



Staff Orientation Record: Person-Specific

Employee name: Aaron Rice

Supervisor name: Tekoa Cochran

Date: 3/17/2025

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: Logan Sharpe

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. Taking care of routine tasks
<u>Outcome 2</u> : community participation. Helping logan access community events and participating in special olympics
<u>Outcome 3</u> : n/a

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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No 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 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/a	
Seizures:	n/a	
Chronic Medical Conditions	yes	Assisting with processing stressful events and developing patience
Risk of falling (state-specific need):	n/a	
Mobility issues (include specific issues):	n/a	
Community survival skill:	n/a	
Water safety skills:	n/a	
Self-injurious behavior (state behavior):	n/a	
Property destruction (state behavior):	n/a	
Suicidal ideation, thoughts, or attempts:	yes	Open conversation with logan, if logan is in immediate harm contact emergency services
Mental or emotional health symptoms and crises (state diagnosis):	yes	Watch for changes in behavior and if he is in crisis talk with logan. If in immediate harm contact emergency services



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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Open conversations if he is uncomfortable with talking		
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? Help Logan in learning how to identify dangerous situations.		
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? Prompt Logan with good hygiene		
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? Open conversations help Logan with understanding budgets and proper allocations		



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Positive Support Strategies

When this individual is frustrated, they can express it in these ways:
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He swears, hangs up, negative self talk, yells
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Supporting this individual in these ways will help them feel less frustrated:
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Talking with him about his feeling and why he is feeling that way, and figuring out what Logan wants to help him support in minimizing frustration levels

Supporting this individual in these ways will make them feel more frustrated:
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Giving him too much information and trying to explain in too much detail. Cutting him off when he is trying to speak.
