

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Ahmed Abdikadir  
**Date of background study submission:** 1-11-2022  
**Ongoing annual training period:** March 2022  
**Date of first supervised contact:** 2-1-2022  
**Date of hire:** 1-11-2022  
**Date of background study clearance:** 2-9-2022  
**Date of first unsupervised contact:** 2-8-2022

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

**Name of person served:** *Mika Fitzgerald*

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:	3/31/22	Verbal	0.5hr	Autumn Brews  Progress inc.
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	3/31/22	verbal	0.5hr	Autumn Progress inc.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	3/31/22	verbal	0.5hr	Autumn Progress inc.
CPR, if required by the CSSP or CSSP Addendum	N/A	N/A	N/A	N/A

<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>3/31/22</p>	<p>verbal</p>	<p>1.0hr</p>	<p>ABEcare Phyxis 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>3/31/22</p>	<p>verbal</p>	<p>1.0hr</p>	<p>ABEcare Phyxis 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>2.1.22 3/2/22</p>	<p>verbal Physical</p>	<p>0.5 hr</p>	<p>Autumn Bravo Phyxis 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>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</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>1.19.22 3/31/22</p>	<p>Physical Verbal</p>	<p>4.02hr</p>	<p>Logan Nurses Phyxis inc.</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>3/31/22</p>	<p>Reading</p>	<p>0.5hr</p>	<p>ABEcare Phyxis inc.</p>

Staff signature [Signature]

Date 3/31/22

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