

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Name:** Muhammed Tabish      **Date of hire:** 7/28/20  
**Background study submission:** 7/29/20      **Date of background study clearance:** 7/29/20  
**Next annual training period:** May 21 - May 22  
**Date of first supervised contact:** 1/31/22      **Date of first unsupervised contact:** 3/7/22

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.

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

Name of person served: JD

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 and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	1/31/22	Verifiable	0.5hr	Shantell Dietman
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	1/31/22	Verifiable	0.5hr	Shantell Dietman
Instruction necessary to provide appropriate support in instrumental activities of daily living (ADLs) per 256B.0659-specify:	1/31/22	Verifiable	0.5hr	Shantell Dietman
Training required by the CSSP or CSSP	N/A	N/A	N/A	N/A

CSSP Addendum, and Self- assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement plans. Include outcomes, behavior plans, and any document specific to the person	1/31/22	Reading	1hr	Shantell Dietman
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	1/31/22	Reading	1hr	Shantell Dietman
Medication 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	6-7-21	physical	1hr	Amber Young
Use and correct operation of medical equipment used by the person to sustain life or treat 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	client does not use medical equipment Shantell Dietman
Health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a mental illness	8/18/20	physical	3.53	Logan Nusse
Topics as determined necessary relating to the person's Coordinated Service Support Plan or identified by the provider: behaviors	1/31/22	Verbal	0.5hr	Shantell Dietman

Signature Shantell Dietman

Date 01/31/2022

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:** Muhammed Tabish      **Date of hire:** 7/28/20  
**of background study submission:** 7/29/20      **Date of background study clearance:** 7/29/20  
**ing annual training period:** may 26 - may 22  
**of first supervised contact:** 1/31/22      **Date of first unsupervised contact:** 3/7/22

e 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  
 ised, 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  
 n served to whom the staff person will be providing direct contact services.

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

**e of person served:** TM

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:	1/31/22	Variable	0.5hr	Shantell Dietman
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	1/31/22	Variable	0.5hr	Shantell Dietman
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	1/31/22	Variable	0.5hr	Shantell Dietman
If required by the CSSP or CSSP addendum	N/A	N/A	N/A	N/A

<p>P, CSSP Addendum, and Self- agement Assessment to achieve and onstrate an understanding of the person as ique individual and how to implement e plans. Include outcomes, behavior plans, any document specific to the person</p>	<p>1/31/22</p>	<p>Reading</p>	<p>1hr</p>	<p>Shantell Diedmeen</p>
<p>vidual Abuse Prevention Plan to achieve demonstrate an understanding of the on as a unique individual and how to ement those plans</p>	<p>1/31/22</p>	<p>Reading</p>	<p>1hr</p>	<p>Shantell Diedmeen</p>
<p>lication set up or medic ation inistration training when staff set up or inister medications. Training also includes ifc medication set up or administration edures for the person</p>	<p>6-7-21</p>	<p>physical</p>	<p>1hr</p>	<p>Amber Young</p>
<p>safe and correct operation of medical pment used by the person to sustain life or on for a medical condition that could me life threatening. This training must be ided by a licensed health care professional anufacturer's representative</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>client does not use medical equipment  Shantell Diedmeen</p>
<p>tal health crisis response, de-escalation niques, and suicide intervention when iding direct support to a person with a us mental illness</p>	<p>8/18/20</p>	<p>physical</p>	<p>3.53</p>	<p>Logan Nusse</p>
<p>r topics as determined necessary rding to the person's Coordinated Service Support Plan or identified by the any: Foot opic: diabetes opic: opic:</p>	<p>1/31/22</p>	<p>Verbal</p>	<p>0.5hr</p>	<p>Shantell Diedmeen</p>

Signature Shantell Diedmeen

Date 01/31/2022

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