



## Staff Orientation Record: Person-Specific

Employee name: Joseph Matoya

Supervisor name: Amber Cairl

Date: Joseph Matoya

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: Aaron Godzala

### 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> Going out to the community. |
| <u>Outcome 2:</u> Organize the living space.  |
| <u>Outcome 3:</u> Regular upkeep of bathroom. |

|                                                                                         |                                                                        |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Does this person have a rights restriction in place to provide for their health/safety? | Yes<br><input checked="" type="radio"/> No<br>If yes, explain briefly: |
| Can this person use dangerous items or equipment?                                       | Yes<br><input checked="" type="radio"/> No<br>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<br><b>No</b><br>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:None                                 | No                                 | Able to self manage                                                                               |
| Seizures:None                                  | N/A                                |                                                                                                   |
| Chronic Medical Conditions                     | Yes                                | Brightpath not responsible, receives support from father                                          |
| Risk of falling (state-specific need):None     | N/A                                |                                                                                                   |
| Mobility issues (include specific issues):None | N/A                                |                                                                                                   |
| Community survival skill:                      | Yes                                | Staff will be with Aaron when he goes to place in the community and will transport him as needed. |
| Water safety skills:                           | Yes                                | If staff and Aaron were to swim together, staff would remain within arms length at all times.     |
| Self-injurious behavior (state behavior):None  | N/A                                |                                                                                                   |
| Property destruction (state behavior):None     | N/A                                |                                                                                                   |
| Suicidal ideation, thoughts, or attempts:None  | N/A                                |                                                                                                   |



|                                                                   |     |                                                                                                                                                                              |
|-------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental or emotional health symptoms and crises (state diagnosis): | Yes | Staff will give Aaron some time to regulate himself and ask if he would like to end services for the day. If Aaron says yes, staff will leave and let their supervisor know. |
|-------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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?<br>Staff will use natural teaching moments to review what situations constitute as sexual abuse and what to do if he were to encounter it                                                                                   |                                         |                                        |
| <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 remain with Aaron while they are working together. Staff will use natural teaching moments to help him identify situations which could be dangerous. Staff will support Aaron in learning what signs to look for. |                                         |                                        |
| <b>Self-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?                                                                                                                                                                                                                             |                                         |                                        |



### Financial Exploitation

Is the individual susceptible to abuse in this area?

☒ Yes

☐ No

If yes, how will you minimize the risk of financial exploitation?

BrightPath is not authorized to manage Aaron's funds and property and staff are not allowed to take money from Aaron and make purchases for him on his behalf. Aaron's guardian assist's him with all of his financial matters.

### Positive Support Strategies

When this individual is frustrated, they can express it in these ways: may cry and ask staff to leave

Supporting this individual in these ways will help them feel less frustrated: Paying attention to his request

Supporting this individual in these ways will make them feel more frustrated: Not listening to him