STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Mohamed Rashid **Date of hire:** 10/7/20
Date of background study submission: 10/7/20 **Date of background study clearance:** 10/8/20
Ongoing annual training period: ~~10/20 - 10/21~~ 05/21 - 05/22
Date of first supervised contact: 10/7/20 **Date of first unsupervised contact:** 10/23/21

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: Mika Fitzgerald

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:	9/23/21 *previously trained on 10/7/20	verbal	0.5 hours	Amber Young Phyxis Inc.
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/23/21 *previously trained 10/12/20	verbal	0.5 hours	Amber Young Phyxius Inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/23/21 *previously trained on 10/12/20	verbal	0.5 hours	Amber Young Phyxius Inc
CPR, if required by the *CSSP* or *CSSP Addendum*	n/a	n/a	n/a	n/a

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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	9-23-21 *Previously trained on 10-12-20	reading	1.0 hrs	~~Avt~~ Error Amber Young Phyxius inc.
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9-23-21 *Previously trained on 10-12-20	reading	0.5 hrs	Amber Young Phyxius inc.
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	9-23-21 *Previously trained on 10-12-20	Physical	1.0 hrs	Amber Young Phyxius inc.
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	~~9-23-21~~ 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	9-23-21 *Previously trained on 10-23-20	Physical	4.0 hrs	Brandon Jensen Phyxius inc.
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	9-23-21 *Previously trained on 10-12-20	reading	1.0 hrs	Amber Young Phyxius inc.

Staff signature [signature] Date 9-23-21

*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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