STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G.
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: CA

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:	11/15/21	11/15/21 Assisted with sensory activities	9/27/21 - 11/15/21 .5	Tiffany Young Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 assisted with lunches & prep. them	9/27 - 11/15/21 .25	Tiffany Young Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	~~11/15/21~~ Female Staff Only	~~11/15/21 completed in assisting individual with their cases~~	~~9/27 11/15/21~~ .25	~~Tiffany Young~~ Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 received with Amanda Diaz	9/27 - 12/14/21 .25	Tiffany Young Amanda Diaz
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9/27-11/15/21 .5	Easton Young Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27-11/15/21 .25	Easton Young Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	Demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27-11/15/21 .25	Easton Young Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: stander Topic: Chanel's home routine Topic:	11/15/2021	11/15/2021 reviewed with Amanda Diaz	11/15/2021 - 11/26/21 .25	Amanda Diaz Easton Young

Trey Gould
Staff signature

1/31/22
Date

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Staff: Trey Gould

Date: 09/23/21

PAI

Service Recipient: Chanel Anderson

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable To report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Choose musical preference in 80% of all Opportunities

Outcome #2 3 Times weekly Plan Group experience using IPad 80%

Technology Use: IPad, Television, Smartboard, WPP

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Bananas, Strawberries, eggs, Custard, msg, wheat, Tomatoes

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: one seizure per year, stay next and provide Comfort. 5mins 2 = 911

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: food altered to a pureed Consistency. Provided baby food, yogurt and pudding. Spouted sports Bottle and a regular Spoon. 1:1 Support

Chronic Medical Conditions ☐ No ☒ Yes – List: Anxiety with pms, low urine Output, macrocephaly

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Trained staff dispense the medication and fully Assist her in Taking it Orally from a Cup or Syringe.

Specific Health & Medical Needs ☐ No ☒ Yes – List: full support to complete her personal Cares. Utilizes Briefs, every 2 hours. One Staff and Arjo and a Small Sling for Transportation.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: not able to balance or walk, mainly uses a wheelchair. Can move herself by rolling or scooting.

☒ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☒ Posey / Galt Belt
☒ Walker ☒ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Breaks Applied near water

Sensory Disabilities ☐ No ☒ Yes – List: Hand mouthing which leaves her susceptible to Skin Breakdown and dehydration.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Prefers people who know her and her Communication well and will respond to her in a respectful and kind manner.

Important To: Engage in Preferred Activities, has Time with ppl she enjoys, Time to move around.

Important For: Use Stander regularly, Eat and drink daily, limit hand mouthing

Likes: Tactile manipulatives, music, 1:1 projects, lotion massages, movies, shopping.

Dislikes: Sensory Overload, feeling bored, Too many ppl in her Space, Tired

Describe Communication Style: Communicates Through vocalizations, eye Gazing, Picture/object Choice making, Pushing away & Throwing Things. Understands one Step verbal directions

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G.
Date of hire: 9-13-2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: LB

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:	11/15/21	11/15/21 assisted with sensory activities	9/27/21 - 11/15/21 .5	Faster Foosung Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 prep. & assisted with lunches	9/27 - 11/15/21 .25	Faster Foosung Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting individual with their cares	9/27 - 11/15/21 .25	Faster Foosung Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Amanda Diaz	9/27 - 12/14/21 .25	Faster Foosung Amanda Diaz
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9/27 - 11/15/21 .5	Tristen Lorsang Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Tristen Lorsang Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	Demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Tristen Lorsang Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: PICA Topic: Hand biting Topic: Circulation	11/15/21	11/15/21 reviewed with Tristen Lorsang	9/27 - 11/15/21 .25	Amanda Diaz Tristen Lorsang

Trey Gould
Staff signature

1/31/22
Date

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Staff: Trey Gould

Date: 09/22/21

PAI

Service Recipient: Libby Broadbent

Reviewed by:

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Choose musical Preference 80% Time

Outcome #2 Choose Staff or Peer to Greet 80% Time

Technology Use: Ipad music, Smart board Games

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal Allergies

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Tonic Clonic Seizure 15-30 secs (may vomit)

Seizure PRN ☐ No ☒ Yes Location: med cab

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: mechanically Soft, Chopped diet, drink every few Bites, Staff physically Assist and monitor libby

Chronic Medical Conditions ☐ No ☒ Yes – List: Asthma, Chromosome 4 Partial Trisomy 4, Gastrophageal Reflux Disease, Hypertonicity, Severe ID, Spastic Quadriplegia

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: whole in Soft foods followed by a drink. Staff must administer

Specific Health & Medical Needs ☐ No ☒ Yes – List: Disposable briefs and cares every 2 hours, Can Adjust once Seated, may require Support in Changing Clothing

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: High risk of falling, wheel chair Propeled by Others

☒ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☒ Arjo

☒ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff ____

Community & Water Safety Skills ☐ No ☒ Yes Staff remain in Control

Sensory Disabilities ☒ No ☒ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: efficient Care and Communication, routine, happy and Positive People, 45 Second response Time.

Important To: Social Interactions, make Choices, tactile Sensory, Sensory Activities

Important For: bare weight and maintain Good muscle tone, no Small Objects

Likes: Pet therapy dog, Painting Crafts, music, Taylor Swift

Dislikes: Being rushed, Plain water and Cookies

Describe Communication Style: non-verbally eye contact, vocalizations, or facial expressions, eye Pointing, Body language

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G
Date of hire: 9-13-2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: R.B.

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:	9/30/21	9/30/21 assisted in use of sensory boxes	9/27/21-9/30/21 .5	Tristen Lorsang
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/30/21	9/30/21 pen prep and fed lunches	9/27/21-9/30/21 .25	Tristen Lorsang
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/30/21	9/30/21 completed individuals cases	9/27/21-9/30/21 .25	Tristen Lorsang
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/15/21 reviewed with Tristen Lorsang	9/27/21-~~9/30/21~~ 12/15/21 .25	Tristen Lorsang

1.21.2022 course 5.5 Health counseling

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CSSP, CSSP 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	9/30/21	9/30/21 ran outcomes successfully	9/27/21 - 9/30/21 .5	Tristen Lorsung [illegible]
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/24/21	11/24/21 reviewed with Tristen Lorsung	9/22 - 11/24/21 .25	Tristen Lorsung [illegible]
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	Demonstrated	.5	Toni Anderson, RN
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	11/24/21	11/24/21 reviewed with Tristen Lorsung	9/22 - 11/24/21 .25	Tristen Lorsung [illegible]
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Biting Topic: Goat Topic:	11/24/21	11/24/21 reviewed with [illegible]	11/24/2021 - 11/26/2021 .25	[illegible] Tristen Lorsung

Trey Gould
Staff signature

1/31/22
Date

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Staff: Trey Gould

Date: 09/22/21

PAI

Service Recipient: Keith Buchman

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report abs	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Keith will tell staff / peer he would like to visit in 90% of all opportunities.

Outcome #2 will participate in music Therapy in 80% of all opportunities.

Technology Use: Use of an Ipad for music and other Audio activities

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Keith is Allergic to dust mites, grass, Trees, Cats, weeds. Also allergic to 3 types of mold.

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Diagnosed with epilepsy, Controlled Seizures (16yrs ago). Tonic (all)

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Pureed diet, needs a Staff nearby whenever eating. Tablespoon bites and drinks In between. needs Assistance with eating (hollow spoon).

Chronic Medical Conditions ☐ No ☒ Yes – List: Down Syndrome, Gout (left foot), Microcephaly, Pica (eating uneadible objects), Spastic Diplegia (form of Cerebral Palsy)

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Keith Takes his medications whole orally in soft food followed by a drink. Keith is not able to self administer medications.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Keith uses disposable briefs and a bathroom schedule (every 2 hours) may void multiple times and may have a bowel movement. Needs Assistance seating and aiming. wiping backside each time.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: High risk of falling, Able to unbuckle himself. Can self propel short distances. Sits in high traffic areas.

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Engages breaks Around water

Sensory Disabilities ☐ No ☒ Yes – List: Vision Impairment (Physical cues), Hearing Impairment (Close Proximity), Sensory Processing Disorder Oral (mouthing) – redirected to stop (Offered drinks)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Keith has been working to strengthen his communication skills by touching the item he wants instead of throwing it.

Important To: Greet friends, spend Time socializing with favorite peers and staff, snacks

Important For: be physically Active, drink Adequate liquids, maintain hands, Uses Communication

Likes: Dancing, hugs, sunny spots, Silly noises, vibrations, One-to-One time, desserts

Dislikes: Sitting in one place for Preferences too long, Gloves, hats, when friends are gone for days

Describe Communication Style: non-verbally, and responds best to verbal and physical cues once a routine is established. laughing and looking up when likes something.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G.
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: AFa

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:	11/15/21	11/15/21 assisted with sensory	9/27/21 - 11/15/21 .5	Tristen Lessing Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 assisted with eating & prep. lunches	9/27 - ~~12/14/21~~ 11/15/21 .25	Tristen Lessing Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting with their personal cares	9/27 - ~~12/14/21~~ 11/15/21 .25	Tristen Lessing Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	~~11/15/21~~ 12/14/21 reviewed with Amanda Diaz	9/27 - 12/14/21 .25	Tristen Lessing Amanda Diaz
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9/27 - 11/15/21 .5	Kristen Keeling Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27-11/15/21 .25	Kristen Keeling Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	Demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Kristen Keeling Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Herpes 1 Topic: Topic:	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11-15-21 .25	Kristen Keeling Amanda Diaz

Trey Gould
Staff signature

1/31/22
Date

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Staff: Trey Gould

Date: 09/23/21

PAI

Service Recipient: Alan Fiader

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Choose sensory activity to participate in 80%

Outcome #2 Choose video or music during lunch 80%

Technology Use: Ipad, Television, SmartBoard, Switches

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Seizure disorder (2005)

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: G-tube, Feeding Pump

Chronic Medical Conditions ☐ No ☒ Yes – List: Osteoporosis, Chronic Hematuria, Chronic Constipation

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Takes metoclopramide, Mg-Acid gas, Felbamate. Staff Administration.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Personal Cares (every 2 hours, wear briefs). Prone to bruising, Prolonged finger in mouth

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: wheel chair (Total physical Assistance) uses a sling for Transfers. High risk of falling.

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☒ 2 Person Hoyer # staff in cares room: ____
☒ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes 1:1 Support

Sensory Disabilities ☐ No ☒ Yes – List: Astigmatism, History of Cataracts, Significant vision loss, Tactile defensive.

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:

Important To: routine, bus rides, music, Time outside, pet Therapy, friends

Important For: medications, repositioning, nutrition, npo orders, Groups

Likes: rock music, Animals, Community Outings, reading, Outdoors

Dislikes: Face Touching, PPI in personal space, routine Changes

Describe Communication Style: Alan may use Communication Switches

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: ~~TJ~~ S.G.

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:	11/15/21	11/15/21 assisted with sensory	9/27/21 - ~~10/15/21~~ 11/15/21 .5	Kristen Young Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 prep. & assisted with lunch	9-27-21 - 11/15/21 .25	Kristen Young Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting with their cases	9/27 - 11/15/21 .25	Kristen Young Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Amanda Diaz	9/27 - 12/14/21 .25	Kristen Young Amanda Diaz
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9/27 - 11/15/21 .5	Kristen Kessing Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Kristen Kessing Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Kristen Kessing Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Hitting, ~~[illegible]~~ Biting, pinching Topic: yelling Topic:	11/15/21	11/15/2021 Riviewed by/ with Amanda Diaz	11/16/21 - 11/19/21 .25	Amanda Diaz Kristen Kessing

Trey Gould
Staff signature

1/31/22
Date

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

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Staff: Trey Gould

Date: 09/23/21

PAI

Service Recipient: Susan Gilbertson

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Choose staff or peer to visit 80% time

Outcome #2 will choose and participate in choosen activity 75% time

Technology Use: iPad, Television, Smartboard

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Ibuprofen, and naproxen

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Generalized Tonic Clonic Seizures, drop seizures, and absence seizures

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Support and observe sue while she is eating. Pureed, eats in wheelchair uses a silicone cup with a large straw, scoop plate and a coated spoon. no glass or plastic. Hand over hand

Chronic Medical Conditions ☐ No ☒ Yes – List: nutritional anemia, Thrombocytopenia, Encephalopathy, Acute Kidney Failure, Pressure Ulcers, Osteoporosis, Acute Cysts with Hematuria

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Staff dispense medication for Sue. DNR/DNI

Specific Health & Medical Needs ☐ No ☒ Yes – List: wears briefs, needs full support for cares every 2 hours. Two staff use mechanical lift and sling. POSTL

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: Danger of falling, wears safety straps. uses wheelchair as primary mobility.

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☒ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: nearsighted and wears glasses (clean if dirty)

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Prefers space and may push others away. Frequent choices throughout day.

Important To: Personal space, Calm enviorment, Communication, frequent interaction

Important For: Independent as possible, eat a well balanced diet, reposition and commun

Likes: Coloring, silly animal vids, visits from family, music, music therapy

Dislikes: people in her space, surprises, lack of communication

Describe Communication Style: Short phrases, delayed processing. will answer yes/no questions. may say "shut up" "Get out" "bless you"

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G
Date of hire: 9-13-2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: N.K.

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:	9/30/21	9/30/21 assisted in use of sensory box.	9/27/21 - 9/30/21 .5	Tristen Lorsung Amanda Dig
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/30/21	9/30/21 prep. and fed lunches	9/27/21 - 9/30/21 .25	Tristen Lorsung Amanda Dig
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/30/21	9/30/21 completed in doing their cases.	9/27/21 - 9/30/21 .25	Tristen Lorsung Amanda Dig
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/2021	12/13/21 reviewed with Tristen L.	9/27/21 - 12/14/21 .25	Tristen Lorsung Amanda Dig
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	9/30/21	9/30/21 - ran outcomes	9/27/21 - 9/30/21 .5	Tristen Lorsung Amanda DSP
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/24/2021	11/24/21 reviewed with Tristen Lorsung	9/22 - 11/24/21 .25	Tristen Lorsung Amanda DSP
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/24/2021	11/24/2021 reviewed with Tristen Lorsung	9/22 - 11/24/21 .25	Tristen Lorsung Amanda DSP
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Bathroom routine Topic: Bus routine Topic: Hitting, charging	11/24/2021	11/24/2021 reviewed with Amanda DSP	11/24/2021 - 11/26/2021 .25	Amanda DSP Tristen Lorsung

Trey Gould
Staff signature

1/31/22
Date

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Staff: Trey G

Date: 09/22/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Nick Kessler

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable To report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Nicholas will Turn on the water when he is finished using the restroom 10% of all opportunities

Outcome #2 Nick will identify his Activities on the Ipad 75% of The Time (daily)

Technology Use: Used to use Ipad for Communication, uses Smart Board for Games.

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: hay fever / Seasonal Allergies / Possibly Allergic to latex. Allergy meds at home

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : regular Caloric diet for bite sized foods. reminders to slow down when eating. will eat slower with a spoon. Can drink independtily.

Chronic Medical Conditions ☐ No ☒ Yes – List: Intellectual disability (Severe), Hypotonia (decreased muscle tone), Autism (maintaining Proper boundries, encourage meaningful Conversation

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Nicholas Takes his medication on a spoon with Applesauce. He Cannot Administer his medication himself.

Specific Health & Medical Needs ☐ No ☒ Yes – List: reminders to use the restroom (will Independtily walk to the restroom). wears briefs, needs Assistance Changing Briefs. restroom reminders every hour and a half.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
Nicholas may need assistance with stairs, uneven terrain, or while going from Sitting to Standing

☐ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Very Social, no Alone time

Sensory Disabilities ☐ No ☒ Yes – List: Nicholas has Visual Impairment that is Corrected with glasses. recieves Assistance when Transitioning floor or terrain and Cleaning glasses.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: nicholas has a history of biting his Fanger or pulling hair when upset. may be helpful to have him Jump around, as well as being silly and laughing. Place to cool down and Chair rocking.

Important To: Spend Time Socializing, loves Swimming, Using Adaptive Tricycle, Classical music, Beads

Important For: Slow down (lunch), Use restroom, Having Choices and making decisions

Likes: Swimming, bouncing on Trampoline, Car ride, music, Keyboard, Guitars

Dislikes: loud environments, Screeching noises

Describe Communication Style: Nicholas understands verbal Communication but Communicates Using Facial expressions, vocalizations, and gestures. Pushes Away things he isnt Interested in.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey O.
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: J.L.

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:	9/30/21	9/30/21 assist in use of sensory box	9/27/21 - 9/30/21 .5	Tristen Lorsung Annabelle Dia
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	12/14/21	12/14/21 prep. and ~~fed~~ assisted with lunch	9/27/21 - 12/14/21 .25	Tristen Lorsung Annabelle Dia
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/30/21	9/30/21 ~~prep and fed~~ completed individuals cares	~~9/30~~ 9/27/21 - 9/30/21 .25	Tristen Lorsung Annabelle Dia
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/13/21 reviewed with Tristen Lorsung	9/27/21 - ~~9/30/21~~ 12/13/21 .25	~~Tristen Lorsung~~ ~~Annabelle Dia~~

1.21.2022 course 5.5 Health Counseling

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CSSP, CSSP 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	9/30/21	9/30/21 successfully ran outcomes	9/22/21 - 9/30/21 .5	Tristen Lorsung Amanda Rg
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/24/2021	11/24/21 reviewed with Tristen Lorsang	9/22 - 11/24/21 .25	Tristen Lorsung Amanda Rg
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/24/2021	11/24/2021 reviewed with Tristen Lorsung	9/22 - 11/24/21 .25	Tristen Lorsung Amanda Rg
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Gait trainer Topic: Topic:	9/30/21	9/30/21 assisted individual in use of their gait trainer	9/27/21 - 9/30/21 .25	Tristen Lorsung Amanda

Trey Gould
Staff signature

1/31/22
Date

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

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Staff: Trey Gould

Date: 09/22/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Jennifer Lofboom

Reviewed by: _____

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Choose a sensory activity in 75% of all opportunities.

Outcome #2 Choose her gait trainer in 75% of all opportunities

Technology Use: uses Ipad for choice making, music, videos

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Prior to having a seizure will spit out food or water. Infrequent 1-20 sec

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: requires a ketogenic diet and is not able to eat or drink without staff supervision. Accepting of taking small drinks between bites.

Chronic Medical Conditions ☐ No ☒ Yes – List: Chronic dehydration, needs more water to flush system of carbs and sugars. Experiences seizures when dehydrated. For infections, signs tugging or rubbing on ears, tapping on head, vocalizations.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Takes medication orally whole or cut as tolerated in soft foods. not able to self administer.

Specific Health & Medical Needs ☐ No ☒ Yes – List: may be aware of when she needs to use the restroom (may vocalize) Jennifer is brief dependent and requires support to maintain skin integrity.

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
High risk of falling, uses a wheel chair. Utilizes a posey belt. Jennifer has trunk control, able to roll over / scoot.
☐ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☒ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff ____

Community & Water Safety Skills ☐ No ☒ Yes High risk of drowning, accepting of assistance

Sensory Disabilities ☐ No ☒ Yes – List: Cortical visual impairment, has only fleeting eye contact and appears to see best peripherally. Communicates by eye gazing at her preference.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Jenny works on outcomes that are important to her. For supports Jenny prefers efficient care and clear communication from positive upbeat people that know her and her routine well.

Important To: to have meaningful interactions (hugs, chatting) relaxing in recliner

Important For: to follow a ketogenic diet, be offered fluids frequently, have support to be social

Likes: music, chatting with friends, hair braided, bowling, shopping, outside time

Dislikes: having to wait, does not like being hungry or thirsty, soiled briefs, limited attention.

Describe Communication Style: Communicates non-verbally through the use of eye gazing, body language, facial expressions. Adaptive yes and no vocalizations. "Tah" = yes "nff" = no

Chronic medical Conditions: Bowl Obstruction
(Bloating, Cramping, Vomitting, diarrhea)
DDD: rare enzyme disorder (Keto diet to help)

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G.
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: JW

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:	11/15/21	11/15/21 assisted with sensory activities	9/27/21 - 11/15/21 .5	Kristen Jacsenz Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 prep. & assisted with lunch	9/27 - 11/15/21 .25	Kristen Jacsenz Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting individual with their cares	9/27 - 11/15/21 .25	Kristen Jacsenz Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Amanda Diaz	9/27 - 12/14/21 .25	Kristen Jacsenz Amanda Diaz

1.21.2022 course 5.5 Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9-27 - 11/15/21 .5	Easten Young Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Easten Young Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Easten Young Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Scalavation patch Topic: Topic:	11/15/21	11/15/21 reviewed by Amanda Diaz	11/15/2021 .25	Amanda Diaz Easten Young

Staff signature Trey Gould

Date 1/31/22

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

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Staff: Trey Gould

Date: 04/23/21

PAI

Service Recipient: Jerome Welch

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Visit another program, make eye contact 75%

Outcome #2 will choose a bottle for the day 80%

Technology Use: iPad, wii, Switches, Television

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Penicillin, Polio-Vaccine, Seasonal (Fall/Spring)

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Tonic Clonic / Grand mal

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Pureed foods and nectar thickend liquids. mother Care spoon, divided plate, large nosey cup, no slip mat. Can eat independent with staff supervision

Chronic Medical Conditions ☐ No ☒ Yes – List: Hypothryodism, Cellulitis, Obstructive Sleep Apnea, Gibbus Deformity, lower leg Vascular deficiency / edema, Constipation, Dermatitis, Osteopenia

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Takes Fybercon, Carbonate, Baclofen. Placed in meal and served to Jerome with full Assistance.

Specific Health & Medical Needs ☐ No ☒ Yes – List: full support for cares every 2 hours (personal sling, Hoyer, mat table). urinary retention, Skin Breakdown (redness 30 mins reported), High tone with support of elbow Splint (removed midday)

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: High risk of falling, wears pummel and chest, pelvic and safety straps Always. requires support with mobility.

☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer
staff in cares room: ____
☒ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Supervision and physical support

Sensory Disabilities ☐ No ☒ Yes – List: Astigmatism, Overstimulation

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Prefers efficient care and clear communication from positive, upbeat staff that know him well.

Important To: spicy foods, sweet baked treats, bottles, phones, nap, people watch, sensory time

Important For: repositioning through out the day, encouragment to be independent, time to be social

Likes: people watching, sensory activities, holding bottles, wii, card making, sweets

Dislikes: having to wait, putting bottle away, vocalizes when upset or in distress

Describe Communication Style: Communicates through vocalizations, reaching for things, eye gaze, adaptive switches, and facial expressions. Best understands verbal cues and one step verbal prompts.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: CW

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:	11/15/21	11/15/21 assisted with sensory activities	9/27/21 - 11/15/21 .5	Foster Jeasing Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 prep. & assisted with lunches	9/27 - 11/15/21 .25	Foster Jeasing Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting individual with their cares	9/27 - 11/15/21 .25	Foster Jeasing Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Foster Jeasing Amanda Diaz

1.21.2022 course 5.5 Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 ran outcomes	9/27 - 11/15/21 .5	Kristen Loosing Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Kristen Loosing Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Amanda Diaz	9/27 - 11/15/21 .25	Kristen Loosing Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature Trey Gould

Date 1/31/22

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Staff: Trey Gould

Date: 09/22/21

PAI

Service Recipient: Christina Wagner

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: unable To report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: unable to report	☒ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 1:1 Activity with Staff (80%)

Outcome #2 Propel wheel chair Short distance (10-20ft)

Technology Use: Dynavox Communication device (85%)

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Season Allergies, meds at home

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Chopped diet, verbal cues to slow down, 1"x1" bite size, 4oz cup, needs help setting up

Chronic Medical Conditions ☐ No ☒ Yes – List: Gastroesophageal reflux disease, Quadriplegic Cerebral palsy, Spasticity, and Hypertension.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : whole in soft food followed by a drink of water. Takes baclofen at noon.

Specific Health & Medical Needs ☐ No ☒ Yes – List: wears briefs and needs supports for personal and menstraul cares. Every 2 hours (1 staff, mechanical lift, 2 point cross sling)

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports
High risk of falling, wheel chair main mode
☒ Support straps/belts needed

☐ Verbal Cues
☒ Physical Assistance
☐ Posey / Gait Belt
☐ Walker ☐ Arjo

☒ 2 Person Hoyer
staff in cares room: ____
☒ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes Staff have direct physical contact

Sensory Disabilities ☐ No ☒ Yes – List: Sensorineural Hearing loss, sounds may be hard to hear,

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: efficient care and clear communication. Keep phrases short and make eye contact.

Important To: routine, nails painted, hair done, recliner, snack, meal

Important For: use communication when upset, Take meds, Propel wheel chair

Likes: music, games, puzzles, coloring, music Therapy

Dislikes: new staff, change in routine, invasion of personal space

Describe Communication Style: Through vocalizations and body movements, when talking with Christina speak loudly.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: K.V.

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:	9/30/21	9/30/21 assisted in use of sensory boxes	9/27/21-9/30/21 .5	Tristen Lorsung Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/30/21	9/30/21 prep. and fed lunches	9/27/21-9/30/21 .25	Tristen Lorsung Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/30/21	9/30/21 completed their cares	9/27/21-9/30/21 .25	Tristen Lorsung Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Tristen Lorsung	9/27/21-12/14/21 .25	Tristen Lorsung Amanda Diaz
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	9/30/21	9/30/21 ran outcomes	9/27/21- 9/30/21 .5	Tristen Lorsung Amanda Day
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/24/21	11/24/2021 reviewed with Tristen Lorsung	9/27-11/24/21 .25	Tristen Lorsung Amanda Day
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/24/21	11/24/2021 reviewed with Tristen Lorsung	9/27-11/24/21 .25	Tristen Lorsung Amanda Day
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Pica Topic: Topic:	9/27/2021	9/27/2021 was shown how Kyle eats the strings on gait belt	.25 9/27/2021-9/30/2021	Tristen Lorsung Amanda Day

Trey David
Staff signature

1/31/22
Date

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Staff: Trey Gould

Date: 09/28/21

PAI

Service Recipient: Kim Varness

Reviewed by: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP) Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☒ Other: Unable to report	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☒ Other: Unable to report	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Kim will choose a 1:1 Activity to do (75% of Trials)

Outcome #2 Kim will indicate a staff or peer she would like to visit 90%

Technology Use: Ipad for music, Smartboard for games

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA) Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Kim is Allergic to sulfa medications. Seasonal Allergies, sensitive to bug spray.

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Diagnosed with epilepsy (no seizure since 1998) in event call 911

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Physcian ordered diet (Dime sized pieces) staff remain in direct supervision, Scoop dish and a sippy cup (spouted cup for meals)

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral Palsy, Cervical Spine spondylosis, Chronic Constipation, Dysmenorrhea, Intellectual disability, neuromuscular scoliosis, Spinal cord stenosis

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Kim takes her medication with soft foods and is encouraged to drink afterwards. not able to self administer.

Specific Health & Medical Needs ☐ No ☒ Yes – List: Kim utilizes the support of disposable briefs and recieves support for restroom care. Has a history of redness and skin irritation in peri-area. restroom breaks every 2 hours as needed. Brusing

Fall Risk/Mobility Supports ☐ No ☒ Yes – Describe primary mobility & supports: High risk of falling, Can unfasten her seatbelt. Kim wears a Gait belt. uses a wheel chair when unbalanced.

☐ Support straps/belts needed

☒ Verbal Cues
☒ Physical Assistance
☒ Posey / Gait Belt
☐ Walker ☐ Arjo

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Manual Lift # staff _____

Community & Water Safety Skills ☐ No ☒ Yes not able to navigate the Community without support

Sensory Disabilities ☐ No ☒ Yes – List: Visual impairments (stigmatism), Overstimulation, Self injurious behaviors, Physical Aggression / Conduct, mental or emotional health crises.

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Kim would like to participate in structured and personalized program day. efficient care and clear/respectful communication. Prefers an upbeat tone, prefers to be provided choices.

Important To: Socializing, Access to oral manipulatives, frequent sensory opportunities

Important For: walk daily, sensory integration activities, communicate safely

Likes: Kimmy, sensory activities, tactile input, looking in mirrors, music, dance, bowling

Dislikes: Being rushed, demanding tone of voice, scolded, being bored

Describe Communication Style: non-verbally using facial expressions, vocalizing, or waving. Kim may blow raspberries when excited, will spit when frustrated.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Trey G.
Date of hire: 9.13.2021
Date of background study submission:
Date of background study clearance:
Ongoing annual training period:
Date of first supervised contact:
Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served: TM

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:	11/15/21	11/15/21 assisted with sensory activities	9/27/21 - 11/15/21 .5	Tristen Loesung Amanda DA
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/15/21	11/15/21 prep. & assisted with lunch	9/27 - 11/15/21 .25	Tristen Loesung Amanda DA
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/15/21	11/15/21 completed in assisting with their cares.	9/27 - 11/15/21 .25	Tristen Loesung Amanda DA
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	11/15/21 reviewed with Tristen Lorsung	9/27 - 12/14/21 .25	Tristen Loesung Amanda DA
	1.21.2022	course	5.5	Health counseling

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CSSP, CSSP 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	11/15/21	11/15/21 can outcomes	9/27-11/15/21 .5	Tristen Lossung Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/15/21	11/15/21 reviewed with Tristen Lossung	9/27- 11/15/21 .25	Tristen Lossung Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12.15.2021	demonstrated	.5	Toni Anderson, RN
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	11/15/21	11/15/21 reviewed with Tristen Lossung	9/27-11/15/21 .25	Tristen Lossung Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Port hole issuse Topic: Port hole wrap Topic: Baclofen Pump	12/15/2021	Reviewed by Amanda Diaz 12/15/2021	9/27- 12/15/2021 .25	Amanda Diaz Tristen Lossung

Trey Gould
Staff signature

1/31/22
Date

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Tacy G. **Date of hire:** 9.13.2021
Date of background study submission: **Date of background study clearance:**
Ongoing annual training period:
Date of first supervised contact: **Date of first unsupervised contact:**

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 *Coordinated Service and Support Plan*.

Name of person served: TJ

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:	9/30/21	9/30/21 assisted with sensory activities	9/27/21 - 9/30/21 .5	Tristen Lorsung Amanda Diaz
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/30/21	9/30/21 prep. & assisted with lunch	9/27/21 - 9/30/21 .25	Tristen Lorsung Amanda Diaz
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/30/21	9/30/21 completed assisting with cares	9/27/21 - 9/30/21 .25	Tristen Lorsung Amanda Diaz
CPR, if required by the *CSSP* or *CSSP Addendum*	12/14/21	12/14/21 reviewed with Tristen Lorsung	9/27/21 - 12/14/21 .25	Tristen Lorsung Amanda Diaz
1.21.2022	Course		5.5	Health counseling

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CSSP, CSSP 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	9/30/21	9/30/21 can outcomes	9/27/21 - 9/30/21 .5	Tristen Lorsang Amanda Diaz
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/24/21	11/24/21 reviewed with Tristen Lorsang	9/27 - 11/24/21 .25	Tristen Lorsang Amanda Diaz
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	12-15-2021	demonstrated	.5	Toni Anderson, RN
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	11/24/21	11/24/21 reviewed with Tristen Lorsang	9/27/21 - 11/24/21 .25	Tristen Lorsang Amanda Diaz
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Stander Topic: Personal space Topic:	11/24/21	11/24/21 completed in assisting individual in using their stander	9/27 - 11/24/21 .25	Tristen Lorsang Amanda Diaz

Staff signature Troy Gould

Date 1/31/22

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

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