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FEB 16 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: MOSAIC Director: [REDACTED] OIG Case No. 1217-0602

I. For this case, was there a finding of substantiated allegations? Yes No
Were there Other Observations, 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: January 31, 2018

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.)

X SERVICE PROVIDER-S RESPONSE. Summarize your action for each finding/recommendation.

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

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

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION
The allegation of neglect is substantiated against [REDACTED]	1. [REDACTED] Med authorization was immediately revoked. 2) [REDACTED] was retrained (8 hour Med Admin Class) 3) [REDACTED] was re-authorized to do medications on 6/26/17	[REDACTED]	1) 5/19/17 2) 6/19/17 3) 6/26/17

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.

SIGN: [REDACTED]	DATE: <u>2/13/18</u>	[REDACTED]	DATE: <u>2/16/18</u>
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