



Progressive Action Form

Name of Facility/Home: Niles Date: 12/14/2021

Employee Name: Ilesha Coleman Position: Lead

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 # _____

- Violations list including Absenteeism, Tardiness, Insubordination, etc.

Details of Incident: Briefly describe what happened below.

Date: _____ Time: _____ Place: _____

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: _____

X Discussion Only _____ Verbal _____ Written _____ Suspension

Please Explain What Occurred: Ensure the house is kept up to Beacon standards at all times

Action Taken by (if applicable): _____

Preparer's Signature: Kim Howard

Date Given to Manager: 12/16/21



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.

Employee Signature

Jim Howard

Manager Signature

Date

Date

Employee's initials if employee refused to sign



Progressive Action Form

Name of Facility/Home: Niles Date: 12/16/2021

Employee Name: Iesha Coleman Position: Lead

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: _____

Details of Incident: Briefly describe what happened below.

Date: 12/16/21 Time: 10:00am Place: Beacon Niles

People Involved: Kum Howard / Iesha Coleman

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:

Staff contacted district director to let her know that a staff was not at the home but had punched in on 11/15/21. It was reported that she arrived on shift at 11am. On 12/16/21 District Director sat outside of the home waiting for staff to arrive. At approx 7:15am I contacted Michelle to see if Iesha had punched in she infact had but was not at the home. Shortly after I entered the home with Michelle on the phone I asked the staff if Iesha was here in the home they replied no. Michelle contacted me and Iesha had punched back out shortly after I had entered the home. I notified Michelle and Nichole that Iesha was here. We had a meeting and Iesha was sent home until further notice Kum Howard 12/16/21

Preparer's Signature

Date Given to Manager



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Action Taken by Manager: Verbal Written Suspension Termination

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Employee Signature
Kim Howard

Manager Signature

Date
12/16/21

Date

Employee's initials if employee refused to sign