

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: MUNA ADEEN  
 Date of hire: 10-12-22  
 Date of background study submission: 10-12-22  
 Ongoing annual training period: 10/22/23-10/23/23  
 Date of first supervised contact: 10/26  
 Date of first unsupervised contact: 11-7-22  
 Date of background study clearance: 10-17  
 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: <u>Sarah Reimer</u>		Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
Orientation to individual service recipient needs					
*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:		<u>10-27-22</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liben Abbas</u> <u>Physixus Inc.</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet		<u>10-27-22</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liben Abbas</u> <u>Physixus Inc.</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:		<u>10-27-22</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liben Abbas</u> <u>Physixus Inc.</u>
CPR, if required by the CSSP or CSSP Addendum		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

<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>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbas Phyxus 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>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbas Phyxus 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>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbas Phyxus 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>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</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>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbas Phyxus 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>10/27/22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbas Phyxus Inc.</p>

Staff signature  
*Munster*

Date  
10/27/22

\*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

**Staff name:** Mona Aden  
**Date of background study submission:** 10-12-22  
**Ongoing annual training period:** 10/22/23  
**Date of first supervised contact:** 10/26  
**Date of hire:** 10-12-22  
**Date of background study clearance:** 10-17  
**Date of first unsupervised contact:** 11-7-22

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

**Name of person served:** Latrice Huggs

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:	10-27-22	Verbal	5 hrs	Libem Abis Physixus Inc.
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10-27-22	Verbal	5 hrs	Libem Abis Physixus Inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10-27-22	Verbal	5 hrs	Libem Abis
CPR, if required by the CSSP or CSSP Addendum	NA	NA	NA	Physixus Inc NA

<p><b>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</b></p>	<p>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbis Purxus Inc.</p>
<p><b>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</b></p>	<p>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbis Purxus Inc.</p>
<p><b>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</b></p>	<p>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbis Purxus Inc.</p>
<p><b>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</b></p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p><b>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</b></p>	<p>10-27-22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbis Purxus Inc.</p>
<p><b>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</b> Topic: Topic: Topic:</p>	<p>10/27/22</p>	<p>Verbal</p>	<p>Slurs</p>	<p>Liben Abbis Purxus Inc.</p>

10/27/22  
Date

*[Signature]*  
Staff signature

\*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

**Staff name:** Muna Aden  
**Date of background study submission:** 10-12-22  
**Ongoing annual training period:** 10/26/23  
**Date of first supervised contact:** 10/26  
**Date of hire:** 10-12-22  
**Date of background study clearance:** 10-17  
**Date of first unsupervised contact:** 11-7-22

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

**Name of person served:** Jon Staszewicz

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	10-27-22	Verbal	Slurs	Liben Abis
Care of teeth, gums, and oral prosthetic devices				
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	10-27-22	Verbal	Slurs	Liben Abis Physixus Inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	10-27-22	Verbal	Slurs	Liben Abis
CPR, if required by the CSSP or CSSP Addendum	NA	NA	NA	Physixus Inc NA

<p><b>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</b></p>	10-27-22	Verbal	SWS	Liben Abbas Fluxus Inc
<p><b>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</b></p>	10-27-22	Verbal	SWS	Liben Abbas Fluxus Inc
<p><b>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</b></p>	10-27-22	Verbal	SWS	Liben Abbas Fluxus Inc
<p><b>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</b></p>	NA	NA	NA	NA
<p><b>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</b></p>	10-27-22	Verbal	SWS	Liben Abbas Fluxus Inc
<p><b>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</b></p>	10/27/22	Verbal	SWS	Liben Abbas Fluxus Inc
<p>Topic: Topic: Topic:</p>				

Staff signature: Munster Date: 10/27/22

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