



**BEACON**  
Specialized Living

### Training Acknowledgment

---

Employee Name: Sarah Pueblo Policy/Procedure/Topic: ER/IR

Trained By: Danyell Lacer Date Trained: 4/12/21

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Sarah Pueblo  
Employee Signature

4/12/2021  
Date

Danyell Lacer  
Home Manager Signature

4/12/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



Progressive Action Form

Name of Facility/Home: LHV/ Woodland Date: 4/12/21

Employee Name: Sarah Pueblo Position: DSP

Person Filling Out Form: [ ] Department Head/Director [ ] ROD [x] 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 #

- Checkboxes for various violation types: Absenteeism, Tardiness, Insubordination, etc.

[x] Other: Not following BTP services suited to condition

Details of Incident: Briefly describe what happened below.

Date: 3/10/21 Time: Place: Woodland

People Involved:

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 [x] Written [ ] Suspension

Please Explain What Occurred:

Did not complete room sweep according to Behavior Plan.

Action Taken by (if applicable):

Danyell Garcia (Signature)

4/12/21 (Date Given to Manager)



Progressive Action Form

**FOR MANAGER USE ONLY:**

Employee Statement:

Didn't read behavior plan at this time as I was just there to pick up a shift for the home.

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

Date

*Danyell Gace*

4/12/21

Manager Signature

Date

SP X Employee's initials if employee refused to sign



Progressive Action Form

Name of Facility/Home: LHV/ Woodland Date: 4/12/21

Employee Name: Sarah Pueblo 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 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 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 checked="" type="checkbox"/> Other: <u>Dignity &amp; Respect</u>  |

**Details of Incident:** Briefly describe what happened below.

Date: 4/11/21 Time: 8am-1pm Place: Woodland

People Involved: \_\_\_\_\_

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: 0

\_\_\_\_\_ Discussion Only  Verbal \_\_\_\_\_ Written \_\_\_\_\_ Suspension

Please Explain What Occurred:

was observed to have been rude and talking in a loud tone to residents

Action Taken by (if applicable): \_\_\_\_\_

Danyell Gaeer  
Preparer's Signature

4/12/21  
Date Given to Manager



Progressive Action Form

**FOR MANAGER USE ONLY:**

Employee Statement:

I went into her room to get information on why she was telling a peer things that staff didn't do. She started yelling at me so for her to hear me because she is hard of hearing I talked louder.

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

*Danyell Lane*

Manager Signature

SP

Employee's initials if employee refused to sign

Date

4/12/21

Date