

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

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DHS

OCT 09 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

Name of Service Provider: Residential Options Director: [REDACTED] OIG Case No. 1218-0253

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: September 26, 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] | TERMINATE EMPLOYMENT. [REDACTED] | [REDACTED] | 11.9.17 | 11.9.17 |

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.

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|-----------------------|---------------|------------|----------------|
| SIGNATURE: [REDACTED] | DATE: 10-1-18 | [REDACTED] | DATE: 10.09.18 |
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