



### Staff Orientation Record: Person-Specific

Employee name: Alyse Pietruszewski

Supervisor name: Tekoa Cochran

Date: 3/14/2025

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: Jessica Ruport

### 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> Jess will meal prep once a week for 75% of the time.
<u>Outcome 2:</u> Jess will meal prep once a week for 75% of the time.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety?	Yes No X If yes, explain briefly:
Can this person use dangerous items or equipment?	Yes No X If yes, explain briefly:



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?	Yes No X 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:	yes	cat
Seizures:	no	
Chronic Medical Conditions	yes	staff will help Jess create a stable daily routine for better mood management. They will assist Jess in setting relationship boundaries and practicing assertive communication. Staff will encourage Jess to attend therapy or use grounding techniques, and help her structure her day with activities to reduce emptiness. Staff will support Jess in using relaxation techniques, manage her workload by breaking tasks down, establish a relaxing nighttime routine, and recognize and monitor her symptoms as directed by her physician.
Risk of falling (state-specific need):	yes	Staff will encourage Jess to do balance and strengthening exercises to improve stability and reduce fall risk, with provider support. Jess should use her medical equipment, move slowly, and avoid uneven surfaces or environments and use handrails. If she needs support, staff will offer an arm. Staff will call 911 if Jess falls and needs medical care.
Mobility issues (include specific issues):	yes	Staff will encourage Jess to do balance and strengthening exercises to improve stability and reduce fall risk, with provider support. Jess should use her medical equipment, move slowly, and avoid uneven surfaces or environments and use handrails. If



		she needs support, staff will offer an arm. Staff will call 911 if Jess falls and needs medical care.
Community survival skill:	no	
Water safety skills:	no	
Self-injurious behavior (state behavior):	yes	IHS staff are aware of Jess's past self-injurious behaviors. While Jess is not currently engaging in these behaviors, staff will watch for any signs of risk. They will provide Jess with personalized coping strategies and support her in involving her support team.
Property destruction (state behavior):	no	
Suicidal ideation, thoughts, or attempts:	no	
Mental or emotional health symptoms and crises (state diagnosis):	yes	staff will help Jess create a stable daily routine for better mood management. They will assist Jess in setting relationship boundaries and practicing assertive communication. Staff will encourage Jess to attend therapy or use grounding techniques, and help her structure her day with activities to reduce emptiness. Staff will support Jess in using relaxation techniques, manage her workload by breaking tasks down, establish a relaxing nighttime routine, and recognize and monitor her symptoms as directed by her physician.

### 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?		
<b>Physical 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>Self-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? Staff will provide prompts to vcomplete daily personal hygiene		
<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: verbalizes, possible physical aggression
Supporting this individual in these ways will help them feel <u>less</u> frustrated: getting out the house, going to get a coffee, remove from stressors



Supporting this individual in these ways will make them feel **more** frustrated: telling her to calm being to serious