

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Faviya Davis
Date of background study submission: 8/24/2021
Ongoing annual training period: Jan 2022 - Jan 2023
Date of first supervised contact: 9/21/2021
Date of hire: 8/24/2021
Date of background study clearance: 8/24/2021
Date of first unsupervised contact: 9/27/2021

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: Matthew Kunz

| 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: | 12/29/2021 | Verbal | 0.5 hours | Legan Nurse Phygons Inc. |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 12/29/2021 | Verbal | 0.5 hours | Legan Nurse Phygons Inc. |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 12/29/2021 | Verbal | 0.5 hours | Legan Nurse Phygons Inc. |
| CPR, if required by the CSSP or CSSP Addendum | N/A | N/A | N/A | N/A |

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|---|------------|----------------------|-----------|---------------------------------|
| 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 | 12/29/2021 | Reading | 1.0 hours | Legan Nurse 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 | 12/29/2021 | Reading | 0.5 hours | Legan Nurse 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 | 9/21/2021 | Physical + Verbal | 1.0 hours | Austin Young Physicians Inc. |
| 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 | 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 | 10/6/2021 | Physical + Verbal | 4 hours | Legan Nurse Physicians Inc. |
| Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic: | N/A | N/A | N/A | N/A |

[Signature]

Staff signature

3-4-22

Date

*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: Forlynn Davis
 Date of hire: 8/24/2021
 Date of background study submission: 8/24/2021
 Date of background study clearance: 8/24/2021
 Ongoing annual training period: Jan 2022 - Jan 2023
 Date of first supervised contact: 1/24/2022
 Date of first unsupervised contact: 1/24/2022

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: Sorena Oshward

| 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>1/24/2022</u> | <u>Verbal</u> | <u>0.5 hrs</u> | <u>Legen Nurse Papers Inc.</u> |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | <u>1/18/2022</u> | <u>Verbal</u> | <u>0.5 hrs</u> | <u>Legen Nurse Papers Inc.</u> |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | <u>1/18/2022</u> | <u>Verbal</u> | <u>0.5 hrs</u> | <u>Legen Nurse Papers Inc.</u> |
| CPR, if required by the CSSP or CSSP Addendum | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |

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|---|-----------|-------------------|-----------|-----------------------------|
| 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 | 1/18/2022 | Verbal | 1.0 hours | Lynne Nurse Physic's hr. |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 1/18/2022 | Verbal | 0.5 hrs | Lynne Nurse Physic's hr. |
| 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 | 9/21/2021 | Verbal & Physical | 1.0 hrs | Aaron Young Physic's hr. |
| 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 | 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 | 10/6/2021 | Verbal & Physical | 4 hrs | Lynne Nurse Physic's hr. |
| Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic: | N/A | N/A | N/A | N/A |

Staff signature: [Signature] Date: 3-4-22

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