

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Avancer Homes, LLC

Director: [REDACTED]

OIG Case No.: 1018-0108

I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, requiring a Written Response? Yes No

II. NOTICE TO INDIVIDUAL AND LEGAL GUARDIAN (for substantiated cases). The individual and guardian (if a guardian exists) have been notified that the reported Allegation was substantiated. Yes No Date: _____

III. SERVICE PROVIDER'S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

DIRECTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

SERVICE PROVIDER'S RESPONSE: Summarize your action for each finding/recommendation.

PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.

DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

**RECEIVED
DHS
JUL 16 2018**

**DIVISION OF
DEVELOPMENTAL DISABILITIES**

OIG FINDINGS/RECOMMENDATIONS SERVICE PROVIDER RESPONSE PERSON(S) RESPONSIBLE DATES FOR IMPLEMENTATION/COMPLETION

<p>In addition, the Office of the Inspector General recommends the following: The agency retrain their staff on the use of Medication Error Reports.</p> <p>The agency address [REDACTED] failure to provide adequate individualized training to the Direct Support Providers for new medication.</p> <p>The agency address how staff should know which medications require immediate RN notification when missed and which require 8 hours notification.</p>	<p><i>The Agency retrained all ADSP's on a new policy Rule 116 Medication error notification</i></p> <p><i>A medication update sheet is sent which has all change information on it. Also a New MAR page is sent also includes side effects.</i></p> <p><i>The Agency retrained all ADSP's on the New Policy of notification of Missed Medication. Med Error form completed</i></p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>May 4th - 5/17/2018</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">- (Continued)</p> <p style="text-align: right;">- 5/17/2018</p>
---	---	---	--

IV. APPROVAL BY AUTHORIZED REPRESENTATIVE. I have reviewed the above Written Response. I hereby approve it as the plan for correcting the Findings/Recommendations identified in the OIG investigation for this Case Number.

SIGNATURE: Authorized Representative [REDACTED]	DATE: 7/16/18	DHS Review: <i>see pg 2</i>	Date:
--	---------------	-----------------------------	-------

JUL 16 / 2018 MON 02:36 PM Avancer/Genesis FAX No. 8157843872 P. 003

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Avancer Homes, LLC

Director: [REDACTED]

OIG Case No.: 1018-0108

I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, requiring a Written Response? Yes No

II. NOTICE TO INDIVIDUAL AND LEGAL GUARDIAN (for substantiated cases). The individual and guardian (if a guardian exists) have been notified that the reported Allegation was substantiated. Yes No Date: _____

III. SERVICE PROVIDER'S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

DIRECTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

SERVICE PROVIDER'S RESPONSE: Summarize your action for each finding/recommendation.

PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.

DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

**RECEIVED
DHS**

JUL 16 2018

**DIVISION OF
DEVELOPMENTAL DISABILITIES**

DATES FOR

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION
<p>Based on the facts in this case the following was concluded: The allegation of neglect, against [REDACTED] and [REDACTED], as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10 is substantiated.</p> <p>The allegation of neglect, against Avancer Homes and [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10 is unsubstantiated.</p>	<p>[REDACTED]</p> <p><i>filed a Clarification/Reconsideration</i></p> <p><i>Terminated for [REDACTED] agency violation</i></p> <p><i>Received</i></p> <p><i>Retrain on Rule 116 Med Exem</i></p>	<p>[REDACTED]</p>	<p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>
			<p>— 12/6/17</p> <p>— 5/17/18</p>

IV. APPROVAL BY AUTHORIZED REPRESENTATIVE. I have reviewed the above Written Response. I hereby approve it as the plan for correcting the Findings/Recommendations identified in the OIG investigation for this Case Number.

SIGNATURE: Authorized Representative	DATE:	DHS Review:	Date:
[REDACTED]	<i>7/16/2018</i>	[REDACTED]	<i>7/17/18</i>