

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Bethesda Lutheran Communities, Inc.

Director: [REDACTED]

OIG Case No.: 1118-0326

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.

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DIVISION OF
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
<p>Based on the facts in this case, the following was concluded: The allegation of neglect, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10; is substantiated.</p> <p>In addition, the office of Inspector General recommends the following: The agency establish a repositioning schedule for [REDACTED], purchase a new gel wheelchair, and a foam offloading mattress.</p>	<p>The three staff members will receive performance counseling to insure similar situations do not take place in the future. The entire staff of the Central region of Bethesda Lutheran Communities that provides direct care to the people supported, including the three mentioned, will receive retraining in the observation, reporting, and documenting of physical injuries to the people supported that reside in the house. The case manager secured the funding for a new wheelchair. The wheelchair has been professionally fitted and ordered.</p> <p>On March 26, 2018 a foam mattress pad was purchased that was not the type recommended by OIG. A foam offloading mattress will be purchased.</p> <p>A repositioning schedule will be developed for the individual</p> <p>A schedule was developed and implemented during the healing process. It will be restated and documented and attached to a T-Log in Therap on a daily basis.</p>	[REDACTED]	8/3/2018	9/15/2018
			5/1/2018	8/30/2018
			July 26, 2018	8/30/2018
			7/26/2018	8/10/2018

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: 7-31-18	DHS Review [REDACTED]	Date: 7/31/18
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