



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: Paul Vought

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> help Paul in daily living skills Cue, demonstrate, identify tasks that need to be accomplished, and make a routine.
<u>Outcome 2:</u> Community activities, encouraging Paul to participate in the community
<u>Outcome 3:</u> Meal planning and prep support paul to eat healthy with reminders and preparing meal ahead of time

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-lives in own apt



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:Clindamycin (antibiotic)	n	n.a
Seizures:N	N	
Chronic Medical Conditions	y-dementia	Help establish routines, write notes,
Risk of falling (state-specific need):Chronic pain in knees.	y-instability	Remind paul to use cane or walker, help bring Paul to the ground if he is falling, assist him up, call 911 if needed
Mobility issues (include specific issues):Chronic pain in knees.	y-instability	Remind Paul to use cane or walker
Community survival skill:Needs support with navigating the community.	y	Help Paul identify people who can help him if he is lost, assist Paul when in the community,
Water safety skills:n	n	
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):Depression	n	
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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.

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?		
Self-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? Remind Paul to follow his routine, remind Paul of his food choices, ensure that if things are looking not done to report it to DC right away, report any suspected self abuse, help with visual reminders, consistency		
Financial Exploitation		



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 financial exploitation? Cue Paul about his money, help him use his cards if needed, explain purchases, and report any suspected financial exploitation right away		

Positive Support Strategies
When this individual is frustrated, they can express it in these ways: Angry, refuse,
Supporting this individual in these ways will help them feel less frustrated: Consistency, establishing routine, ask Paul what he needs to do for the day
Supporting this individual in these ways will make them feel more frustrated: Telling Paul what to do, not engaging with him