

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

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MAR 28 2018

NAME OF SERVICE PROVIDER: Five Star Industries, Inc.

DIRECTOR: [REDACTED]

OIG CASE NO. 1317-0208

DIVISION OF
DEVELOPMENTAL DISABILITIES

I. For this case, was there a finding of substantiated allegations? Yes No (SUBSTANTIATED NON-EGREGIOUS NEGLECT)
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: 3/19/18

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	IMPLEMENTATION/COMPLETION	
Based on the facts in this case, the following was concluded: The allegation of neglect is substantiated against [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] was disciplined, retrained and reassigned. [REDACTED] no longer employed here. [REDACTED] will be retrained to follow protocol regarding response to significant incidents and documentation.	[REDACTED]	3/7/18	4/6/18
The Office of the Inspector General recommends the agency revise [REDACTED] ISP to include fall prevention measures, which will be effective in preventing [REDACTED] from repeated falls, and ensure that all staff are trained on the new fall prevention measures.	[REDACTED] ISP was revised to include fall prevention and will be reviewed by the Case Management team regarding specifics of the OIG report and further revised as necessary.	[REDACTED]	3/7/18	4/6/18

*discipline 1/10/17
Retraining 1/10/17
terminated 10/28/16
for reasons 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]	DATE: 3/9/18	SIGNATURE: [REDACTED]	DATE: 3/28/18
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