



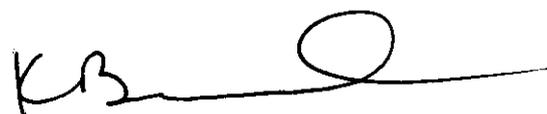
<p><i>Support Plan Support and Plan Addendum, and Self-Management Assessment</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	3.26.2025	Review with Supervisor	2.5	Hoda Mohamed, PC Kirsten Bernard, DM
<p><i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	3.26.2025	Review with Supervisor	0.25	Hoda Mohamed, PC Kirsten Bernard, DM
<p>Medication set up or medication administration training when staff set up or administer medications. <b>Training also includes specific medication set up or administration procedures for the person</b></p>	3.26.2025	Review with Supervisor	0.25	Hoda Mohamed, PC Kirsten Bernard, DM
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	3.26.2025	Review with Supervisor	0.25	Hoda Mohamed, PC Kirsten Bernard, DM
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	See LMS for records	See LMS for records	See LMS for records	Completed in LMS - Star services

Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
Topic: Crisis plans if applicable	3.26.2025	Review with Supervisor	0.25	Hoda Mohamed, PC Kirsten Bernard, DM
Topic: Seizure protocols if applicable	NA		0.25	
Topic: Elopement protocols if applicable	NA		0.25	
Topic: Diabetes protocols if applicable	NA		0.25	
Rights restrictions if applicable	NA		0.25	
Topic: Other Medical emergencies protocols if applicable	3.26.2025	Review with Supervisor	0.25	Hoda Mohamed, PC Kirsten Bernard, DM

  
Staff signature

03-26-2025  
Date

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



3.26.2025