

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Name: Koss Elmi  
 Date of hire: 11/18/21  
 Background study submission: 11/16/21  
 Date of background study clearance:  
 Annual training period: November 2021-2022  
 First supervised contact: 12/6/21  
 Date of first unsupervised contact:

Training 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 reviewed, 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 to whom the staff person will be providing direct contact services.

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

Person served: Ariel Koenig

Information to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
Safe and safe techniques in personal and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Instrumental activities of daily living (ADLs) per 256B.0659-specify:	<u>12/7/21</u>	<u>12.7.21 Verbal</u>	<u>.5hr</u>	<u>Christina Anderson Physius inc</u>
Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify:	<u>12.7.21</u>	<u>12.7.21 Verbal</u>	<u>.5hr</u>	<u>Christina Anderson Physius inc.</u>
Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify:	<u>12.7.21</u>	<u>12.7.21 Verbal</u>	<u>.5hr</u>	<u>Christina Anderson Physius inc.</u>
Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify: Instrumental activities of daily living (ADLs) per 256B.0659-specify:	<u>12.7.21</u>	<u>12.7.21 Verbal</u>	<u>.5hr</u>	<u>Christina Anderson Physius inc.</u>

<p><b>CSSP Addendum, and Self- Assessment</b> to achieve and demonstrate an understanding of the person as a unique individual and how to implement plans. Include outcomes, behavior plans, and document specific to the person</p>	12/6/21	12/6/21 verbal	SN	Christina Anderson Phyivus inc.
<p><b>Abuse Prevention Plan</b> to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	12/6/21	12/6/21 verbal	SN	Christina Anderson Phyivus inc.
<p><b>Medication</b> set up or medication administration training when staff set up or administer medications. Training also includes medication set up or administration procedures for the person</p>	12.6.21	12.6.21 verbal Physician	SN	Christina Anderson, Phyivus inc.
<p><b>Life and correct operation of medical equipment</b> used by the person to sustain life or prevent a medical condition that could be life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	N/A	N/A	N/A	N/A
<p><b>Health crisis response, de-escalation techniques, and suicide intervention</b> when providing direct support to a person with a mental illness</p>	11.29.21	11.29.21 verbal Physician	2.08hr	nick Tran Phyivus inc.
<p><b>Topics as determined necessary according to the person's Coordinated Service Support Plan</b> or identified by the</p>	N/A	N/A	N/A	N/A
<p>by: vic: vic: vic:</p>	 Signature _____ Date <u>12/10/21</u>			

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:** Moss Elmi  
**Date of background study submission:** 11/15/21  
**Date of hire:** 11/18/21  
**going annual training period:** November 2021-2022  
**Date of background study clearance:**  
**Date of first supervised contact:** 12/6/21  
**Date of first unsupervised contact:**

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 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 notified in the *Coordinated Service and Support Plan*.

**Name of person served:** *Serahn Beethin*

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:	12/1/21	12.7.21 verbal	.5hr	Christina Anderson Physixus inc
understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	12.7.21	12.7.21 Verbal	.5hr	Christina Anderson Physixus inc.
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	12.7.21	12.7.21 verbal	.5hr	Christina Anderson Physixus inc.
CR, if required by the CSSP or CSSP addendum	12.7.21	12.7.21 Verbal	.5hr	Christina Anderson Physixus inc.

SP, 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. Include outcomes, behavior plans, and any document specific to the person	12/6/21	12/6/21 verbal	5hr	Christina Anderson Physicians inc.
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12/6/21	12/6/21 verbal	5hr	Christina Anderson Physicians inc.
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	12.6.21	12.6.21 verbal Physician	5hr	Christina Anderson, Physicians
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	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	11.29.21	11.29.21 verbal Physician	2.08hr	Nick Tran Physicians inc.
Other topics as determined necessary according to the person's Coordinated Service Support Plan or identified by the company:	N/A	N/A	N/A	N/A
Topic:				
Topic:				
Topic:				

Staff signature: [Signature] Date: 12/10/21

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

**Name:** Yoss Elmi  
**Date of hire:** 11/18/21  
**Date of background study submission:** 11/18/21  
**Date of background study clearance:**  
**Joining annual training period:** November 2021-2022  
**Date of first supervised contact:** 12/16/21  
**Date of first unsupervised contact:**  
 I have 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 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 specified in the *Coordinated Service and Support Plan*.

**Name of person served:** Christine Kraemer

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:	12/7/21	12.7.21 verbal	.5hr	Christina Anderson Physixus inc
understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	12.7.21	12.7.21 Verbal	.5hr	Christina Anderson Physixus inc.
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	12.7.21	12.7.21 verbal	.5hr	Christina Anderson Physixus inc.
as required by the CSSP or CSSPendum	12.7.21	12.7.21 Verbal	.5hr	Christina Anderson Physixus inc.

<p>SP, CSSP Addendum, and Self-Management Assessment to achieve and monitor an understanding of the person as a unique individual and how to implement those plans, behavior plans, any document specific to the person</p>	12/6/21	12/6/21 verbal	5hr	Christina Anderson Physicians inc.
<p>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	12/6/21	12/6/21 verbal	5hr	Christina Anderson Physicians inc.
<p>Education 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>	12.6.21	12.6.21 verbal Physician	5hr	Christina Anderson, Physicians inc.
<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>	N/A	N/A	N/A	N/A
<p>Initial health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	11.29.21	11.29.21 verbal Physician	2.08hr	Nick Train Physicians inc.
<p>Other topics as determined necessary according to the person's Coordinated Service Support Plan or identified by the company:</p> <p>Topic:</p> <p>Topic:</p> <p>Topic:</p>	N/A	N/A	N/A	N/A

Signature:  Date: 12/10/21

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