



Progressive Action Form

Name of Facility/Home: Morton Terrace Date: 7/1/2021

Employee Name: Taniya Steele Position: DSP

Person Filling Out Form: Department Head/Director DD HM 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: Failure to complete job duties - Cleaning tasks

Details of Incident: Briefly describe what happened below.

Date: 7/1/2021 Time: 7:00am Place: Home

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

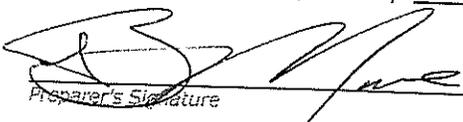
Number of Other Progressive Actions in the last year: _____

_____ Discussion Only _____ Verbal _____ Written _____ Suspension

Please Explain What Occurred:

After performing walkthrough, HM observed that there were a number
of work tasks that were not complete, in various areas of the home. Laundry incomplete, bathrooms not clean, floors not swept.
Staff is to complete all cleaning and charting duties during the shift.

Action Taken by (if applicable): _____


Preparer's Signature

7/1/21
Date Given to Manager



BEACON
Specialized Living

Progressive Action Form

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.

Taming Steub
Employee Signature

7-01-21
Date

[Signature]
Manager Signature

7/1/21
Date

_____ Employee's initials if employee refused to sign