



Staff Orientation Record: Person-Specific

Employee name: Veronica Schmitz, IHS Specialist

Supervisor name: Amber Cairl, Designated Coordinator

Date: 03/18/2025

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: William Czmowski

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> william will review his weekly calender to check for any upcoming appointments. Including the time ,location and purpose of each appointment. Giving william a reminder on his calender in his iphone .
Outcome 2: william will have access to the community to participate in activities of his choice . Staff can help provide choices of things to do in the community .
<u>Outcome 3:</u> william will identify at least one technology skill he would like to learn . Staff will prompt him through technology .

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



	<input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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	no	
Risk of falling (state-specific need):	yes	Reminding william to use his mobility aids
Mobility issues (include specific issues):	yes	reminding william to use his mobility aids
Community survival skill:	yes	Setting up metro mobility
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	no	



symptoms and crises (state diagnosis):		
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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? staff will be aware of William's diagnosis and vulnerability in this area. They will support William in making safe decisions when accessing the community, helping him avoid dangerous situations or individuals who may take advantage of him. To prepare William for these scenarios, IHS staff and William will role-play potential situations, identifying why they are unsafe and developing a plan of action that William can follow when he is on his own.		
Self-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?		



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: They will get anxiety and become verbally aggressive towards staff.

Supporting this individual in these ways will help them feel **less** frustrated: Doing tasks quickly and promptly , proper communication .

Supporting this individual in these ways will make them feel **more** frustrated: Not listening to williams needs . Not letting William do his own grocery shopping . Not letting William pick his community activities .