

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Smara Diner*

Date of background study submission: *6/13/22*
 Date of background study clearance: *6/28/22*

Date of first supervised contact: *7/11/22*
 Date of first unsupervised contact: *7/16/22*

Staff 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 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 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:	<i>7/14/22</i>	<i>Verbal</i>	<i>0.5hr</i>	<i>BBrown</i>
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<i>7/14/22</i>	<i>Verbal</i>	<i>0.5hr</i>	<i>Physicians inc.</i>
What is necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>7/14/22</i>	<i>Verbal</i>	<i>0.5hr</i>	<i>BBrown</i>
If required by the CSSP or CSSP Admin	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Physicians inc.</i>

<p>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, any document specific to the person</p>	<p>7/14/22</p>	<p>Verbal & Reading</p>	<p>1.0hr</p>	<p>Phyllis inc.</p>
<p>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>7/14/22</p>	<p>Reading</p>	<p>1.0hr</p>	<p>Phyllis 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>7/14/22</p>	<p>Physical & Verbal</p>	<p>1.0hr</p>	<p>Phyllis inc.</p>
<p>Medication used by the person to sustain life or monitor a medical condition that could be 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>Individual health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a mental illness</p>	<p>6/15/22</p>	<p>Physical & Verbal</p>	<p>4.28hr</p>	<p>Logan Weisse</p>
<p>Topics as determined necessary relating to the person's Coordinated Service Support Plan or identified by the provider</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>Phyllis inc.</p>

Resiana Ware Signature

Date 7/14/22

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