



## Staff Orientation Record: Person-Specific

**Employee name:** Daisy Diaz

**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 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:** Vicenta Hughes

### Support Plan-Addendum (SPA)

Most individuals receiving services have service outcomes they need to work on with staff assistance. *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 effectively assist them with the outcome.*

Outcome 1:

To ensure Vicenta makes it to all her appointments, and gets out and walks.

Outcome 2:

That Vicenta perps and eats a well balanced meal, and avoids soda pop.

Outcome 3:



Which outcome do you think will come easiest to you to support? Why

Walking, simply because Vicenta is willing to walk and put in the work.

Which outcome may be challenging for you to support? Why?

Vicenta to give up the soda pop. Vicenta loves her Coke-cola.

<p>Does this person have a rights restriction in place in order to provide for their health/safety?</p>	<ul style="list-style-type: none"><li>• (Yes)</li><li>• No</li></ul> <p>If yes, explain briefly:</p> <p>Her home has a ramp that makes it easy for her to move around her home safely.</p>
<p>Can this person use dangerous items or equipment?</p>	<ul style="list-style-type: none"><li>• (Yes)</li><li>• No</li></ul> <p>If yes, explain briefly:</p> <p>Vicenta is able to do most things are her own as long as she takes her time and doesn't give up.</p>
<p>Does this individual require you to use permitted actions/procedures to assist them with daily routines/activities or a restraint to position them due to a physical disability?</p>	<ul style="list-style-type: none"><li>• Yes</li><li>• (No)</li></ul> <p>If yes, explain briefly:</p>



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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 to be provided to the person 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	
Choking:	NO	
Special Dietary Needs:	NO	
Chronic Medical Conditions	YES	Vicenta has Lymphedema
Self-Administration of Medication or Treatment Orders:	NO	
Preventative Screening:	NO	
Medical and Dental Appointments:	NO	
Other health and medical needs (state specific needs):	NO	
Risk of falling (state specific need):	YES	Do to her Lymphedema, SHe does have a walker to help her get around
Mobility issues (include specific issue):	YES	Vicenta has Lymphedema so she uses walking.
Regulating water temperature:	NO	



Community survival skill:	NO	
Water safety skills:	NO	
Sensory disabilities:	NO	
Other personal safety needs (state specific need):	NO	
Self-injurious behavior (state behavior):	NO	
Physical Aggression/conduct (state behavior):	NO	
Verbal/emotional aggression (state behavior):	NO	
Property destruction (state behavior):	NO	
Suicidal ideation, thoughts, or attempts:	NO	
Criminal or unlawful behavior:	NO	
Mental or emotional health symptoms and crises (state diagnosis):	NO	
Unauthorized or unexplained absence from program:	NO	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department:	NO	
Other symptom or behavior (be specific):	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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
Self-Abuse		



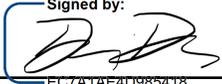
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of abuse?		
<b>Financial Exploitation</b>		
Is the individual susceptible to abuse in this area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will you minimize the risk of financial exploitation?		

<b>Positive Support Strategies</b>
<p>When this individual is frustrated, they can express it in these ways:                  Vicenta has yet gotten Frustrated while i'm around</p>
<p>Supporting this individual in these ways will help them feel <b>less</b> frustrated:                  Vicenta loves talking about her Kids and her Cat so that would be my choice in redirecting.</p>
<p>Supporting this individual in these ways will make them feel <b>more</b> frustrated:                  Telling her No. She made it very clear she doesn't like to be told no.</p>



BrightPath

### Signatures by Employee and Supervisor

Employee Name Printed	Employee Signature	Date
Daisy Diaz	<i>Daisy Diaz</i> Signed by:  EC7A7AE4D985418...	7/01/25

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

<b>Staff name: Daisy Diaz</b>	<b>Date of hire:</b>	3/19/2024
Date of background study submission: 3/19/24	<b>Date of background study clearance:</b>	3/26/2024
<b>Ongoing annual training period: 3/25</b>		
<b>Date of first supervised contact: 7/1/2025</b>	<b>Date of first unsupervised contact: TBD</b>	

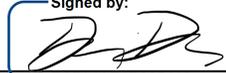
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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Support Plan*.

**Name of person served: Vicenta Hughes**

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	06/18/2025	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	06/18/2025	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

07/01/25  
 Date

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