

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Name: *Abdiwasa Mohamed* **Date of hire:** *8/9/21*
Date of background study submission: *8/9/21* **Date of background study clearance:** *8/9/21*
Upcoming annual training period: *NOV 2022 - NOV 2023*
Date of first supervised contact: *10/17/22* **Date of first unsupervised contact:** *11/12/22*

For staff members who are 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: *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:	<i>11/15/22</i>	<i>11/15/22 verbal & physical</i>	<i>.5</i>	<i>Sara Dreden Phyxius Inc</i>
Understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	<i>11/15/22</i>	<i>11/15/22 verbal</i>	<i>.5</i>	<i>Sara Dreden Phyxius Inc</i>
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>11/15/22</i>	<i>11/15/22 verbal & physical</i>	<i>.5</i>	<i>Sara Dreden Phyxius Inc</i>
Information, if required by the CSSP or CSSP, regarding the person's medical history and current medical condition.	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

ISP, CSSP Addendum, and Self- management Assessment to achieve and monstrate an understanding of the person as nique individual and how to implement se plans. Include outcomes, behavior plans, d any document specific to the person	11/15/22	11/15/22 verbal & physical	.5	Sara Dredun Phyxius Inc
Individual Abuse Prevention Plan to achieve d demonstrate an understanding of the rson as a unique individual and how to plement those plans	11/15/22	11/15/22 verbal	.5	Sara Dredun Phyxius Inc
Education set up or medication ministration training when staff set up or minister medications. Training also includes pecific medication set up or administration cedures for the person	10/17/22	10/17/22 verbal & physical	.5	Sara Dredun Phyxius Inc
Safe and correct operation of medical quipment used by the person to sustain life or monitor a medical condition that could come life threatening. This training must be vided by a licensed health care professional manufacturer's representative	10/17/22	10/17/22 verbal & physical	.5	Sara Dredun Phyxius Inc
Mental health crisis response, de-escalation hniques, and suicide intervention when roviding direct support to a person with a rious mental illness	10/13/21	10/13/21 verbal & physical	4.0	Logan Nwesse Phyxius Inc
Other topics as determined necessary ording to the person's Coordinated Service d Support Plan or identified by the mpany: Topic: Topic: Topic:	N/A	N/A	N/A	N/A


Abdiwasa Mohamed (Jan 31, 2023 13:40 CST)
staff signature

11/15/22
Date

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

RL Abdiwasa Mohamed DPF-025

Final Audit Report

2023-01-31

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