

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Neeruz A-Nimar

Date of hire: 12.6.19

Date of background study submission: 12.6.19

Date of background study clearance: 12.23.21

Ongoing annual training period: July 2021 - Sun 2022

Date of first unsupervised contact: 12.13.19

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: Katherine Hays

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:	<u>9.28.21</u>	<u>9.28.21</u>  <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepanick</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>9.28.21</u>	<u>9.28.21</u>  <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepanick</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>9.28.21</u>	<u>9.28.21</u>  <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepanick</u>
CPR, if required by the CSSP or CSSP Addendum	<u>9.28.21</u>	<u>verbal</u>	<u>1 week</u>	<u>Toni Stepanick</u>

<p><i>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</i></p>	9-28-21	9-28-21 verbal	0.5 hours	Toni Sheparnick
<p><i>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</i></p>	9-28-21	9-28-21 verbal	0.5 hours	Toni Sheparnick
<p><i>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</i></p>	9-3-21	9-3-21 verbal	1 hour	Toni Sheparnick
<p><i>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</i></p>	9-28-21	9-28-21 verbal and physical	1 hour	Toni Sheparnick
<p><i>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i></p>	12-19-19	12-19-19 verbal and physical	4 hours	Amanda Jensen
<p><i>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</i></p>	NA	NA	NA	Toni Sheparnick
<p>Topic: Topic: Topic:</p>				
<p>Staff signature <i>Toni Sheparnick</i></p>			9-28-21	
<p>*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.</p>				

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Melvin A. Nimer*

Date of hire: *12.6.14*

Date of background study submission: *12.6.14*

Date of background study clearance: *12.23.21*

Ongoing annual training period: *JULY 2021 - JULY 2022*

Date of first unsupervised contact: *12.16.14*

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

Name of person served: *Swank Reiner*

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:	<i>9.28.21</i>	<i>9.28.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepanick</i>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>9.28.21</i>	<i>9.28.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepanick</i>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>9.28.21</i>	<i>9.28.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepanick</i>
CPR, if required by the CSSP or CSSP Addendum	<i>9.28.21</i>	<i>verbal</i>	<i>1 hour</i>	<i>Toni Stepanick</i>

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	9-28-21	9-28-21	verbal	0-5 hours	Toni Stepaniak
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9-28-21	9-28-21	verbal	0-5 hours	Toni Stepaniak
Medication set up or medic action administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	10-3-21	10-3-21	verbal	1 hour	Toni Stepaniak
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	9-28-21	9-28-21	verbal and physical	1 hour	Toni Stepaniak
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12-19-19	12-19-19	verbal and physical	4 hours	Amya Jensen
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:					
Topic:	NH	NH			
Topic:					
Topic:					

Staff signature

*Toni Stepaniak*

Date  
9-28-21

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

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Menendez A-Minor

Date of hire: 12.6.19

Date of background study submission: 12.6.19

Date of background study clearance: 12.23.21

Ongoing annual training period: July 2022 - July 2022

Date of first unsupervised contact: 12.13.19

Date of first unsupervised contact: 12.16.19

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

Name of person served: Jennifer Stevenson

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 2.56B.0659-specify:	<u>9.28.21</u>	<u>9.28.21</u> <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>9.28.21</u>	<u>9.28.21</u> <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 2.56B.0659-specify:	<u>9.28.21</u>	<u>9.28.21</u> <u>verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
CPR, if required by the CSSP or CSSP Addendum	<u>9.28.21</u>	<u>verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>

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	9-28-21	9-28-21	0.5 hours	Toni Stepaniak
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9-28-21	9-28-21 verbal	0.5 hours	Toni Stepaniak
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	10-3-21	10-3-21 verbal	1 hour	Toni Stepaniak
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	9-28-21	9-28-21 verbal and physical	1 hour	Toni Stepaniak
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12-19-19	12-19-19 verbal and physical	4 hours	Amyes Jensen
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:				
Topic:	NH	NH	NH	Toni Stepaniak
Topic:				
Topic:				

Staff signature

*Toni Stepaniak*

Date  
9-28-21

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