

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

NAME OF SERVICE PROVIDER: Coleman Tri-County Services

DIRECTOR: [REDACTED]

OIG CASE NO. 1318-0265

RECEIVED
DHS

OCT 02 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

I. For this case, was there a finding of substantiated allegations? Yes No (SUBSTANTIATED PHYSICAL AND MENTAL 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 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 physical abuse and mental abuse are substantiated against [REDACTED]	[REDACTED] was removed from schedule on 2/7/18 pending investigation. She was terminated on 02/12/18 based on internal review and review of video footage showing her grab client's arm in a rough manner.	[REDACTED]	2/12/18

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] <small>Authorized Representative</small>	DATE: 09/28/18	[REDACTED]	DATE: 10.02.18
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