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JUL 17 2018

DIVISION OF  
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Achievement Unlimited Director: [REDACTED] OIG Case No. 1218-0209  
1218-209

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 30, 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.

FINDING&RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The allegation of neglect is substantiated against [REDACTED]	Both [REDACTED] were re-educated on medication administration upon discovery of error. [REDACTED] last day of employment with AUI was 3/10/18. Employment of [REDACTED] was terminated on 7/9/18 after receipt of the findings.  [REDACTED] departure from AUI was unrelated to this investigation.	[REDACTED]	10/17/17	7/9/18

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 <u>7/17/18</u>	DATE <u>7/17/18</u>
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11:23:48 a.m. 07-05-2018 10/10