

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

name: Muhammed Tahaish

Date of hire: 7/28/22

background study submission: 2/28/22

Date of background study clearance: 7/29/22

3 annual training period: may 21 - may 22

Date of first unsupervised contact: 3/7/22

first unsupervised contact: 1/31/22

Living 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 implemented, 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.

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

person served: JN

Recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
Date and safe techniques in personal and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Activities of daily living (ADLs) per 256B.0659-specific:	<u>1/31/22</u>	<u>Verbalize</u>	<u>0.5 hr</u>	<u>Shantell Dietman</u>
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<u>1/31/22</u>	<u>Verbalize</u>	<u>0.5 hr</u>	<u>Shantell Dietman</u>
Necessary to provide appropriate instrumental activities of daily living (IADLs) per 256B.0659-specific:	<u>1/31/22</u>	<u>Verbalize</u>	<u>0.5 hr</u>	<u>Shantell Dietman</u>
Required by the CSSP or CSSP	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<p><b>CSSP Addendum, and Self- Assessment to achieve and document an understanding of the person as an individual and how to implement plans. Include outcomes, behavior plans, and document specific to the person</b></p>				
<p><b>Individual Abuse Prevention Plan to achieve and document an understanding of the person as a unique individual and how to implement those plans</b></p>	1/31/22	Reading	1hr	Shantel Dietman
<p><b>Medication set up or medication administration training when staff set up or administer medications. Training also includes medication set up or administration instructions for the person</b></p>	10-7-21	physical	1hr	Amber Young
<p><b>Medication used by the person to sustain life or prevent a medical condition that could be life threatening. This training must be provided by a licensed health care professional and correct operation of medical equipment</b></p>	N/A	N/A	N/A	Client does not use medical equipment
<p><b>Health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a mental illness</b></p>	8/18/20	physical	3.53	Logan Nusse
<p><b>Plans as determined necessary specific to the person's Coordinated Service Plan or identified by the person's behavior</b></p>	1/31/22	Verbal	0.5hr	Shantel Dietman

Signature

Date 01/31/2022

I stand 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 Taha

Background study submission: 7/20/22

1g annual training period: may 21 - may 22

1f first supervised contact: 1/31/22

1g first 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 reviewed, 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.

1g topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (\*) if not included in the Coordinated Service and Support Plan.

1g Date of first unsupervised contact: 3/17/22

1g of person served: TM

1g presentation to individual service recipient needs	1g Date of completion	1g Date and type of demonstrated competency	1g Length of training	1g Name of trainer and company, if applicable
1g appropriate and safe techniques in personal and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Activities of daily living (ADLs) per 256B.0659-specific:	1/31/22	Variable	0.5hr	Shantell Dietzman
1g handling 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 Dietzman
1g necessary to provide appropriate instrumental activities of daily living (ADLs) per 256B.0659-specific:	1/31/22	Variable	0.5hr	Shantell Dietzman
1g required by the CSSP or CSSP	N/A	N/A	N/A	N/A

**CSSP Adherence, and Self**

**gement Assessment to achieve and**  
 strate an understanding of the person as  
 ue individual and how to implement  
 plans. Include outcomes, behavior plans,  
 y document specific to the person

**Abuse Prevention Plan to achieve**  
 monstrate an understanding of the  
 as a unique individual and how to  
 nent those plans

**ation set up or medic ation**  
 istration training when staff set up or  
 ister medications. Training also includes  
 s medication set up or administration  
 res for the person

**fe and correct operation of medical**  
 ent used by the person to sustain life or  
 for a medical condition that could  
 e life threatening. This training must be  
 ed by a licensed health care professional  
 ufacturer's representative

**health crisis response, de-escalation**  
 nes, and suicide intervention when  
 ng direct support to a person with a  
 mental illness

**opics as determined necessary**  
 ng to the person's *Coordinated Service*  
*Support Plan* or identified by the

ly: Food

nic: diabetes-

nic:

	1/31/22	feeding	1hr	Shantell Dietzman
	1/31/22	Reading	1hr	Shantell Dietzman
	10-7-21	physical	1hr	Shantell Dietzman
	N/A	N/A	N/A	Client does not Use medical equipment
	8/18/20	physical	3.53	Logan Nusse
	1/31/22	Variable	0.5hr	Shantell Dietzman

Signature *Shantell Dietzman*

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.