

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Merian Egboro Date of hire: 4/22/2025
 Date of background study submission: 4/22/2025 Date of background study clearance: 4/27/2025
 Ongoing annual training period: 26-Apr
 Date of first supervised contact: 5/21/25 Date of first unsupervised contact:

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 asterick (*) if identified in the *Support Plan*.

Name of person served: **Gabrielle Anczarski**

| Orientation to individual service recipient needs | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
|--|--------------------|--|--------------------|--|
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | <u>5/21/25</u> | Review wih Supervisor | 0.5 | Lisa Trisko, DC |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | <u>5/21/25</u> | Review wih Supervisor | 0.25 | Lisa Trisko, DC |

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|---|---------|-----------------------|------|-----------------|
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 5/21/25 | Review wih Supervisor | 0.25 | Lisa Trisko, DC |
| CPR, if required by the Support Plan and Support Plan Addendum | N/A | N/A | N/A | N/A |
| Support Plan Support and Plan Addendum, and Self-Management Assessment 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 | 5/21/25 | Review wih Supervisor | 2.5 | Lisa Trisko, DC |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 5/21/25 | Review wih Supervisor | 0.25 | Lisa Trisko, DC |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 5/21/25 | Review wih Supervisor | 0.25 | Lisa Trisko, DC |
| 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 | 5/21/25 | Review wih Supervisor | 0.25 | Lisa Trisko, DC |

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| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | See LMS for records | See LMS for records | See LMS for records | Completed in LMS - Star serves |
| 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 | 5/21/25 | Review with Supervisor | 0.25 | Lisa Trisko, DC |
| 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 | 5/21/25 | Review with Supervisor | 0.25 | Lisa Trisko, DC |

Staff signature



Date

05/21/25

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