

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Ebba Adji

Date of background study submission: 10/30/23

Date of hire: 10/30/23

Ongoing annual training period: NOV 2023-NOV 2024

Date of background study clearance: 10/30/23

Date of first supervised contact: 11/10/23

Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served:

JOSH BANK

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>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hpp</u> <u>Phuris inc</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hpp</u> <u>Phuris inc</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hpp</u> <u>Phuris inc</u>
CPR, if required by the CSSP or CSSP Addendum	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<i>CSSP, CSSP 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</i>	11/10/23	11/10/23 Verbal	1hr	Samantha hopp Phyllis inc
<i>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</i>	11/10/23	11/10/23 Verbal	1hr	Samantha hopp Phyllis inc
<i>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</i>	11/10/23	11/10/23 Verbal	.5hr	Samantha hopp Phyllis inc
<i>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</i>	N/A	N/A	N/A	N/A
<i>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i>	11/11/23	11/11/23 Physical & Verbal	2.08hr	Brandon Jensen Phyllis inc
<i>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</i> Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Staff signature 

Date 11-16-23

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

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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: DURAN LAURE

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-specific:	<u>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hopp</u> <u>Phyllis inc</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hopp</u> <u>Phyllis inc</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	<u>11/10/23</u>	<u>11/10/23</u> <u>verbal</u>	<u>5hr</u>	<u>Sumantna hopp</u> <u>Phyllis inc</u>
CPR, if required by the CSSP or CSSP Addendum	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<p>CSSP, CSSP 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</p>	11/10/23	11/10/23 Verbal	1hr	Samantha hogg Phyllis inc
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	11/10/23	11/10/23 Verbal	1hr	Samantha hogg Phyllis inc
<p>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</p>	11/10/23	11/10/23 Verbal	.5hr	Samantha hogg Phyllis inc
<p>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</p>	N/A	N/A	N/A	N/A
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	11/11/23	11/11/23 Physical & Verbal	2.88hr	Brandon Jensen Phyllis inc
<p>Other topics as determined necessary according to the person's Coordinated Services and Support Plan or identified by the company:</p>	N/A	N/A	N/A	N/A
<p>Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A

Staff signature _____

Date 11-10-23

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