



Staff Orientation Record: Person-Specific

Employee name: Tina Shelton

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 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.

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
Rosaleia Garcia-Shelton	IAPP - new intake training	N/A	1 hr.	Instructor Name: <u>Jessica Dudas</u> Type of Competency: <input checked="" type="checkbox"/> Quiz <input checked="" type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation

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		N/A		Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
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		N/A		Instructor Name: Type of Competency: <input type="checkbox"/> Quiz <input type="checkbox"/> Discussion w/ Designated Coordinator <input type="checkbox"/> Self-Review <input type="checkbox"/> Observation
Total Training Hours:			1 hr	

[Signature]
 Trainer Signature

[Signature]
 Employee Signature

3/10/2025
 Date

3-10-2025
 Date

* 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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Person Served: *Rosaleia Garcia-Shelton*

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: <i>abd @ 45-day. 1HS w/ training</i>
Outcome 2:
Outcome 3:



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

All because of adaptive skills and knowledge

mla

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

None of them because of the adaptive experience and knowledge enabling them to better cope with challenges and make progress toward their goals.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain briefly:</p>
<p>Can this person use dangerous items or equipment?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly: <i>no limitations</i></p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 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:		<i>hbd @ 45 days</i>
Seizures:		
Choking:		
Special Dietary Needs:		
Chronic Medical Conditions		
Self-Administration of Medication or Treatment Orders:		
Preventative Screening:		
Medical and Dental Appointments:		
Other health and medical needs (state specific needs):		
Risk of falling (state specific need):		
Mobility issues (include specific issue):		
Regulating water temperature:		
Community survival skill:		
Water safety skills:		
Sensory disabilities:		



Other personal safety needs (state specific need):		thd @ 45 - day
Self-injurious behavior (state behavior):		
Physical Aggression/conduct (state behavior):		
Verbal/emotional aggression (state behavior):		
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		
Criminal or unlawful behavior:		
Mental or emotional health symptoms and crises (state diagnosis):		
Unauthorized or unexplained absence from program:		
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:		
Other symptom or behavior (be specific):		



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?		
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?		

move her out of harmaway to a better place. Ex have conversation with her. show her boundaries; how to assess the intentions of other. understanding when to seek help from trusted person. individual if something of others understand when to seek help from trusted individuals if something feels unsafe. staff will encourage Rosaleia to utilize the BrightPath 24hr Emergency Assistance Line.

Has problem dressing in a appropriate for the weather, so how (ITS) Tina shelter will help Rosaleia by NO talk nicely to her about the right clothes for the weather. Ex winter put on clothes, boots, glove etc. Staff will monitor Rosaleia for signs of discomfort or distress related to her attire. ensuring that adjustments can be made throughout the shift if necessary.

Reactive: If Rosaleia is found to be wearing in appropriate clothing for the weather. staff will immediately assist by suggesting more suitable attire to avoid any potential health risk. Staff will educate Rosaleia regularly about the importance of wearing weather-appropriate clothing. using simple, visual or verbal reminders to reinforce the concept & encourage her participation in the process.

over →



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:

Raised voice, aggression, sadness

*stay calm and ask questions, take her for a walk
Let her go into her bedroom. Then talk about
anything redirect her.*

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

Listen actively, showing empathy, not interrupting *yes.*

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

Showing impatience, being judgmental, ignoring boundary *yes.*

this will be created at 45 day meeting discussed w/ staff

Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
MS. Tina Shelton MS. Tina Shelton	<i>Tina Shelton</i>	3-8-2025 ^{TS}

Jessica Dudas *Jessica Dudas* 3-10-2025
3/10/2025