



BrightPath

Staff Orientation Record: Person-Specific

Employee name:Daisy Diaz

Supervisor name:Hunter Guerue

Date:3/19/2025

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: Debra Gahm

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> Deb likes to go shopping. SHe likes finding deals.
<u>Outcome 2:</u> Deb tries to keep her home clean.
<u>Outcome 3:</u>

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



	If yes, explain briefly: NO
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 No If yes, explain briefly: NO

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	yes	Diabetes, high cholesterol help with appointments
Risk of falling (state-specific need):	yes	Make sure she have support when out
Mobility issues (include specific issues):	yes	
Community survival skill:	yes	Being with when out.
Water safety skills:	No	
Self-injurious behavior (state behavior):	yes	Help her co with wound picking
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	Yes	Talking to her a be ware of how she is feeling
Mental or emotional health symptoms and crises (state	Yes	Help f she needs help with provide for meds



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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Talk to her if she feels unsafe. And who to call it needs		
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? Stay close make sure to have her focus on me and to get through the event or activity		
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? Knowing her history and making sure she stays calm and understanding how and what she is feeling.		
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?		



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Positive Support Strategies

When this individual is frustrated, they can express it in these ways: SHe yells and says I can't do this

Supporting this individual in these ways will help them feel less frustrated: Tell her it's okay I understand and give her time to calm down

Supporting this individual in these ways will make them feel more frustrated: Not helping or focus on her
