



Staff Orientation Record: Person-Specific

Employee name: Daisy Diaz

Supervisor name: **Hunter Guerue**

Date: 3/20/2025

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.*

<u>Outcome 1:</u> Ensuring James appointment and schedule is up to date.
<u>Outcome 2:</u> Assisting James achieving any hobbies and activities in the community.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety? James has his own apartment.	Yes X No
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	If yes, explain briefly:
Can this person use dangerous items or equipment?	Yes No X 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 X 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:	No	
Seizures:	Yes	Ensuring James makes it to his appointment and picking up prescription.
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	No	
Mobility issues (include specific issues):	No	
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	



Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state diagnosis):	No	

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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Assisting James reinforce boundaries.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		



Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: James will say he's getting ticked off and pissed off.
Supporting this individual in these ways will help them feel less frustrated: Redirecting James focus on a love one or staff member and have him walk away.
Supporting this individual in these ways will make them feel more frustrated: Tell James "no, he can't" or "He's not allowed"



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Person Served: Kevin Jackson

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> Support Kevin to deal with electronics and organization.
<u>Outcome 2:</u> Support Kevin with paperwork, finances, and housing.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety? Kevin has a apartment.	Yes X No If yes, explain briefly:
Can this person use dangerous items or equipment?	Yes No X 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 <input checked="" type="checkbox"/> If yes, explain briefly:
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Self-Management Assessment (SMA)

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Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	No	
Seizures:	No	
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	No	
Mobility issues (include specific issues):	No	
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state diagnosis):	No	



Individual Abuse Prevention Plan (IAPP)

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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? To assist kevin on handrails while staff stays close by.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: Kevin express by avoiding others.
Supporting this individual in these ways will help them feel less frustrated: Keeping kevin in full communication and clarity.
Supporting this individual in these ways will make them feel more frustrated: Telling kevin "no, he can't" or "No, he won't"



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Person Served: Lorna 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.

<u>Outcome 1:</u> Assisting Lorna with exercise routine and going on walks.
<u>Outcome 2:</u> Assisting Lorna with a hobby with a activity in the community.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety? She has an apartment.	Yes X No If yes, explain briefly:
Can this person use dangerous items or equipment?	Yes No X 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 <input checked="" type="checkbox"/> X No If yes, explain briefly: Mobility issues.
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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:	No	
Seizures:	No	
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	Yes	Ensure Lorna has her walker while staff standby.
Mobility issues (include specific issues):	Yes	Ensure Lorna has scooter nearby and avoid stairs.
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state diagnosis):	No	



Individual Abuse Prevention Plan (IAPP)

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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Lorna has challenges with mobility, breathing difficulties, and anxiety.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Ensuring Lorna doesn't overestimate her physical ability.		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation? Ensure Lorna pays the correct payee.		



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Positive Support Strategies

When this individual is frustrated, they can express it in these ways:
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Lorna says "not to piss her off" or "leave her alone"

Supporting this individual in these ways will help them feel less frustrated:
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Redirect her focus in general.

Supporting this individual in these ways will make them feel more frustrated:
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Saying "No, you can't" Or "No, you won't"



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Person Served: Robert Kapas

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> Helping rob accomplish meal prepping for the week.
<u>Outcome 2:</u> Robert accomplishing at least one light house chore.
<u>Outcome 3:</u> Assisting Rob accomplishing one activity in the community

Does this person have a rights restriction in place to provide for their health/safety?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain briefly:
Can this person use dangerous items or equipment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No If yes, explain briefly: Due to physical ability.
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Self-Management Assessment (SMA)

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Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	No	
Seizures:	No	
Chronic Medical Conditions	Yes	Robert needs help with mobility.
Risk of falling (state-specific need):	Yes	Risk of falling hip replacement and surgeries.
Mobility issues (include specific issues):	Yes	Robert needs a scooter.
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state diagnosis):	No	



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Individual Abuse Prevention Plan (IAPP)

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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Reassure robert that he is in safe place and has a female staff member at all time.		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Assisting rob from deescalating the Situation and encouraging him to walk away and find a safe area to process his emotion to staff.		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Ensuring Rob is in a safe area with proper attire and shoes.		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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:
Rob will yell and says he is frustrated.

Supporting this individual in these ways will help them feel **less** frustrated:
Keep in communication and stay close by doing task.

Supporting this individual in these ways will make them feel **more** frustrated:
Telling Rob “No, he won’t” or “No, he can’t”



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Staff Orientation Record: Person-Specific

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Date: 3/19/2025

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Person Served: Debra Gahm

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> Deb likes to go shopping. SHe likes finding deals.
<u>Outcome 2:</u> Deb tries to keep her home clean.
<u>Outcome 3:</u>

Does this person have a rights restriction in place to provide for their health/safety?	Yes No If yes, explain briefly: yes She has her our apartment
Can this person use dangerous items or equipment? No	Yes No



	If yes, explain briefly: NO
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: NO

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:	NO	
Seizures:	No	
Chronic Medical Conditions	yes	Diabetes, high cholesterol help with appointments
Risk of falling (state-specific need):	yes	Make sure she have support when out
Mobility issues (include specific issues):	yes	
Community survival skill:	yes	Being with when out.
Water safety skills:	No	
Self-injurious behavior (state behavior):	yes	Help her co with wound picking
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	Yes	Talking to her a be ware of how she is feeling
Mental or emotional health symptoms and crises (state	Yes	Help f she needs help with provide for meds



diagnosis):		
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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Talk to her if she feels unsafe. And who to call it needs		
Physical Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Stay close make sure to have her focus on me and to get through the event or activity		
Self-Abuse		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of abuse? Knowing her history and making sure she stays calm and understanding how and what she is feeling.		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation?		



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Positive Support Strategies
When this individual is frustrated, they can express it in these ways: SHe yells and says I can't do this
Supporting this individual in these ways will help them feel less frustrated: Tell her it's okay I understand and give her time to calm down
Supporting this individual in these ways will make them feel more frustrated: Not helping or focus on her



Staff Orientation Record: Person-Specific

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Date: 3/19/2025

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Person Served: Diana Harris

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> Help with cleaning and staying organized
<u>Outcome 2:</u> She need helping Diana keep up with appointment and having them up to date
<u>Outcome 3:</u> Helping Diana stay calm and focus when going out.

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:
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Self-Management Assessment (SMA)

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Assessment Area	Does the person need/want support?	If yes, how should you provide support?
Allergies:	No	
Seizures:	No	
Chronic Medical Conditions	No	
Risk of falling (state-specific need):	yes	Stay close and going place where she can use ramps
Mobility issues (include specific issues):	yes	Taking her time watch where she steps
Community survival skill:	No	
Water safety skills:	No	
Self-injurious behavior (state behavior):	No	
Property destruction (state behavior):	No	
Suicidal ideation, thoughts, or attempts:	No	
Mental or emotional health symptoms and crises (state diagnosis):	Yes	Helping her stay calm and focus



Individual Abuse Prevention Plan (IAPP)

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Sexual Abuse		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Financial Exploitation		
Is the individual susceptible to abuse in this area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation?		
Making sure Diana only handles her money herself		



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Positive Support Strategies
When this individual is frustrated, they can express it in these ways: Diana can very well tell you how she is feeling.
Supporting this individual in these ways will help them feel less frustrated: Having a clear understanding where she is coming from on her feeling and mood
Supporting this individual in these ways will make them feel more frustrated: Telling Diana she can't or shouldn't do or say something on her mind or what she is feeling

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Daisy Diaz **Date of hire:** 3/19/2024
Date of background study submission: 3/19/24 **Date of background study clearance:** 3/26/2024
Ongoing annual training period: 3/25
Date of first supervised contact: 03/25/2024 **Date of first unsupervised contact: 03/26/24**

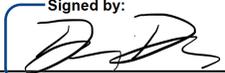
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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Support Plan*.

Name of person served: Debra Gahm

Orientation to individual service recipient needs	Date of completion	Type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming	N/A	N/A	N/A	N/A
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A

<i>SSP, SSP 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	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
<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	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
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	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	Completed in LMS	Completed in Star services LMS	1.25	Star services
Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:				

Signed by:

 EC7A1AE4D985418...

Staff signature

03/19/25
 Date

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

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Daisy Diaz **Date of hire:** 3/19/2024
Date of background study submission: 3/19/24 **Date of background study clearance:** 3/26/2024
Ongoing annual training period: 3/25
Date of first supervised contact: 03/25/2024 **Date of first unsupervised contact:** 03/26/24

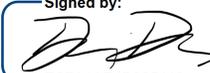
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. ***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: Diana Harris

Orientation to individual service recipient needs	Date of completion	Type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming	N/A	N/A	N/A	N/A
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A

SSP, SSP 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	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
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	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	Completed in LMS	Completed in Star services LMS	1.25	Star services
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:				

Signed by:

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Staff signature

03/19/25
 Date

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

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Daisy Diaz **Date of hire:** 3/19/2024
Date of background study submission: 3/19/24 **Date of background study clearance:** 3/26/2024
Ongoing annual training period: 3/25
Date of first supervised contact: 03/25/2024 **Date of first unsupervised contact:** 03/26/24

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: James Nichols

Orientation to individual service recipient needs	Date of completion	Type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming	N/A	N/A	N/A	N/A
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A

SSP, SSP 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	03/20/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	03/20/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
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	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	Completed in LMS	Completed in Star services LMS	1.25	Star services
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:				

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Staff signature

3/20/2025

Date

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Daisy Diaz **Date of hire:** 3/19/2024
Date of background study submission: 3/19/24 **Date of background study clearance:** 3/26/2024
Ongoing annual training period: 3/25
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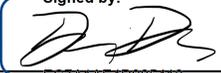
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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Support Plan*.

Name of person served: Lorna Nichols

Orientation to individual service recipient needs	Date of completion	Type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming	N/A	N/A	N/A	N/A
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A

SSP, SSP 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	03/20/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	03/20/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
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	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	Completed in LMS	Completed in Star services LMS	1.25	Star services
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:				

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Staff signature

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Daisy Diaz	Date of hire:	3/19/2024
Date of background study submission: 3/19/24	Date of background study clearance:	3/26/2024
Ongoing annual training period: 3/25		
Date of first supervised contact: 03/25/2024	Date of first unsupervised contact: 03/26/24	

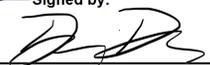
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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Support Plan*.

Name of person served: Robert Kapas

Orientation to individual service recipient needs	Date of completion	Type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming	N/A	N/A	N/A	N/A
Hair care				
Bathing				
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	N/A	N/A	N/A	N/A
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	N/A	N/A	N/A	N/A
CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>	N/A	N/A	N/A	N/A

SSP, SSP 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	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	03/19/2025	Competency based training w/ Designated Coordinator	0.25	Hunter Guerue
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	N/A	N/A	N/A	N/A
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	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	Completed in LMS	Completed in Star services LMS	1.25	Star services
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:				

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