

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Abdelhakim Abadi*
Date of background study submission: *11/29/21*
Ongoing annual training period: *December*
Date of first supervised contact: *12/16/21*
Date of hire: *11/29/21*
Date of background study clearance: *12/20/21*
Date of first unsupervised contact: *1/20/21*

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 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 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>12/16/21</i>	<i>12/16/21</i> <i>Discussed encouraging MB to complete routine independent hygiene</i>	<i>10 minutes</i>	<i>Alex Larson Physixus Inc</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>12/16/21</i>	<i>Discussed encouraging MB to have a good diet/dietary options</i>	<i>10 minutes</i>	<i>Alex Larson Physixus Inc</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>12/16/21</i>	<i>Discussed how MB enjoys being in the community. Discussed helping MB complete daily activities</i>	<i>10 minutes</i>	<i>Alex Larson Physixus Inc</i>
CPR, if required by the CSSP or CSSP Addendum	<i>12/16/21</i>	<i>MB class not done</i>	<i>0 minutes</i>	<i>Alex Larson Physixus Inc</i>

<p>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</p>	<p>12/16/21</p>	<p>Discussed how MB can't be forced; only encouraged. we structure options for her.</p>	<p>10 minutes</p>	<p>Alex Larson Physicians Inc</p>
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>12/16/21</p>	<p>Discussed how we try to avoid the topic of MB's parents, to keep her safe.</p>	<p>10 minutes</p>	<p>Alex Larson Physicians Inc</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>12/16/21</p>	<p>Discussed med competency and what proper administration is.</p>	<p>10 minutes</p>	<p>Alex Larson Physicians Inc</p>
<p>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</p>	<p>12/16/21</p>	<p>not relevant, MB does not require med equipment.</p>	<p>0 minutes</p>	<p>Alex Larson Physicians Inc</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>12/18/21</p>	<p>Discussed MB's verbal agitation and how we use coping mechanisms to help her.</p>	<p>3 hrs</p>	<p>Logan Messer Physicians Inc</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p>	<p>12/16/21</p>	<p>Discussed how MB communicates to staff using their board green thumb and red thumb and the 1-10 scale</p>	<p>10 minutes</p>	<p>Alex Larson Physicians Inc</p>
<p>Topic: The Board Topic: Topic:</p>	<p>12/16/21</p>		<p>15 minutes</p>	<p>Alex Larson Physicians Inc</p>

Staff signature _____ Date 12/16/21

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