



### 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:** Cathy Jennings

### 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> Declutter house Help Cathy organize papers, stuff in house. Help Cathy identify things she can use to store her belongings
<u>Outcome 2:</u> Community participation to decrease isolation Identify and encourage community activities
<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



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

### 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	
Seizures:	N	
Chronic Medical Conditions Conditions Fibromyalgia, COPD, chronic fatigue,	N	Acknowledging they are real, supports mental health symptoms
Risk of falling (state-specific need): Weakness in her legs/knees/hips	Y	Encouraging activity
Mobility issues (include specific issues): fatigue	Y	Not pushing her to continue but let her rest
Community survival skill: N	N	
Water safety skills:	n	
Self-injurious behavior (state behavior):	n	
Property destruction (state behavior):	n	
Suicidal ideation, thoughts, or attempts:	n	



Mental or emotional health symptoms and crises (state diagnosis):	Depression , PTSD	Let Cathy talk it out
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### 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.

<b>Sexual Abuse</b>		
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?		
<b>Physical Abuse</b>		
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? Cue Cathy when she is being aggressive or annoying to others in the community, identify negative social cues, accompany her in community		
<b>Self-Abuse</b>		
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?		
<b>Financial Exploitation</b>		



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 financial exploitation?		

<b>Positive Support Strategies</b>
When this individual is frustrated, they can express it in these ways: Verbal attacks, getting quiet, referring back to past events
Supporting this individual in these ways will help them feel <b>less</b> frustrated: Listening, acknowledging thoughts, being reliable/on time/consistent
Supporting this individual in these ways will make them feel <b>more</b> frustrated: Being inconsistent, not following through, not letting her talk or vent