WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: SPARC Director: [redacted] OIG Case No. 1218-0301

I. For this case, was there a finding of substantiated allegations? X Yes ___ No
Were there Other Observations, requiring a Written Response? X 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. X Yes ___ No Date: _____.

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 SPARC. **Recommendations** It is the recommendation of OIG that SPARC staff on mechanical soft diet and ensure that all staff are knowledgeable abut the risks of [redacted] eating foods not allowed on his prescribed diet.	see attached.			

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: Authorized Representative	DATE:	DHS Review:	DATE:

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: SPARC Director: [redacted] OIG Case No. 1218-0301

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
See attached.	SPARC retrained staff on mechanical soft diet, which included examples of what foods are safe and what foods to avoid, to ensure that staff are knowledgeable to avoid risks associated with eating foods that are not allowed on his prescribed diet (training material and signature sheets attached).	[redacted]	12/27/2017	12/27/2017

I. 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.

II.

SIGNATURE: [redacted] Authorized Representative	DATE: 6/22/18	DHS Review: [redacted]	DATE: 6/26/18