

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Maria Helen

DOB: MM/DD/YYYY

Date of hire: 10-12-22

Date of background study submission: 10-9-23

Date of background study clearance: 10-9-23

Ongoing annual training period: 10-24

Date of first supervised contact: From DPE

Date of first unsupervised contact: From NPE

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: Saba Williams

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:	<u>10-25-23</u>	<u>Verbal</u>	<u>Gums</u>	<u>Liban Abib</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>10-24-23</u>	<u>Verbal</u>	<u>Gums</u>	<u>Liban Abib</u> <u>Phyllis</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>10-28-23</u>	<u>Verbal</u>	<u>Gums</u>	<u>Phyllis</u>
CPR, if required by the Support Plan or Support Plan Addendum	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

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	10-28-23	Verbal	Signs	Liban - abis
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10-28-23	Verbal	Signs	Physician Liban abis Physician
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	10-28-23	Verbal	Signs	Liban abis Physician
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	NA	NA	NA	NA
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	10-28-23	Verbal	Signs	Liban abis Physician
Other topics as determined necessary according to the person's Support Plan or identified by the company:	10-28-23	Verbal	Signs	Liban abis Physician
Topic: Topic: Topic:				

Maria Akleh
NWA 40001, UNIT 20, 2024, 1156 CSTI

Staff signature

Date 1-20-24

*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: Maria Akon
New Mexico 2020-11-01-01

Date of hire: 10-12-22

Date of background study submission: 10.18.22

Date of background study clearance: 10-12-22

Ongoing annual training period: 10-2024

Date of first supervised contact: Pre-1st

Date of first unsupervised contact: Pre-1st

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: ~~_____~~ ~~_____~~ Sen Steiner

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:	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Akon</u>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Akon</u> <u>Physician</u>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Akon</u> <u>Physician</u>
CPR, if required by the Support Plan or Support Plan Addendum	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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	12-8-23	Verbal	SWs	Liban skills
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12-5-23	Verbal	SWs	Liban skills Pharmacologic
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	12-5-23	Verbal	SWs	Liban skills Pharmacologic
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	NA	NA	NA	NA
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12-5-23	Verbal	SWs	Liban skills
Other topics as determined necessary according to the person's Support Plan or identified by the company:	12-5-23	Verbal	SWs	Liban skills Pharmacologic

Maria Akon
Maria Akon (Jan 20, 2024 11:56 CST)
 Staff signature

Date 1-20-24

*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: Maria Helen
Home Address: 202011313131

Date of background study submission: 10.25.22

Ongoing annual training period: 10.2024

Date of first supervised contact: Pre-2024

Date of first unsupervised contact: Pre-2024

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: ~~XXXX~~ ~~XXXX~~ ~~XXXX~~ Small Raven

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:	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Jibis</u>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Jibis</u> <u>Phyllisinc</u>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>12.5-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Jibis</u> <u>Phyllisinc</u>
CPR, if required by the Support Plan or Support Plan Addendum	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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	12-8-23	Verbal	Stms	Liban skib
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12-5-23	Verbal	Stms	Liban skib Phixusnc
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	12-5-23	Verbal	Stms	Liban skib Phixusnc
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	NA	NA	NA	NA
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12-5-23	Verbal	Stms	Liban skib Phixusnc
Other topics as determined necessary according to the person's Support Plan or identified by the company:	12-5-23	Verbal	Stms	Liban skib Phixusnc
Topic: Topic: Topic:				

Mena Aden
Mena Aden (Jan 20, 2024 1:58:37)

Date 1-20-24

*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: Maria Helen
New Mexico State University

Date of hire: 10-12-22

Date of background study submission: 10-12-22

Date of background study clearance: 10-12-22

Ongoing annual training period: 10-2024

Date of first supervised contact: Present

Date of first unsupervised contact: Present

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: Mate Harris

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:	<u>12-5-23</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liban Skills</u>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>12-5-23</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liban Skills</u> <u>Proximus</u>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>12-5-23</u>	<u>Verbal</u>	<u>5 hrs</u>	<u>Liban Skills</u> <u>Proximus</u>
CPR, if required by the Support Plan or Support Plan Addendum	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

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	12-5-23	Verbal	Stms	Liban shib
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	12-5-23	Verbal	Stms	PRKivinc Liban shib
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	12-5-23	Verbal	Stms	Liban shib PRKivinc
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	NA	NA	NA	NA
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12-5-23	Verbal	Stms	Liban shib
Other topics as determined necessary according to the person's Support Plan or identified by the company:	12-5-23	Verbal	Stms	PRKivinc Liban shib Phredvanc

Mina Aden
Mina Aden (ID# 2024 1386537)

Staff signature

Date 1-20-24

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

PHYXIUS

HOUSE FILE ORIENTATION INFORMATION

Please initial and date each area as the tasks and/or paperwork are completed.

EMPLOYEE NAME: Muna Aden

DATE OF HIRE: 10-12-22

DCS Orientation Training (this form)	Date: <u>10/27</u>	Initials: <u>LA</u>
Date of First Supervised Contact	Date: <u>10/27</u>	Initials: <u>LA</u>
Date of First Unsupervised Contact	Date: <u>11/7</u>	Initials: <u>LA</u>
Employee Counseling Record	Date: <u>10/27</u>	Initials: <u>LA</u>
First Aid (print from online)	Date: <u>10/12</u>	Initials: <u>LA</u>
Medication Demonstration Form	Date: <u>10/27</u>	Initials: <u>LA</u>
Van Rules	Date: <u>N/A</u>	Initials: <u>LA</u>
Written Van Test	Date: <u>N/A</u>	Initials: <u>LA</u>
Completed behind the wheel Driving Test	Date: <u>N/A</u>	Initials: <u>LA</u>
TI Training Class Certificate	Date: <u>10/26</u>	Initials: <u>LA</u>
Employee Training Log	Date: <u>10/7</u>	Initials: <u>LA</u>
Universal Precautions/Blood-born Pathogens/ OSHA/COVID	Date: <u>10/27</u>	Initials: <u>LA</u>

The following tasks need to be completed as part of Direct Care Staff Orientation. The Trainer should INITIAL AND DATE each area as they are completed. The tasks to complete are as follows..

*Encourage staff to seek out answers within the house before reaching out to other resources. Empower them to make their own decisions while they are working, and let them know that others are available as resources, but should not be the first resource.

House Specific Items: Tour of Program

- Read and Review Program Abuse Prevention Plan (PAPP) LA 10/27/22
- Location of fire extinguisher, emergency exits, storm shelter, fire alarms, furnace, furnace filter, water shut off valves, electrical box, thermometer, etc.
- Go through closets, cupboards, show where supplies are located
- Books in Phyxius system (identify each and content)
- Files in the Phyxius File Cabinet (identify the KEY and show frequently used forms)
- Keys, what they are for where the spare keys to the house are located
- Review Garbage/Recycling pick up LA 10/27/22

Activities

- Review the calendar for the day when your shift starts to help plan out your shift.
- Cook, bake, play games, interact as much as you can with the clients. Go on walks, play ball.
- Do not just sit on your phones or ignore clients. Phones are allowed for Deputy use, researching information for clients, and emergencies. LA 10/27/22

Munt Aden

Add Name to Employee Phone List

Location: Sigma
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: Kalimera
Date/Hours of Training for Orientation: 5/15/23 8a-3p
Date/Hours Shadow Shift 1: 5/15/23 8a-3p
Date/Hours Shadow Shift 2: 5/16/23 3p-9p
Date/Hours Shadow Shift 3: 5/17/23 8a-2p

Location: FOTA
Date/Hours of Training for Orientation: 10-28-23 7hs
Date/Hours Shadow Shift 1: 10-29-23 7hs
Date/Hours Shadow Shift 2: 10-31-23 6hs
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Location: _____
Date/Hours of Training for Orientation: _____
Date/Hours Shadow Shift 1: _____
Date/Hours Shadow Shift 2: _____
Date/Hours Shadow Shift 3: _____

Add staff name tag to a mailbox slot in the house

LA 10/27/22

Specialists

- Who are they at this house?
- What do they do that is different from a Variable DCS?
- How do you become a Specialist?

LA 10/27/22

Scheduling of Hours-Deputy

- Enter your unavailability in the app
- Leave requests can be submitted on app
- You can offer shifts or propose swaps on app
- You are responsible for working or covering your weekend shift.

LA 10/27/22

Staff Com Log

- Review what to include and what not to include
- Emphasize the importance of thorough and accurate communication, and how this will benefit everyone.
- Read it after punching in, and write in it before leaving.
- Not a gripe or complaint log. If you have concerns please speak with the person directly and/or your Program Leader.

LA 10/27/22

Petty Cash

- Circle the date, location, and amount on the receipt. Include the staff initials and the clients' initials if the purchase was for the client.
- **DO NOT GO OVER BUDGET** without prior approval from your Program Leader.
- Demonstrate how to make up a receipt using the receipt book.
- **Every transaction from petty cash needs to be debited from the Monthly Budget Ledger.**
- Audit the \$ ensuring that all receipts and cash is correct.

10/27/22 LA

Client Financials

- Explanation of who buys what: what the house pays for, and what clients are responsible for.
- Audit the money daily to ensure all receipts and cash are correct.

10/27/22 LA

Credit Cards

- Select staff will have the opportunity to use a Phyxius Credit Card. This is only to be used for Phyxius purchases. If you accidentally use it for personal reasons notify the Directors and your Program Leader promptly. They will arrange for you to reimburse Phyxius.
- Keep your log and receipts in the Financial Book.
- Subtract your purchases from the Monthly Budget Ledger the day you make the purchase.
- DO NOT GO OVER BUDGET without prior approval from your Program Leader.
- You are responsible for purchases made on your credit card. If you do not have a receipt for a purchase, you may need to reimburse Phyxius for the purchase.
- Turn your ledger and receipts in to the OA's on or before the 1st and 15th of each month.

LA 10/2/22 -

Review Cleaning List

- All staff are responsible for the appearance and well being of the house.
- Overnights are responsible for the majority of the deep cleaning of the house.
- Initial all tasks you completed,
 - Although cleaning is an important aspect of the job, we would rather you are engaging the clients when possible, and cleaning during downtime.

10/2/22 LA

Review Dietary Menu & Guidelines

- Overnights pull out the frozen food needed for the next day to thaw out.
- All food in the refrigerator must be dated and labeled.
- Leftovers are good for three days before they need to be thrown away
- Condiments are good for 3 months
- All other food read the expiration dates
- All staff are responsible for cooking.
- What to do if a client does not want what is on the menu.
- Eat the prepared meals with clients as much as possible.
- No food delivery unless it is food being ordered for a client meal.
- Conceal food in a lunch box (not a McDonald's bag)

10/2/22 LA

Progress Notes

- Start the entry with your name and shift in parenthesis.
- Only use black ink
- All clients must be charted on for each shift
- There should never be open lines or spaces in the notes where others could write.
- If you make an error use a single solid line to cross it out and write "error" next to it with your initials.
- Do not use other housemate names in client's progress notes.

- If it is the end of your shift write "EOSR" in the left column, if it is medical concerns write "medical" etc.
- Choose your words carefully!
- Avoid slang and abbreviations.
- Detail oriented, but objective is the key
- Sign the entry with your name, title, and use a solid, straight line to end the entry.
- WHY we track what we track, WHAT we use it for!

10/27/22

Program Book/MAR/other end of shift documentation

- Sign off/complete all charting prior to leaving your shift. Examples: subtract any purchases from the Monthly Budget Ledger/Petty Cash Log, initial that you passed medications, record the behavior data in the Program Book, write your mileage in the Vehicle Mileage Log if you went on an outing, put an entry in the Incident/Emergency Log if you noticed a large bruise on a client after they returned home from work, initial the items you cleaned in the Cleaning Book, fill out the Schedule Discrepancy for why you had to stay late today, sign off on the Staff Meeting notes in the Training book if you missed the last staff meeting, write a note in the com log giving a brief narrative of how the clients are doing, and what is going on for the remainder of the day.

10/27/22
10/27/22

House File Cabinet review entire KEY to the file cabinet

Client Dr. Appointments/ER

- Program Leader and select staff are responsible for the majority of the client appointments but the DCS may need to accompany a client to an appointment for common colds, illnesses, or some other unplanned medical need.
- Visit to the Health Professional form must be completed and accompany the client to the doctor. The staff is responsible for filling out the top portion of the sheet and verifying that the doctor/nurse has completed the second section before leaving the appointment.
- The completed sheet must be given to the Program Leader so recommendations can be followed, and the form can be filed.
- If there are any follow up appointments please write them on the schedule.
- Dental referral Form must accompany clients to all dental appointments and be completed by the physician.

10/27/22 LA

Review Fire/Storm Drills/Emergency Exit

- Fire & Storm drills conducted monthly
- Locate all emergency exits and storm safety meeting places 10/27/22 LA

Review Home Maintenance

- Notify your Program Leader and they will reach out to Office Advisors to arrange for repairs. 10/27/22 LA

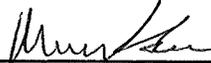
Review Vehicle Maintenance

- Identify where the contact information is for the vehicle maintenance
- Notify the Program Leader if vehicle maintenance is required prior to scheduling any vehicle maintenance

10/27/22 WA

I have read and reviewed the information outlined above. The issues have been reviewed by me and the Program Leader. All of my questions have been answered. I agree and accept to the following guidelines and perform my duties in my Orientation Training.

Date: 10/27/22


Employee Signature


Program Leader Signature