

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Hibo Hagi
Date of background study submission: 11.9.22
Date of background study clearance: 11.9.22
Ongoing annual training period: 2022-2023
Date of first supervised contact: 11.0.22
Date of first unsupervised contact: 12.3.22

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: Jerilyn Boethin

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:	11.22.22	11.22.22 Verbal	SHR	Taylor Holewa Program Lead Physixus Inc
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11.22.22	11.22.22 Verbal read	SHR	Taylor Holewa Program Lead Physixus inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11.22.22	11.22.22 Verbal read	SHR	Taylor Holewa Program Lead Physixus Inc
CPR, if required by the CSSP or CSSP Addendum	11.22.22	11.22.22 Verbal read	SHR	Taylor Holewa Physixus Inc

<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>	11.22.22	11.22.22	11.22.22	5hr	Taylor Holawa Program Lead Phyxins Inc
<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>	11.22.22	11.22.22	11.22.22	5hr	Taylor Holawa Program Lead Phyxins Inc
<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>	11.22.22	11.22.22	Physical	1hr	Taylor Holawa Program Lead Phyxins Inc
<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>	N/A	N/A	N/A	N/A	N/A
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	11.16.22	11.16.22	Physical verbal	3.5hr	Nick Tran Phyxins Inc
<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>	N/A	N/A	N/A	N/A	N/A

Staff signature *Junior*

Date 11/22/2022

*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: Hibo Haji
Date of background study submission: 11.9.22
Ongoing annual training period: 2022-2023
Date of first supervised contact: 11.22
Date of hire: 11.9.22
Date of background study clearance: 11.9.22
Date of first unsupervised contact: 12.3.22

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:	Christine Kraemer			
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:	11.22.22	11.22.22 Verbal	.5hr	Taylor Holewa Program Lead Phyxins Inc
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11.22.22	11.22.22 Verbal read	.5hr	Taylor Holewa Program Lead Phyxins inc
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11.22.22	11.22.22 Verbal read	.5hr	Taylor Holewa Program Lead Phyxins Inc
CPR, if required by the CSSP or CSSP Addendum	11.22.22	11.22.22 Verbal read	.5hr	Taylor Holewa Phyxins Inc

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	11.22.22	11.22.22	11.22.22	11.22.22	5hr	Taylor Holawa Program Lead Phyxins Inc
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11.22.22	11.22.22	11.22.22	11.22.22	5hr	Taylor Holawa Program Lead Phyxins Inc
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	11.22.22	11.22.22	11.22.22	Physical	1hr	Taylor Holawa Program Lead Phyxins Inc
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	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	11.16.22	11.16.22	11.16.22	Physical Verbal	3.5hr	Nick Tran Phyxins Inc
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A	N/A	N/A

Staff signature *Junior*

Date 11/22/2022

*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: Hilbo Haji
Date of hire: 11.9.22
Date of background study submission: 11.9.22
Date of background study clearance: 11.9.22
Ongoing annual training period: 2022-2023
Date of first supervised contact: 11.22
Date of first unsupervised contact: 12.3.22

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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: Ariel Koenig

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:	11.22.22	11.22.22 Verbal	5hr	Taylor Hotelewa Program Lead Phyxins Inc
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	11.22.22	11.22.22 Verbal read	5hr	Taylor Hotelewa Program Lead Phyxins inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	11.22.22	11.22.22 Verbal read	5hr	Taylor Hotelewa Program Lead Phyxins Inc
CPR, if required by the CSSP or CSSP Addendum	11.22.22	11.22.22 Verbal read	5hr	Taylor Hotelewa Phyxins Inc

<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>11.22.22</p>	<p>11.22.22 verbal read</p>	<p>5hr</p>	<p>Taylor Holewa Program Lead Phyxins 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>11.22.22</p>	<p>11.22.22 verbal read</p>	<p>5hr</p>	<p>Taylor Holewa Program Lead Phyxins 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>11.22.22</p>	<p>11.22.22 Physical</p>	<p>1hr</p>	<p>Taylor Holewa Program Lead Phyxins 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>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</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>11.16.22</p>	<p>11.16.22 Physical verbal</p>	<p>3.5hr</p>	<p>Nick Tran Phyxins 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>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

Staff signature Judith Date 11/22/2022
 *I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.