

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

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NAME OF SERVICE PROVIDER: Brooke Hill Management, Inc.

DIRECTOR: [REDACTED]

OIG CASE NO. 1318-0242

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: \_\_\_\_\_

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 allegations of neglect are substantiated against [REDACTED] and [REDACTED].	On 9/26/18 [REDACTED] and [REDACTED] completed retraining on the following areas: Medical emergency policies / procedures; responding to medical emergencies; bed check procedures; viewing of OIG Rule 50 powerpoint of Abuse / Neglect; training on Rule 50 definitions, specific to neglect.	[REDACTED]	9/26/18	9/26/18

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] Authorized Representative	DATE: 11/06/2018	DHS Review: [REDACTED]	DATE: 11.07.18
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