

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

NAME OF SERVICE PROVIDER: Skystar Residential Services

DIRECTOR: [REDACTED]

OIG CASE NO. 1317-0320

I. For this case, was there a finding of substantiated allegations?  Yes  No (SUBSTANTIATED PHYSICAL ABUSE)  
 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 report of an allegation was substantiated.  Yes  No Date: \_\_\_\_\_

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DHS

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DIVISION OF  
DEVELOPMENTAL DISABILITIES

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 physical abuse is substantiated against [REDACTED]	as of 4/24/17 [REDACTED] was not allowed to work at [REDACTED] but was working at his routine home to AM ON 7/20/17 [REDACTED] Left employment.	[REDACTED]	7/20/17

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.

SIGNATURE: [REDACTED]	DATE: 2/27/18	DHS Review: [REDACTED]	DATE: 3/6/18
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