



### Staff Orientation Record: Person-Specific

Employee name: Avery Overlie

Supervisor name: Jamila Whitlock

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: Rachel Seltz

### 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: Rachel would like to improve her skills with household tasks and ADLs. MHS can assist by providing prompts to complete tasks.
<u>Outcome 2:</u> Community Participation: Rachel would like to strengthen her community safety skills and independently access the community. MHS can assist by having Rachel take the lead on where to go and what to do, only stepping in when asked or in potentially dangerous situations.
<u>Outcome 3:</u> Health, Safety, & Wellness: Rachel would like to learn how to use her microwave and food safety. MHS can assist by checking food to ensure it is safe to eat.

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



	No If yes, explain briefly: Rachel can use kitchen equipment with assistance.
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 <b>No</b> 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	No	
Risk of falling (state-specific need):	No	
Mobility issues (include specific issues):	No	
Community survival skill:	Yes	Staff will support Rachel in the community to build her confidence. Staff will also work with Rachel to assert her boundaries and say “no” when needed
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):	No	

### 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Staff will watch Rachel's social interactions and encourage her to keep her boundaries.		
<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? Staff will work with Rachel to develop further situational awareness and identify potential aggressive/abuse situations.		
<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? Rachel and staff will work together to strengthen Rachel's social boundaries and understand others.		



### 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:  
Rachel may become withdrawn, have a tense body, and doubt herself and abilities.

Supporting this individual in these ways will help them feel **less** frustrated:  
Explaining boundaries and what you are doing, and reassuring Rachel.

Supporting this individual in these ways will make them feel **more** frustrated:  
Not showing her what you are doing (writing notes), and talking over her may make Rachel frustrated.