



Staff Orientation Record: Person-Specific

Employee name: Jake Sanderson

Supervisor name: Hunter Guerue

Date: 3/14/25

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> Household Management: Jess will meal prep once a week for 75% until the next annual meeting.
<u>Outcome 2:</u> Community Participation: Jess will choose community engagement of her choice during 75% of her weekly in-person meetings.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:
Can this person use dangerous items or equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	no	
Seizures:	no	
Chronic Medical Conditions	yes	Bipolar Disorder 1, Borderline Personality Disorder, PTSD, Depression, Anxiety, Ehlers-Danlos Syndrome, Sleep Apnea, Sinus Tachycardia, Vestibular Schwannoma: assist in keeping a scheduled routine for Jess during meetings, check in with Jess on food, medication, health issues, etc.
Risk of falling (state-specific need):	yes	EDS Diagnosis: standard risk of falling supports
Mobility issues (include specific issues):	Yes	Vestibular Schwannoma: encourage engagement in balance training, encouragement to use mobility equipment
Community survival skill:	no	
Water safety skills:	no	
Self-injurious behavior (state behavior):	no	
Property destruction (state behavior):	no	



Suicidal ideation, thoughts, or attempts:	no	
Mental or emotional health symptoms and crises (state diagnosis):	yes	Staff will stay mindful of Jess' mental health and emotional health symptoms and check in as needed, report any increase in these symptoms in documentation, encourage her to vocalize needs based on these issues

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? Providing support in community settings and navigation around people		
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? Checking in emotionally, discussing self harm if relevant and welcome		



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: verbalizes frustration, becomes physically aggressive

Supporting this individual in these ways will help them feel **less** frustrated: Getting out of the house, away from the target of aggression, engaging in community involvement, discussing frustrations

Supporting this individual in these ways will make them feel **more** frustrated: Telling her to calm down or get over it, being overly serious or formal