

JUL 31 2018

DIVISION OF

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL **DEVELOPMENTAL DISABILITIES**

Name of Service Provider: Alpha Omega Consulting Director: [REDACTED] OIG Case No. 1218-0094

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 18, 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	
<p>The allegation of neglect is substantiated against [REDACTED]</p> <p><u>Recommendations</u></p> <p>OIG recommends that [REDACTED] receive re-training and re-certification in Rule 116 Medication Administration, and that proof of her re-certification be made available for review at the agency.</p>	<p>[REDACTED] was retrained by company contracted [REDACTED] on 8/18/2017 to correct Medication Administration and assistance protocols, policies and procedures. She was reauthorized to administer medications by the RNT after this retraining was completed. The retraining information has been maintained and is on file for review.</p>	<p>[REDACTED]</p>	<p>August 18, 2017</p>	<p>August 18, 2017</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 [REDACTED]	DATE: July 5, 2018	[REDACTED]	DATE: <u>7/31/18</u>
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[REDACTED]

[REDACTED]