

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Den Szadewicz Date of hire: 9/14/2022
 Date of background study submission: 4.26.23 Date of background study clearance: 4.26.23
 Ongoing annual training period:
 Date of first supervised contact: Review Date of first unsupervised contact: Den off

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: Den Szadewicz

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>10-24-23</u>	<u>Verbal</u>	<u>hrs</u>	<u>Liben Abib PWARDSNC</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>hrs</u>	<u>Liben Abib PWARDSNC</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>11-04-23</u>	<u>Verbal</u>	<u>hrs</u>	<u>Liben Abib PWARDSNC</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	11-24-23	Verbal	Shus	Liban Abib Pishwimic
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11-24-23	Verbal	Shus	Liban Abib Pishwimic
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	11-24-23	Verbal	Shus	Liban Abib Pishwimic
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	Verbal 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	11-24-23	Verbal	Shus	Liban Abib Pishwimic
Other topics as determined necessary according to the person's Support Plan or identified by the company: Topic: Topic: Topic:	11-24-23	Verbal	Shus	Liban Abib Pishwimic


Mustafa Omar (Jan 29, 2024, 10:37 CST)

Staff signature

1-19-24

Date

*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: Merissa Biver **Date of hire:** 9/14/2007
Date of background study submission: 4.26.23 **Date of background study clearance:** 4.26.23
Ongoing annual training period: _____ **Date of first unsupervised contact:** See eff.

Date of first supervised contact: See eff.
 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: Autie Howes

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>10-24-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Libem Abbis PWAUSNC</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>5hrs</u>	<u>Libem Abbis PWAUSNC</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>11-24-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Libem Abbis PWAUSNC</u>
CPR, if required by the <i>Support Plan</i> or <i>Support Plan Addendum</i>	<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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
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	Verbal 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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
Other topics as determined necessary according to the person's Support Plan or identified by the company: Topic: Topic: Topic:	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist


Mountainside Center (Jan 19, 2024, 1:27 CST)

Staff signature

1-19-24

Date

*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: Sarah Renner **Date of hire:** 9/14/2022
Date of background study submission: 4.26.23 **Date of background study clearance:** 4.26.23
Ongoing annual training period: _____ **Date of first unsupervised contact:** 9/14/2022
Date of first supervised contact: 9/20/22 **Date of first unsupervised contact:** 9/20/22

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 Support Plan.

Name of person served: Sarah Renner

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>10-24-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Abib PWARDS INC</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>5hrs</u>	<u>Liban Abib PWARDS INC</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>11-04-23</u>	<u>Verbal</u>	<u>5hrs</u>	<u>Liban Abib PWARDS INC</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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
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	Verbal 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	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist
Other topics as determined necessary according to the person's Support Plan or identified by the company: Topic: Topic: Topic:	11-24-23	Verbal	Shirley	Liban Abib Psychiatrist


 Shirley
 Houston Center (Jan 18, 2014 10:17 CST)

Staff signature _____ Date 1-19-24

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