

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name:	Bushra Ali	Date of hire:	8/8/2023
Date of background study submission:	9/11/2023	Date of background study clearance:	9/15/2023
Ongoing annual training period:	26-Apr		
Date of first supervised contact:	5/19/2025	Date of first unsupervised contact:	5/20/2025

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**

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: Rosemarie Flyer

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:	5/19/2025	5/19/25 Review with DC	0.5	Krystal Carlock, DC
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	5/19/2025	5/19/25 Review with DC	0.25	Krystal Carlock, DC
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	5/19/2025	5/19/25 Review with DC	0.25	Krystal Carlock, DC
CPR, if required by the Support Plan and Support Plan <i>Addendum</i>	NA	NA	NA	NA

<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>	5/19/2025	5/19/25 Review with DC	2.5	Krystal Carlock, DC
<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>	45-day Mtg	45-day Mtg	0.25	45-day Mtg
<p>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</p>	5/19/2025	5/19/25 Review with DC	0.25	Krystal Carlock, DC
<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>	5/19/2025	5/19/25 Review with DC	0.25	Krystal Carlock, DC
<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
<p>Other topics as determined necessary according to the person's Support Plan or identified by the company:</p>	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
<p>Topic: Crisis plans if applicable</p>			0.25	
<p>Topic: Seizure protocols if applicable</p>			0.25	

Topic: Elopement protocols if applicable	5/19/2025	5/19/25 Review with DC	0.25	Krystal Carlock, DC
Topic: Diabetes protocols if applicable			0.25	
Rights restrictions if applicable			0.25	
Topic: Other Medical emergencies protocols			0.25	

Signed by:

Krystal Carlock

6/7/2025

Staff signature

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Date

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