

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Name: Samantha Morales Date of hire: 8/25/21
 Date of background study submission: 8/25/21 Date of background study clearance: 9/6/21
 Ongoing annual training period: August
 Date of first supervised contact: 6/5/21 Date of first unsupervised contact: 9/14/21

I am 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 asterisk (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Maria Benson

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 care and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	<u>9/3/21</u>	<u>error</u> 5 hrs	<u>.5 hrs</u>	<u>Brandon Jensen, physician</u>
understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	<u>9/3/21</u>	<u>9/3/21</u> <u>verbal</u>	<u>.25 hrs</u>	<u>Brandon Jensen, physician</u>
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: <u>part strategies and person-centered items discussed.</u>	<u>9/3/21</u>	<u>9/3/21</u> <u>verbal</u>	<u>.29 hr</u>	<u>Brandon Jensen, physician</u>
skills, if required by the CSSP or CSSP endorsement	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Not Required by PhysAs</u>

<p>P. C SSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>9/3/21</p>	<p>9/3/21 Verbal</p>	<p>2 Shrs</p>	<p>Brandon Jensen, Physix</p>
<p>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>9/3/21</p>	<p>9/3/21 Verbal</p>	<p>2 Shrs</p>	<p>Brandon Jensen, Physix</p>
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>9/9/21</p>	<p>9/9/21 Verbal</p>	<p>2 Shrs</p>	<p>Brandon Jensen, Physix</p>
<p>Safe and correct operation of medical equipment used by the person to sustain life or monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>Maiz has no medical equipment</p>
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>9/3/21</p>	<p>9/3/21 Verbal</p>	<p>3 Shrs</p>	<p>Brandon Jensen, Physix</p>
<p>Other topics as determined necessary according to the person's Coordinated Service Plan or identified by the company:</p>	<p>9/9/21</p>	<p>9/9/21 Verbal</p>	<p>3 Shrs</p>	<p>Brandon Jensen, Physix</p>

Signature: Brandon Jensen Date: 9/9/21

Staff signature: _____ Date: _____
 understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Samantha Moralez

Final Audit Report

2021-09-23

Created:	2021-09-23
By:	Brandon Jensen (brandon@phyxiusinc.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAASykiZPjSUm_hvHu6mo2wk_CJepkNV990

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-  Document created by Brandon Jensen (brandon@phyxiusinc.com)
2021-09-23 - 9:43:09 PM GMT- IP address: 137.27.115.98
-  Document emailed to Samantha Moralez (samimoralez12@gmail.com) for signature
2021-09-23 - 9:43:29 PM GMT
-  Email viewed by Samantha Moralez (samimoralez12@gmail.com)
2021-09-23 - 9:48:24 PM GMT- IP address: 74.125.212.219
-  Document e-signed by Samantha Moralez (samimoralez12@gmail.com)
Signature Date: 2021-09-23 - 9:50:23 PM GMT - Time Source: server- IP address: 97.88.9.193
-  Agreement completed.
2021-09-23 - 9:50:23 PM GMT