
Risk of falling (state-specific need): N/A		
Mobility issues (include specific issues):N/A		
Community survival skill:	y	Be with Sonya in a variety of community settings and help problem-solve if situations arise
Water safety skills:	y	Staff will not engage in water activities but will transport her to any lessons that involve water.
Self-injurious behavior (state behavior):N	N	
Property destruction (state behavior):N	N	



Suicidal ideation, thoughts, or attempts:N	N	
Mental or emotional health symptoms and crises (state diagnosis):	y	Staff will transport Sonya if needed to any meeting, and ask her if the meetings went well but not pressure her into talking about meetings/treatments

### 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? Inappropriate boundaries when misunderstood. Staff will be reminded to use deep breathing and walking as coping mechanisms.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Addiction and alcoholism: asking about AA and talking with her about her treatment plan.		



### 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:

Gets very quiet, cannot follow the conversation,

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

Bering consistent, open communication, Silence to let process thoughts,

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

Telling what to do, belittling a situation, repeating questions