Sudha Khadgi

*Previously trained at orientation

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Sudha Khadgi **Date of hire:** 12-23-19
**Date of background study submission:** 12-23-19 **Date of background study clearance:** 12-26-19
**Ongoing annual training period:** may
**Date of first supervised contact:** 1-27-19 **Date of first unsupervised contact:** 1-31-19

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:** Bonnie Kotila

| 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:<br>Hair care<br>Bathing<br>Care of teeth, gums, and oral prosthetic devices<br>Other activities of daily living (ADLs) per 256B.0659-specify: | 9-23-21 | 9-23-21<br>Verbal | 0.5 hr | Autumn Clews<br>Phyxius 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 | 9-23-21<br>Verbal | 0.5 hr | Autumn Clews<br>Phyxius inc. |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 9-23-21 | 9-23-21<br>Verbal | 0.5 hr | Autumn Clews<br>Phyxius inc. |
| CPR, if required by the *CSSP* or *CSSP Addendum* | n/a | n/a | n/a | n/a |

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Sudha Khadgi

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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 | 9.23.21 Verbal | 0.5 hr | Autumn Clews 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 | 9.23.21 Verbal | 0.5 hr | Autumn Clews 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 | 1.2.20 | 1.2.20 Physically + verbally | 2 hours | Sabrina Ballard |
| 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 | 1.9.20 | 1.9.20 Physically + verbally | 4 hours | Amber Jacobson |
| Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company:<br>Topic: PSTP<br>Topic: Rights restriction<br>Topic: | 9.23.21 | 9.23.21 Verbal | 1 hr | Autumn Clews Phyxius inc. |

Staff signature

09/23/21
Date

*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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