BrightPath

Staff Orientation Record: Person-Specific

Employee name: Mussie Gebreyesus

Supervisor name:hunter guerue

Date:____6/5/2025

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 the 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.

Person Served: James Nichols

Support Plan-Addendum (SPA)

*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 assist them with the outcome effectively.*

Outcome 1: Health, Safety & Wellness: James will call and schedule any upcoming appointments and write them on a calenary or phone. James will set reminders and will call to scheduled transportations and attend at least 2 or more appointments each month or as needed for 75% until the next annual meeting.
Outcome 2: Community Participation: James will choose a community activities of his choice related to his hobby and attend these activity at least once per week for 75% until the next annual meeting.
Outcome 3:

Does this person have a rights restriction in place to provide for their health/safety?	Yes **No** If yes, explain briefly:

Can this person use dangerous items or equipment?	Yes **No** If yes, explain briefly:
Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or restraint to position them due to a physical disability?	Yes **No** If yes, explain briefly:

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 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:Seasonal		
Seizures:History of Seizures		
Chronic Medical Conditions: Traumatic Brain Injury, Arthritis, Hearing loss		
Risk of falling (state-specific need): Limited flexion in toes		
Mobility issues (include specific issues): Limited flexion in toes		
Community survival skill:		
Water safety skills:		
Self-injurious behavior (state behavior):		
Property destruction (state behavior):		
Suicidal ideation, thoughts, or attempts:		

Mental or emotional health symptoms and crises (state diagnosis): Anxiety	Yes	Staff members will assist in problem-solving with James about tasks he can do around the house or out in the community near him. Staff members will encourage James to surround himself with people he enjoys speaking with (wife) and participate in activities that he enjoys by planning out a weekly schedule.

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?	☐ Yes	☐ **No**
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	☐ **Yes**	☐ No
If yes, how will you minimize the risk of abuse? Staff will work with James to reinforce his ability to recognize potentially unsafe situations and practice strategies for avoiding confrontations. This includes role-playing different scenarios, discussing effective ways to set boundaries, and identifying safe locations in the community where he can seek assistance if needed.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	☐ Yes	☐ **No**

If yes, how will you minimize the risk of abuse?		
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:
Supporting this individual in these ways will help them feel **less** frustrated: Engaging with them
Supporting this individual in these ways will make them feel **more** frustrated: