



Staff Orientation Record: Person-Specific

Employee name: Hezron Nyabuto, IHS Specialist

Supervisor name: Ker Xiong, Lead Designated Coordinator

Date: 03/21/2025

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: Anthony Alwin

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; the purpose of cleaning is to keep a clean and organized home. Staff will take the lead in assisting Anthony with cleaning his condo
<u>Outcome 2</u> : health,safety and wellness; the purpose is to make healthier food choices. Staff will assist Anthony prepare healthier meals for his packed lunches
<u>Outcome 3</u> : community participation;the purpose of community activities is to promote social interaction and help reduce isolation.staff will transport anthony to community events,grocery shopping or church

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:

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:	YES	Staff will be aware anthony experiences seizures and is taking medication to manage them.staff will be aware of the protocol in place.
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	Yes	Staff will be aware his risk of falling is because of seizures.
Mobility issues (include specific issues):	no	
Community survival skill:	no	
Water safety skills:	no	
Self-injurious behavior (state behavior):	no	
Property destruction (state behavior):	no	
Suicidal ideation, thoughts, or attempts:	yes	Staff will be aware that certain holidays and events trigger negative suicidal thoughts in anthony.



Mental or emotional health symptoms and crises (state diagnosis):	no	
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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 should be aware that anthony does become verbally aggressive. Staff may assist in attempting to redirect Anthony's attention towards specific task at hand.		
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?setting reminders for anthony so he could dress appropriately for the weather and eating healthier food choices		
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:Anthony is able to express it verbally.
Supporting this individual in these ways will help them feel <u>less</u> frustrated:staff will keep an open line of communication with anthony
Supporting this individual in these ways will make them feel <u>more</u> frustrated:not communicating with staffing