

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Arc of Iroquois County Director: [REDACTED] _____ OIG Case No. 1217-0654

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: June 8, 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.

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DHS**

JUL 02 2018

**DIVISION OF
DEVELOPMENTAL DISABILITIES**

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
			IMPLEMENTATION/COMPLETION	IMPLEMENTATION/COMPLETION
<p>The allegation of neglect is substantiated against [REDACTED] and [REDACTED]</p> <p><u>Recommendations</u></p> <p>OIG recommends that the agency policy on restocking individuals' medications be reviewed and revised to clarify who is responsible to pick up medications for each CILA when they arrive from the pharmacy.</p>	<p>[REDACTED] and [REDACTED] no longer work for the agency. [REDACTED] was given a written warning.</p> <p>Implemented new medication pick up procedure and additional call in requirements when first dose of new medication or doctors order is given.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	6/22/18	6/22/18
			8/25/17	8/25/17

terminations unrelated to this investigation.

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: [REDACTED] Authorized Representative	DATE: <u>6/25/18</u>	DHS Review: [REDACTED]	DATE: <u>7/2/18</u>
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