



### Staff Orientation Record: Person-Specific

Employee name: Mussie Gebreyesus

Supervisor name: **Hunter Guerue, BrightPath Designated Coordinator**

Date: 06/05/2025

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: Anja Witek

### 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.*

<u>Outcome 1:</u> Household Management: Anja would like support in light household tasks including cleaning, doing the dishes, and organizing her room.
<u>Outcome 2:</u> Health, Safety, and Wellness: Anja would like support in making a weekly menu. Anja will get the supplies needed to prep for each meal and directions for how to make or cook a meal for breakfast, lunch, and dinner that contains varieties of healthier meals.
<u>Outcome 3:</u> Community Participation: Anja would like to have access to the community for community activities that she enjoys, running errands, grocery shopping, and attending medical appointments.

Does this person have a rights restriction in place to provide for their health/safety?	<p>Yes</p> <p><b>No</b></p> <p>If yes, explain briefly:</p>
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Can this person use dangerous items or equipment?	Yes <b>No</b> 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 <b>No</b> 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: Strawberries		
Seizures:		
Chronic Medical Conditions: Dumping syndrome, Bipolar I, silent reflux, ARFID (avoidant restrictive food disorder), anxiety, depression, and sleep apnea.		
Risk of falling (state-specific need):		
Mobility issues (include specific issues):		
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):Bipolar, Anxiety and Depression	Yes	Staff will help in establishing and maintaining a consistent daily routine that involves regular meals, self care activities, and opportunities for positive social engagement.

### 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Staff will work closely with Anja to encourage consistent and balanced eating habits that align with her dietary needs and preferences. Help her with developing coping strategies, and offer emotional support		



### 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: will communicate to staff,

Supporting this individual in these ways will help them feel **less** frustrated: patient, listening,

Supporting this individual in these ways will make them feel **more** frustrated: last minute changes, dont play devils advocate (play both sides),