

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Abdulwasa Abdikadir      **Date of hire:** 3/4/20  
**Date of background study submission:** 3/30/23      **Date of background study clearance:** 3/30/23  
**Ongoing annual training period:** April 2023 - April 2024  
**Date of first supervised contact:** 4/5/23      **Date of first unsupervised contact:** 4/14/23

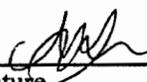
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*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:** John Fandle

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:	4/5/23	4/5/23 Verbal	.5hr	Sam hopp Phyxius inc
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	4/5/23	4/5/23 Verbal	.5hr	Sam hopp Phyxius inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	4/5/23	4/5/23 Verbal	.5hr	Sam hopp Phyxius inc
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	4/5/23	4/5/23 verbal	1hr	Sam Hopp Phyxius inc
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	4/5/23	4/5/23 verbal	1hr	Sam Hopp Phyxius 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	6/9/21	6/9/21 verbal	.5hr	Sam Hopp Phyxius 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
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	4/5/23	4/5/23 Physical & verbal	2.5hr	Brandon Jensen Phyxius inc
Other topics as determined necessary according to the person's Support Plan or identified by the company:  Topic: Topic: Topic:	n/a	n/a	n/a	n/a

Staff signature 

Date 4-10-23

\*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:** Abdinasa Abdikadir      **Date of hire:** 3/4/23  
**Date of background study submission:** 3/30/23      **Date of background study clearance:** 3/30/23  
**Ongoing annual training period:** April 2023 - April 2024  
**Date of first supervised contact:** 4/5/23      **Date of first unsupervised contact:** 4/14/23

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 *Support Plan*.

**Name of person served:** Tony Muntiferina

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:	4/5/23	4/5/23 verbal	.5hr	Sam Hopp Phyxius inc
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	4/5/23	4/5/23 verbal	.5hr	Sam Hopp Phyxius inc
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	4/5/23	4/5/23 Verbal	.5hr	Sam Hopp Phyxius inc
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	4/5/23	4/5/23 verbal	1hr	Sam Hopp Phytius inc
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	4/5/23	4/5/23 verbal	1hr	Sam Hopp Phytius 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	6/9/24	6/9/24 verbal	1.5hr	Sam Hopp Phytius 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
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	4/5/23	4/5/23 physical verbal	2.5hr	Brandon Jansen Phytius inc
Other topics as determined necessary according to the person's Support Plan or identified by the company:  Topic: Topic: Topic:	n/a	n/a	n/a	n/a

Staff signature 

Date 4-10-23

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