STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

taff name: Arnella Moore **Date of hire:** 3/10/2021
)ate of background study submission: 3/11/2021 **Date of background study clearance:** 3/11/2021
)ngoing annual training period: June 2021
)ate of first supervised contact: 3/16/2021 **Date of first unsupervised contact:** 3/29/2021

:efore 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 re 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 erson served to whom the staff person will be providing direct contact services.**

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

Iame of person served: Ronald Lewis

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 /giene and grooming including: Hair care, Bathing, Care of teeth, gums, and oral prosthetic devices, Other activities of daily living (ADLs) per 256B.0659-specify:	9/23/2021	9/23/2021 Verbal	0.1 hours	Logan Nurse
Jnderstanding of what constitutes a healthy et according to data from the CDC and the ills necessary to prepare that diet	9/23/2021	9/23/2021 Verbal	0.1 hours	Logan Nurse
:kills necessary to provide appropriate pport in instrumental activities of daily ing (IADLs) per 256B.0659-specify:	9/23/2021	9/23/2021 Verbal	0.1 hours	Logan Nurse
'R, if required by the *CSSP* or *CSSP ldendum*	N/A	N/A	N/A	N/A

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'SSP, CSSP Addendum, and *Self-lanagement Assessment* to achieve and emonstrate an understanding of the person as unique individual and how to implement ıose plans. Include outcomes, behavior plans, ıd any document specific to the person	9/23/2021	9/23/2021 Verbal	0.1 hours	Leger Nurse
ıdividual *Abuse Prevention Plan* to achieve ıd demonstrate an understanding of the erson as a unique individual and how to nplement those plans	9/23/2021	9/23/2021 Verbal	0.1 hours	Leger Nurse
Iedication set up or medic ation lministration training when staff set up or lminister medications. Training also includes ›ecific medication set up or administration ocedures for the person	~~9/23/2021~~ 3/18/2021	3/18/2021 Verbal	0.1 hours	Leger Nurse
he safe and correct operation of medical ıuipment used by the person to sustain life or monitor a medical condition that could ecome life threatening. This training must be ovided by a licensed health care professional manufacturer's representative	5/28/2021	5/28/2021 Verbal + Physical	0.1 hours	Tyler Bethe
ental health crisis response, de-escalation chniques, and suicide intervention when oviding direct support to a person with a rious mental illness	4/16/2021	4/16/2021 Physical + Verbal	3.75 hours	Brandon Jensen
ther topics as determined necessary cording to the person's *Coordinated Service ıd Support Plan* or identified by the mpany: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Amelia Moore (Sep 23, 2021 13:23 CDT)

aff signature

~~9/23/2021~~

Date

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

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arnella moore DPF-025[60]

Final Audit Report 2021-09-29

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