



**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC Intake**

**Staff Name: Roda Abdi**

**Title: BT**

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 each person served to whom the staff person will be providing direct contact services.**

**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterisk(\*) if identified in the *Coordinated Service and Support Plan*.

**Name of person served: Tamiea Johnson**

<b>Orientation to individual service recipient needs</b>	<b>Date of completion</b>	<b>Date and type of demonstrated competency</b>	<b>Length of training</b>	<b>Name of trainer and company, if applicable</b>
*Appropriate and safe techniques in personal hygiene and grooming including:	11.12.2024	Review w/ Supervisor	.25 hr	Ann Pearson
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other <b>Activities of Daily Living (ADLs)</b> per 256B.0659-specify				



*Understanding of what constitutes a <b>healthy diet</b> according to data from the CDC and the skills necessary to prepare that diet	11.12.2024	Review w/ Supervisor	.25	Ann Pearson
*Skills necessary to provide appropriate support to <b>Instrumental Activities of Daily Living (IADLs)</b> per 256B.0659-specify	11.12.2024	Review w/ Supervisor	.25	Ann Pearson
<b>CPR/First Aid</b> , if required by the <i>Support Plan or Support Plan Addendum</i> :  <b>Epi-Pen</b>		Review w/ Supervisor		
<b>Diabetic Protocol</b>		Review w/ Supervisor		
<b><i>Support Plan, Support Plan Addendum (SPA), and Self-Management Assessment (SMA)</i></b> 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.	11.12.2024	Review w/ Supervisor	.25	Ann Pearson



<b>Individual Abuse Prevention Plan (IAPP)</b> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11.12.2024	Review w/ Supervisor	.50	Ann Pearson
<b>Program Abuse Prevention Plan (PAPP)</b> to achieve and demonstrate an understanding of the *Community Residential Services site and how to respond accordingly	11.12.2024	Review w/ Supervisor	.25	Ann Pearson
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:	11.12.2024 Epi-pen Diabetic	Review w/ Supervisor	.50	Ann Pearson
Topic:				
Topic:				

By signing here, I verify that the above training has been provided to me.

roda abdi

2024-11-17

Ann Pearson

2024-11-13



BrightPath

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# Audit trail

## Details

FILE NAME Tamiea Johnson Orientation/Annual Training Plan - 11/13/24, 11:05 AM

STATUS ● Signed

STATUS TIMESTAMP 2024/11/17  
16:50:49 UTC

## Activity



training@brightpath-mn.com **sent** a signature request to:

- Ann Pearson (ann.pearson@brightpath-mn.com)
- roda abdi (roda.abdi@brightpath-mn.com)

2024/11/13  
17:05:17 UTC



SIGNED

**Signed** by Ann Pearson (ann.pearson@brightpath-mn.com)

2024/11/13  
17:39:04 UTC



SIGNED

**Signed** by roda abdi (roda.abdi@brightpath-mn.com)

2024/11/17  
16:50:49 UTC



COMPLETED

This document has been signed by all signers and is **complete**

2024/11/17  
16:50:49 UTC

The email address indicated above for each signer may be associated with a Google account, and may either be the primary email address or secondary email address associated with that account.