

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Deka **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: Tristen Cornett

| 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: <div style="text-align: right; padding-right: 20px;"> Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: </div> | 12/22/22 | | 1.0 hours | Christina Anderson |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 12/22/22 | | 1.0 hours | Christina Anderson |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 12/22/22 | | 1.0 hours | Christina Anderson |
| CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i> | n/a | n/a | n/a | n/a |

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|---|----------|-----|-----------|--------------------|
| 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 | 12/22/22 | | 1.0 hours | Christina Anderson |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | 12/22/22 | | 1.0 hours | Christina Anderson |
| 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 | 12/22/22 | | 1.0 hours | Christina Anderson |
| 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 | 12/22/22 | | 1.0 hours | Christina Anderson |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: Topic: Topic: Topic: | | | | |



Staff signature

01/16/23

Date

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

TC Service Plan Review

Final Audit Report

2023-01-16

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| Created: | 2022-12-22 |
| By: | Amber Norlund (amberanne@phyxiusinc.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAsBd0b5cxGfXdya5R7WV2kmlUOi3tMVso |

"TC Service Plan Review" History

 Document created by Amber Norlund (amberanne@phyxiusinc.com)
2022-12-22 - 10:24:21 PM GMT

 Document emailed to muniira002@gmail.com for signature
2022-12-22 - 10:26:21 PM GMT

 Email viewed by muniira002@gmail.com
2022-12-22 - 10:26:26 PM GMT

 Email viewed by muniira002@gmail.com
2022-12-23 - 10:45:51 PM GMT

 Email viewed by muniira002@gmail.com
2022-12-24 - 10:31:39 PM GMT

 Email viewed by muniira002@gmail.com
2022-12-26 - 0:00:11 AM GMT

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2022-12-31 - 1:34:43 AM GMT

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 New document URL requested by muniira002@gmail.com
2023-01-16 - 10:15:40 PM GMT

 Signer muniira002@gmail.com entered name at signing as Deka
2023-01-16 - 10:19:21 PM GMT

 Document e-signed by Deka (muniira002@gmail.com)
E-signature hosted by Amber Norlund (amberanne@phyxiusinc.com)
Signature Date: 2023-01-16 - 10:19:23 PM GMT - Time Source: server

 Agreement completed.
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