



Staff Orientation Record: Person-Specific

Employee name: Tony Bosak

Supervisor name: **Hunter Guerue**

Date: 3/20/2025

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: Shantel Dorsey

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> Shantel would like to find and participate at least one music or art related activity with the assistance of staff each week for 75% until the next annual meeting. Staff can take Shantel to art exhibits and gatherings
<u>Outcome 2:</u> Shantel would like to develop a plan and a weekly budget so that she can save up to visit her family out of state once per week for 75% until the next annual meeting. Staff can ask about spending and if there is room to save any of that money.
<u>Outcome 3:</u>

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



	No X 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?	Yes No X 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:	n	
Seizures:	NA	
Chronic Medical Conditions	NA	
Risk of falling (state-specific need):	NA	
Mobility issues (include specific issues):	NA	
Community survival skill:	Y	Going out to the community with Shantel and helping her recognize landmarks and location. Checking in with her to gauge anxiety levels.
Water safety skills:	n	
Self-injurious behavior (state behavior): hitting and cutting self	y	Staff can help Shantel identify triggers and use healthy coping mechanisms. Checking in and reminding about mental health appointments and reporting to case manager.
Property destruction (state behavior):	NA	



Suicidal ideation, thoughts, or attempts:	y	Staff can be aware and listen for signs and thoughts. If she expresses this staff will ask if she has a plan means and time frame.
Mental or emotional health symptoms and crises (state diagnosis): Anxiety Psychosis	y	Checking in with Shantel. Asking if she is experiencing any symptoms and how staff can support.

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? Communication about plans. Talking about who she can use for support		
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? Identify triggers. Help Shantel recognize symptoms coming and use coping mechanisms.		



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:

Pacing and having a hard time focusing

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

Asking how they are feeling. If they need support

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

Using phone a lot not paying attention to Shantel