BEACON
Specialized Living

Progressive Action Form

Name of Facility/Home: Mount Pleasant Date: 3/29/2021

Employee Name: Brandon Martin 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 # _____

- ☐ Absenteeism
- ☐ Tardiness
- ☐ Insubordination
- ☐ Violation of time sheet procedures
- ☐ Disregard of company policies
- ☐ Sleeping on the job
- ☐ Leaving work without approval
- ☐ Not following safety procedures
- ☐ Inappropriate dress for job
- ☐ Refusing work assignment
- ☐ Not following work schedule
- ☐ Insubordination to management
- ☐ Failure to assist resident/agency
- ☐ Misuse or abuse of company property
- ☐ Theft of any kind
- ☐ Violation of drug and substance policy
- ☐ Violation of data processing security agreement
- ☑ Other: Documentation error

Details of Incident: Briefly describe what happened below.

Date: 3/25, 3/26/3/27 Time: 9:00 pm Place: Med Room

People Involved: Brandon Martin

If Medical Error(s): Type: Documentation Level: A 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: 0

_____ Discussion Only ✓ Verbal _____ Written _____ Suspension

Please Explain What Occurred:
Medication count for controlled substances was not completed

Action Taken by (if applicable): _____

Preparer's Signature

4-6-2021
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.

B. _____ 04-06-2021
Employee Signature Date

_____ 4-6-2021
Manager Signature Date

_____ Employee's initials if employee refused to sign