



Staff Orientation Record: Person-Specific

Employee name: Rachel Hsiao

Supervisor name: _____

Date: 3/13/2025

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: Robert Kapas

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.*

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| <u>Outcome 1:</u> Robert would work on meal prep twice a week for 75% for the next annual period. |
| <u>Outcome 2:</u> Household Management: Rob will complete at least one light household chore during shifts for 75% for the next annual period. |
| <u>Outcome 3:</u> Rob will access the community for community activity integration once a week for 75% for the next annual period. |

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

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 | |
| Seizures: | NA | |
| Chronic Medical Conditions | N | |
| Risk of falling (state-specific need): | Y | Watch for obstructions on the anticipated path, assist in getting in and out of the car, remind him to take breaks or use his mobility aids. |
| Mobility issues (include specific issues): | Y | Watch for obstructions on the anticipated path, assist in getting in and out of the car, remind him to take breaks or use his mobility aids. |
| Community survival skill: | N | |
| Water safety skills: | N | |
| Self-injurious behavior (state behavior): | NA | |
| Property destruction (state behavior): | NA | |
| Suicidal ideation, thoughts, or attempts: | NA | |



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| Mental or emotional health symptoms and crises (state diagnosis): | N | |
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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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how will you minimize the risk of abuse? Set clear boundaries and inform supervisor. | | |
| 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? Remain present and be aware that Rob's drinking may cause aggression towards others | | |
| 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? Encourage him to bring a coat when out in community. | | |
| Financial Exploitation | | |
| 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 financial exploitation?

Positive Support Strategies

When this individual is frustrated, they can express it in these ways:
Rob will mainly yell or be louder when he is upset

Supporting this individual in these ways will help them feel **less** frustrated:
Reminding Rob that he can go outside or go to another room, offer another activity for Rob to do.

Supporting this individual in these ways will make them feel **more** frustrated:
Clutter and arguments with his son.