

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Name:** HOUSSEIN YOUSSEUF      **Date of hire:** 10/11/21  
**Date of background study submission:** 10/11/21      **Date of background study clearance:** 10/11/21  
**Ending annual training period:** NOV 2021 - NOV 2022  
**Date of first supervised contact:** 3/3/22      **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 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:** Dylan Lage

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:	3/3/22	3/3/22  verbal	.5hr	Samantha Hoop  Phyxius
Understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	3/3/22	3/3/22 verbal	.5hr	Samantha Hoop Phyxius
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	3/3/22	3/3/22 verbal	.5hr	Samantha Hoop Phyxius
If required by the CSSP or CSSP addendum	N/A	N/A	N/A	N/A

SP, 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	3/3/22	3/3/22 Verbal	.5hr	SUMANTHA HOPP PHYSICIAN
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	3/3/22	3/3/22 Verbal	.5hr	SUMANTHA HOPP PHYSICIAN
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	3/3/22	3/3/22 Verbal	.5hr	SUMANTHA HOPP PHYSICIAN
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
Emergency health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	10/20/21	10/20/21 Physician & Verbal	3.53hr	Logan NUESSE PHYSICIAN
Other topics as determined necessary regarding to the person's Coordinated Service Support Plan or identified by the agency: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

  
HOUSSTW01 (06/19/2022 03:33 CDT)  
 Signature

06/19/22  
 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

**Name:** Houssein Youssouf **Date of hire:** 10/11/21  
**of background study submission:** **Date of background study clearance:**  
**ending annual training period:** NOV 2021 - NOV 2022  
**of first supervised contact:** 3/3/22 **Date of first unsupervised contact:**

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 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*.

**Name of person served:** JOSH JANKA

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:	3/3/22	3/3/22  verbal	.5hr	Samantha Hopp  Phyxius
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	3/3/22	3/3/22 verbal	.5hr	Samantha Hopp Phyxius
Is necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	3/3/22	3/3/22 verbal	.5hr	Samantha Hopp Phyxius
if required by the CSSP or CSSP addendum	N/A	N/A	N/A	N/A

IP, 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	3/3/22	3/3/22 verbal	.5hr	Samantha Hopp Physician
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	3/3/22	3/3/22 verbal	.5hr	Samantha Hopp Physician
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	3/3/22	3/3/22 verbal	.5hr	Samantha Hopp Physician
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	10/20/21	10/20/21 Physical & verbal	3.5hr	Logan Nuesse Physician
Other topics as determined necessary regarding to the person's Coordinated Service Support Plan or identified by the provider:	N/A	N/A	N/A	N/A

  
 \_\_\_\_\_  
 Signature

06/19/22  
 Date

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

# Houssein Youssuf

Final Audit Report

2022-06-19

Created:	2022-03-03
By:	Nick Tran (nick@phyxiusinc.com)
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Transaction ID:	CBJCHBCAABAAerVzXdPVNWPYT02B5X73CA2VHvci9kpO

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