BrightPath

Staff Orientation Record: Person-Specific

Employee name: Elie GNASSOU

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.

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Orientation to Individual Service Recipient Needs				
Name of Individual Served	**Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?**	**CPR, if required by the Support Plan or Support Plan Addendum?**	**Hours of Training**	**Name of Instructor + Type of Competency**
Mallory Menard	Yes	N/A	.5	Instructor Name: Type of Competency: ☐ Quiz ☒ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
Evie Liebenstein	Yes	N/A		Instructor Name: Hunter Guerue. Type of Competency: ☐ Quiz ☑ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
Stak Chol	Yes, ~~No IAPP.~~ available. DC Reviewed	N/A		Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Francais Johanning	Yes; NO ~~IAPP yet~~ DC Reviewed	N/A		Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation
Angie Gorg	Yes,	N/A		Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☑ Self-Review ☐ Observation

Name of Individual Served	Support Plan, Support Plan Addendum, Self Management Assessment, and IAPP Reviewed?	CPR, if required by the Support Plan or Support Plan Addendum?	Hours of Training	Name of Instructor + Type of Competency
		N/A	.5	Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
		N/A	.5	Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
		N/A	.5	Instructor Name: Type of Competency: ☐ Quiz ☐ Discussion w/ Designated Coordinator ☐ Self-Review ☐ Observation
		Total Training Hours:		

Trainer Signature — Date: 1/30/25

Employee Signature — Date: 01/30/25

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

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signed

Staff Orientation Record: Person-Specific

Employee name: Elie Gnassou

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Evelyn D Liebenstein

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Outcome 1: Special dietary needs: Eve would like to focus on consuming nutritious foods and eating at regular intervals to ensure that she receives the necessary nutrients for her health.
Outcome 2: Falling / Mobility: Eve has a heart condition and a knee Replacement surgery which put her at the risk of falling.
Outcome 3: Community participation: Eve may become disoriented sometimes in unfamiliar locations. once the need for Community participation.

Which outcome do you think will come easiest to you to support? Why?

All outcomes will be easy to support ove just because Staff knows what she would like to achieve and have experience working in these goals.

Which outcome may be challenging for you to support? Why?

N/A

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?	☐ Yes ☒ No If yes, explain briefly:

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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 to be provided to the person 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	No
Seizures:	N/A	
Choking:	No	No
Special Dietary Needs:	Yes	Yes, Staff support evee by helping her plan and prepare balanted meals that needs.
Chronic Medical Conditions	No	No
Self-Administration of Medication or Treatment Orders:	No	No
Preventative Screening:	No	No
Medical and Dental Appointments:	No	No
Other health and medical needs (state specific needs):	NA	
Risk of falling (state specific need):	Yes	Yes, Staff will be aware Risk/Fall and will remind Evie to use her walker.
Mobility issues (include specific issue):	Yes	Yes. Staff will be aware of Evie Risk of Falling. He will reminid her of using elevator instead of stair/ also to charge her PEK devices.
Regulating water temperature:	No	No
Community survival skill:	Yes	Yes.
Water safety skills:	No	No
Sensory disabilities:	No	No

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Other personal safety needs (state specific need):	NA	
Self-injurious behavior (state behavior):	N/A.	
Physical Aggression/conduct (state behavior):	"	N/A.
Verbal/emotional aggression (state behavior):	"	
Property destruction (state behavior):	"	
Suicidal ideation, thoughts, or attempts:	"	
Criminal or unlawful behavior:	N/A.	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Yes, staff would support Eve by providing assistance with household management tasks. Including cleaning.
Unauthorized or unexplained absence from program:	N/A	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	Yes	
Other symptom or behavior (be specific):	N/A	

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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?	Yes	(No)
If yes, how will you minimize the risk of abuse? Even tho Eve is capable of Recognizing SA. Staff will regular check in with her to assess if she is safe in her environment.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	(Yes)	No
If yes, how will you minimize the risk of abuse? Staff will support by providing her a safe plan travel routes and discussing strategies for navigating unfamiliar locations. Staff will also coordinate transportation option or accompany or provide transportation to a location she will want to go.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	(X Yes)	No
If yes, how will you minimize the risk of abuse? Staff will help Eve with planning and prepare balanced meals that meet her nutrional needs within the portion limits. set by her surgery.		

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	NA.
When this individual is frustrated, they can express it in these ways:	
Supporting this individual in these ways will help them feel **less** frustrated:	
Supporting this individual in these ways will make them feel **more** frustrated:	

BrightPath

Signatures of Employee and Supervisor For Use if Completed Using a Physical Paper Copy		
Employee Name Printed	**Employee Signature**	**Date**
Elie GNASSOU		01/31/25
Supervisor Name Printed	**Supervisor Signature**	**Date**
Hunter Guerue		1/30/25

eSignatures of Employee and Supervisor For Use if Completed Using an Electronic Copy	
Employee eSignature and Date	
Supervisor eSignature and Date	

BrightPath signed

Staff Orientation Record: Person-Specific

Employee name: Elie GNASSOU

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Mathew Menard.

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Outcome 1: Mathew would like to entrance in Community Participat- Household Management: Mathew would like to increase his engagement and participation in activities at his group home.
Outcome 2: ~~Supports and Methods~~. Health, Safety and Wellness: PS would like to lose weight by exercising.
Outcome 3: NA

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Which outcome do you think will come easiest to you to support? Why?

both outcomes will work best to provide support since I have experience working with clients with the same desired outcomes. I will need to sit down with Matthew to now know what specifically works for him. I like to clean & workout so those 2 activities will help a I will be able to support him in those areas.

Which outcome may be challenging for you to support? Why?

Maybe exercising will be a bit challenge since I need to meet Matthew first and work with him to adapt myself in his pace.

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?	☐ Yes ☐ No If yes, explain briefly:

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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 to be provided to the person 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:	Yes	No
Seizures:	NA	No
Choking:	Yes	No
Special Dietary Needs:	~~Yes~~	No
Chronic Medical Conditions	No	No
Self-Administration of Medication or Treatment Orders:	No	No
Preventative Screening:	No	No
Medical and Dental Appointments:	No	No
Other health and medical needs (state specific needs):	N/A	N/A
Risk of falling (state specific need):	~~N~~Yes	Yes
Mobility issues (include specific issue):	Yes	Yes,
Regulating water temperature:	No	No
Community survival skill:	No	No
Water safety skills:	No	No
Sensory disabilities:	No	No

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Other personal safety needs (state specific need):	N/A	N/A
Self-injurious behavior (state behavior):	Yes	Yes Staff will observe and try to talk to Nathan to make him stop injure himself.
Physical Aggression/conduct (state behavior):	No	No
Verbal/emotional aggression (state behavior):	No	No
Property destruction (state behavior):	No	No
Suicidal ideation, thoughts, or attempts:	Yes	Yes, Staff will notify the house staff observe Nathan having any mental issues.
Criminal or unlawful behavior:	No	No
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Yes
Unauthorized or unexplained absence from program:	No	No
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	No	No
Other symptom or behavior (be specific):	Yes	Yes, Staff will notify the house staff immediately and observe Nathan having any mental health issues.

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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?	X Yes	No
If yes, how will you minimize the risk of abuse? Staff will engage in conversation with Mathew about S.A. Staff will make him understand the importance of clear boundaries and educate him on social norms.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	X Yes	No
If yes, how will you minimize the risk of abuse? Staff will work to develop a trusting working relationship with Mathew so that he feels comfortable communicating any potential discomfort or concerns.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	X Yes	No
If yes, how will you minimize the risk of abuse? Staff will discuss the routine for the day. Staff will help Mathew with verbal prompts about his hygiene, cooking and his medications as prescribed.		

Financial Exploitation		
Is the individual susceptible to abuse in this area?	X Yes	No
If yes, how will you minimize the risk of financial exploitation? Staff will notify House staff or if he observes any form of financial Exploitation! Mathew's guardian		

Positive Support Strategies
When this individual is frustrated, they can express it in these ways: NA.
Supporting this individual in these ways will help them feel **less** frustrated: WA
Supporting this individual in these ways will make them feel **more** frustrated: NA.

BrightPath

Signatures of Employee and Supervisor For Use if Completed Using a Physical Paper Copy		
Employee Name Printed	**Employee Signature**	**Date**
Elise G.		01/30/25
Supervisor Name Printed	**Supervisor Signature**	**Date**
Hunter-G		1/30/25

eSignatures of Employee and Supervisor For Use if Completed Using an Electronic Copy	
Employee eSignature and Date	
Supervisor eSignature and Date	

BrightPath

signed

Staff Orientation Record: Person-Specific

Employee name: Elie GNASSOU

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Angela Gorg

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Outcome 1: Health Safety and wellness working on Improvi
Outcome 2: Community Participation by going for walks, Running errands and exploring neighborhood ~~art~~,
Outcome 3: Household Management. develop a weekly budget.

Which outcome do you think will come easiest to you to support? Why?

Mostly all of them, due experience working with ps having the same goals.

Which outcome may be challenging for you to support? Why?

No.

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?	☐ Yes ☒ No If yes, explain briefly:

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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 to be provided to the person 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	No
Seizures:	Yes	Yes, Staff will call 911 if seizure last more 5 minute or has more than 1.
Choking:	Yes	Yes, Staff will call 911 immediately if she has difficulty breathing.
Special Dietary Needs:	NA	
Chronic Medical Conditions	Yes	Yes, Help with scheduling appointment and check on upcoming one.
Self-Administration of Medication or Treatment Orders:	No	No
Preventative Screening:	Yes	Yes
Medical and Dental Appointments:	Yes	Yes, Remind her on appointments or upcoming ones.
Other health and medical needs (state specific needs):	NA	
Risk of falling (state specific need):	NA	
Mobility issues (include specific issue):	~~Yes~~	Yes, Staff will assist during in completing tasks that Require Knee flexion
Regulating water temperature:	~~NA~~	~~No~~
Community survival skill:	No	No
Water safety skills:	Yes	Yes, Call 911 she is having an issue. or seizure.
Sensory disabilities:	Yes	Yes, staff will not the time the seizure begins and monitor its duration Call 911 if last more 5 minute.

Other personal safety needs (state specific need):	NA	
Self-injurious behavior (state behavior):	NA	
Physical Aggression/conduct (state behavior):	NA	
Verbal/emotional aggression (state behavior):	NA	
Property destruction (state behavior):	NA	
Suicidal ideation, thoughts, or attempts:	NA	
Criminal or unlawful behavior:	NA	
Mental or emotional health symptoms and crises (state diagnosis):	NA	
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NA	
Other symptom or behavior (be specific):	yes	yes, since angie gets brain fog sometimes. staff will help remember important staff(appointments based on her needs).

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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?	Yes	(No)
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	(Yes)	No
If yes, how will you minimize the risk of abuse? Staff and Angie will work on identifying situations, and intervene if necessary. to keep her safe.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	Yes	(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? Staff will intervene and attempt to stop Abuse if staff observe that She is being exploited. Staff will also Report to supervisor. or MAARC.		

Positive Support Strategies
When this individual is frustrated, they can express it in these ways:
Supporting this individual in these ways will help them feel **less** frustrated:
Supporting this individual in these ways will make them feel **more** frustrated:

BrightPath

Signatures of Employee and Supervisor For Use if Completed Using a Physical Paper Copy		
Employee Name Printed	**Employee Signature**	**Date**
Elvc GNASSOV		01/30/25
Supervisor Name Printed	**Supervisor Signature**	**Date**
Hunter Greene		1/30/2025

eSignatures of Employee and Supervisor For Use if Completed Using an Electronic Copy	
Employee eSignature and Date	
Supervisor eSignature and Date	

BrightPath

signed

Staff Orientation Record: Person-Specific

Employee name: Elie Gnassou

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Stak Ohl

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Reviewed and corrected w/ DC

Outcome 1: Preventative, Medical & Dental: Stak does not schedule his own appointments: Staff will assist with finding contact information for Stak's providers as well as transportation for appointments.
Outcome 2: Suicidal ideations: Staff will work on establishing a trusting relationship in which he feels comfortable Communicating negative emotional experiences.
Outcome 3: Mental Health: Staff will work with Jak to develop a rapport so he feels comfortable sharing changes in his mental healths.

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Which outcome do you think will come easiest to you to support? Why?

I think most of the outcomes will be easy to work on and support him. But one that will come naturally is preventative, Medical & Dental. because it is part of my life of keeping my appointments (Medical) up to date and having reminder in my Calendar.

Which outcome may be challenging for you to support? Why?

Suicidal Ideations & Mental Health

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?	☐ Yes ☒ No If yes, explain briefly:

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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 to be provided to the person 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:	NA	
Seizures:	NA	
Choking:	NA	
Special Dietary Needs:	NA	
Chronic Medical Conditions	NA	
Self-Administration of Medication or Treatment Orders:	No	
Preventative Screening:	~~Yes~~	Yes, assisting him finding info about his providers.
Medical and Dental Appointments:	No	No
Other health and medical needs (state specific needs):	NA	NA
Risk of falling (state specific need):	NA	NA
Mobility issues (include specific issue):	NA	NA
Regulating water temperature:	NA	NA
Community survival skill:	NA	—
Water safety skills:	NA	—
Sensory disabilities:	NA	—

Other personal safety needs (state specific need):	NA	
Self-injurious behavior (state behavior):	NA	
Physical Aggression/conduct (state behavior):	NA	
Verbal/emotional aggression (state behavior):	NA	
Property destruction (state behavior):	NA	
Suicidal ideation, thoughts, or attempts:	Yes	Yes, by creating a trusting environment and calling authorities if staff believe he at risk.
Criminal or unlawful behavior:	No	No
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Yes. Staff will ask open-ended questions and give stak space to speak.
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NA	
Other symptom or behavior (be specific):	NA.	

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Individual Abuse Prevention Plan (IAPP) (Not Available on therap).

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?	Yes	(No)
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	(Yes)	No
If yes, how will you minimize the risk of abuse? Staff will build an trusting relationship with him in order to help identify physical abuse situations and also intervene when observing it in person. Staff will report it when observed.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	(Yes)	No
If yes, how will you minimize the risk of abuse? Again staff will build a trusting relationship wit stak to engage in conversation that help him prevents to self Abuse himself.		

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:
Supporting this individual in these ways will help them feel **less** frustrated:
Supporting this individual in these ways will make them feel **more** frustrated:

BrightPath

Signatures of Employee and Supervisor For Use if Completed Using a Physical Paper Copy		
Employee Name Printed	**Employee Signature**	**Date**
Elie GNASSOU		01/30/25.
Supervisor Name Printed	**Supervisor Signature**	**Date**
Nader Guerne		1/30/25

eSignatures of Employee and Supervisor For Use if Completed Using an Electronic Copy	
Employee eSignature and Date	
Supervisor eSignature and Date	

BrightPath

Staff Orientation Record: Person-Specific

Employee name: ~~Fro~~ Elie GNASSOU

Program name: BrightPath LLC. Home & Community-Based Services

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Person Served: Francis Johanning

Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Outcome 1: aid with personnal Carer, non medical assistance for daily living.
Outcome 2: Meal prep & Homekeeping.
Outcome 3: Comfortable & Safe Home environment.

Which outcome do you think will come easiest to you to support? Why?

most of them. Since I have help PS with the same task before.

Which outcome may be challenging for you to support? Why?

No,

Does this person have a rights restriction in place in order to provide for their health/safety?	☐ Yes ☒ No If yes, explain briefly:
Can this person use dangerous items or equipment?	☐ Yes ☒ No If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?	☐ Yes ☒ No If yes, explain briefly:

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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 to be provided to the person 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:	NA.	—
Seizures:		—
Choking:		—
Special Dietary Needs:		—
Chronic Medical Conditions		—
Self-Administration of Medication or Treatment Orders:		—
Preventative Screening:	NA.	—
Medical and Dental Appointments:	NO	No
Other health and medical needs (state specific needs):	No	No
Risk of falling (state specific need):	NA	
Mobility issues (include specific issue):	NA	
Regulating water temperature:		
Community survival skill:	Yes	Yes.
Water safety skills:	No	No
Sensory disabilities:	Yes	Yes, staff will not chew gum when working with Francis or Change location if he over stimulating.

Other personal safety needs (state specific need):	NA	
Self-injurious behavior (state behavior):	NA	
Physical Aggression/conduct (state behavior):	NA	
Verbal/emotional aggression (state behavior):	NA	
Property destruction (state behavior):	No	No
Suicidal ideation, thoughts, or attempts:	NA	
Criminal or unlawful behavior:	No	No
Mental or emotional health symptoms and crises (state diagnosis):	NA	
Unauthorized or unexplained absence from program:	NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NA	
Other symptom or behavior (be specific):	NA.	

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not available.

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?	Yes	(No)
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	(Yes)	No
If yes, how will you minimize the risk of abuse? staff will help identifying situations where he can be physically abuse.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	Yes	(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:
Supporting this individual in these ways will help them feel **less** frustrated:
Supporting this individual in these ways will make them feel **more** frustrated:

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Signatures of Employee and Supervisor For Use if Completed Using a Physical Paper Copy		
Employee Name Printed	**Employee Signature**	**Date**
Elie GNASSOU		01/30/25
Supervisor Name Printed	**Supervisor Signature**	**Date**
Hunter Guerue		1/30/25

eSignatures of Employee and Supervisor For Use if Completed Using an Electronic Copy	
Employee eSignature and Date	
Supervisor eSignature and Date	