



Employee Discussion Form

Employee Name: Kelly Halstead Date of Discussion: 3/29/21

Verbal

Written

Specific Offense or Rule Violation:

Controlled medication Count must be done each  
time DMA keys are handed off from one staff  
to another. This was not completed.

Specific Statement of the Expected Performance:

We need to make sure that we are checking to  
verify that no new meds have been added to  
the count each time we are DMA

Explanation Given by the Employee or Other Significant Information:

[Signature]  
Home Manager Signature

4/13/21  
Date

Kelly Halstead  
Employee Signature

4/13/21  
Date

\* Reminder: Make sure a copy is given to the employee and a copy placed into the employee file.