

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Safia Osman **Date of hire:** See previous DPF-025
Date of background study submission: See previous DPF-02 **Date of background study clearance:** See previous DPF-02
Ongoing annual training period: See previous DPF-02
Date of first supervised contact: See previous DPF-02 **Date of first unsupervised contact:** See previous DPF-02

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 *Support Plan*.

Name of person served: Ronald Lewis

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:	11/10/22		1 Hour	Sara Doeden, Program Lead
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11/10/22		1 Hour	Sara Doeden, Program Lead
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11/10/22		1 Hour	Sara Doeden, Program Lead
CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i>	N/A	N/A	N/A	N/A

Support Plan, Support Plan 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	11/10/22		1 Hour	Sara Doeden, Program Lead
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11/10/22		1 Hour	Sara Doeden, Program Lead
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	11/10/22		1 Hour	Sara Doeden, Program Lead
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	11/10/22		1 Hour	Sara Doeden, Program Lead
Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company: Topic: N/A Topic: N/A Topic: N/A	N/A	N/A	N/A	N/A

 Sara Doeden (Nov 14, 2022 10:03 CST)

Staff signature

11/14/22

Date

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

DPF-025 Kalimera

Final Audit Report

2022-11-14

Created:	2022-11-11
By:	Brandon Jensen (brandon@phyxiusinc.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAApZmkmgRjYmAWPWxi3N-XVkmGwkmqa2gc

"DPF-025 Kalimera" History

-  Document created by Brandon Jensen (brandon@phyxiusinc.com)
2022-11-11 - 10:24:56 PM GMT
-  Document emailed to lajiruun@hotmail.com for signature
2022-11-11 - 10:28:09 PM GMT
-  Email viewed by lajiruun@hotmail.com
2022-11-12 - 2:37:10 AM GMT
-  Email viewed by lajiruun@hotmail.com
2022-11-13 - 8:22:49 PM GMT
-  Email viewed by lajiruun@hotmail.com
2022-11-14 - 4:32:30 AM GMT
-  Signer lajiruun@hotmail.com entered name at signing as Safia Osman
2022-11-14 - 4:03:00 PM GMT
-  Document e-signed by Safia Osman (lajiruun@hotmail.com)
Signature Date: 2022-11-14 - 4:03:02 PM GMT - Time Source: server
-  Agreement completed.
2022-11-14 - 4:03:02 PM GMT



Adobe Acrobat Sign