



BEACON
Specialized Living

Progressive Action Form

Name of Facility/Home: Hartford

Date: 2/27/2021

Employee Name: DeSean Brown

Position: DSP

Person Filling Out Form: Department Head/Director ROD Home Manager Level 6

Nature of Violation: Based on the seriousness of the offense indicated below, any of the following could result in immediate suspension.

Recipient Rights / Licensing Investigation # _____

- | | |
|---|--|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Refusing work assignment |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Not following work schedule |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Insubordination to management |
| <input type="checkbox"/> Violation of time sheet procedures | <input type="checkbox"/> Failure to assist resident/agency |
| <input checked="" type="checkbox"/> Disregard of company policies | <input type="checkbox"/> Misuse or abuse of company property |
| <input type="checkbox"/> Sleeping on the job | <input type="checkbox"/> Theft of any kind |
| <input type="checkbox"/> Leaving work without approval | <input checked="" type="checkbox"/> Violation of drug and substance policy |
| <input type="checkbox"/> Not following safety procedures | <input type="checkbox"/> Violation of data processing security agreement |
| <input type="checkbox"/> Inappropriate dress for job | <input type="checkbox"/> Other: _____ |

Details of Incident: Briefly describe what happened below.

Date: 2/27/2021 Time: 4:00PM Place: Hartford

People Involved: Desean Brown and 2 residents

If Medical Error(s): Type: _____ Level: _____ Occurrence: 1st 2nd 3rd

If Absenteeism: Occurrence: 1st 2nd 3rd in the last year

If Tardiness: Occurrence: 1st 2nd 3rd in the last year

Number of Other Progressive Actions in the last year: _____

_____ Discussion Only Verbal _____ Written _____ Suspension

Please Explain What Occurred:

On 2/27/2021 you contacted your assistant home manager and explained a situation involving marijuana. Desean you knowingly had drugs in your unlocked car and the residents were able to obtain it. Per Beacon Policies you are never to bring drugs or alcohol on Beacon Properties. I have attached the policies.

Action Taken by (if applicable): _____

Kimberly Howard
Preparer's Signature

2/27/2021
Date Given to Manager



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FOR MANAGER USE ONLY:

Employee Statement:

Action Taken by Manager: Verbal Written Suspension Termination

I understand that this Disciplinary Record is part of my Employee File and may be divulged to the State of Michigan Human Services Licensing Division and/or Office of Recipient Rights at any time relative to their inquiries or investigation. I also have been notified of and supplied with information regarding the Bullard-Plawecki Right to Know Act.


Employee Signature

3/11/2021
Date

Kimberly Howard
Manager Signature

2/27/2021
Date

_____ Employee's initials if employee refused to sign