



CStaff Orientation Record: Person-Specific

Employee name: Susan Johnson

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: Caleb Duffy

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> Caleb would like to live on his own</p>
<p><u>Outcome 2:</u> Caleb would like to attend higher education</p>
<p><u>Outcome 3:</u></p>



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

Attending higher education. Like to help people explore their education goals and how to meet them

Which outcome may be challenging for you to support? Why?

Independent living will have to include many opinions such as his dads and case manager. He has done what he needs to do with living with his dad but determining if that would continue with out his dads presence may be hard. Will need to support the idea of inter independence for a while longer.

Does this person have a rights restriction in place in order to provide for their health/safety?	<input type="checkbox"/> Yes <input type="checkbox"/> XNo If yes, explain briefly:
Can this person use dangerous items or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Noxx If yes, explain briefly:
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?	<input type="checkbox"/> Yes <input type="checkbox"/> Noxx If yes, explain briefly:



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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:	n	
Seizures:	n	
Choking:	n	
Special Dietary Needs:	n	self manages
Chronic Medical Conditions	n	self manages
Self-Administration of Medication or Treatment Orders:	n	
Preventative Screening:	n	
Medical and Dental Appointments:	n	
Other health and medical needs (state specific needs):	n	
Risk of falling (state specific need):	n	
Mobility issues (include specific issue):	n	



Regulating water temperature:	n	
Community survival skill:	n	
Water safety skills:	n	
Sensory disabilities:	yes	help break down situations;help quiet a situation;have him explain what he heard
Other personal safety needs (state specific need):	n	
Self-injurious behavior (state behavior):	n	
Physical Aggression/conduct (state behavior):	y	towards dad/guardian
Verbal/emotional aggression (state behavior):	y	verbal processing
Property destruction (state behavior):	n	
Suicidal ideation, thoughts, or attempts:	n	
Criminal or unlawful behavior:	y	history of but does not seek assistance
Mental or emotional health symptoms and crises (state diagnosis):	y	tbi schozzo affective disorder with bipolar, paranoid, depression and anxiety and diabetes
Unauthorized or unexplained absence from program:	n	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	n	
Other symptom or behavior (be specific):	n	



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? No	<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? Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
By helping Caleb in doing other activities at time of escalation with father and help Caleb identify other ways to help manage his anger		



Self-Abuse		
Is the individual susceptible to abuse in this area? Yes	<input type="checkbox"/> xYes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Let Caleb self vent without interfering ask Caleb if he has had any suicidal ideations since last talking		
Financial Exploitation		
Is the individual susceptible to abuse in this area? no	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: Verbal processing
Supporting this individual in these ways will help them feel less frustrated: Being present but not interfering asking if there is something we can do to help him. Offering alternative activities. Dating other modes of dealing with frustatoon
Supporting this individual in these ways will make them feel more frustrated: Interfering during his verbal processing. Telling him what to do



Signatures by Employee and Supervisor		
Employee Name Printed	Employee Signature	Date
Susan johnson	Susan johnson	01/07/25