

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Envision Unlimited

Director: [REDACTED]

OIG Case No.: 1616-0069

I. For this case, was there a finding of substantiated allegations? Yes No
 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.)

- SERVICE PROVIDER'S RESPONSE. Summarize your action for each finding/recommendation.
- PERSON RESPONSIBLE. Identify the person(s) responsible for each action, by name and/or job function.
- DATES. Provide the date(s) when each action will be (1) initiated and (2) completed.

RECEIVED
DHS
JUN 12 2018
DIVISION OF
DEVELOPMENTAL ABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION	
<p>The allegation of <u>neglect</u>, as defined by Title 59, Illinois Administrative Code, Part 50, Chapter 1, Section 50.10, is <u>substantiated</u> against Envision Unlimited, but unsubstantiated against [REDACTED].</p> <p>The Office of the Inspector General recommends Envision Unlimited address the following:</p> <ol style="list-style-type: none"> 1. Conduct and document retraining for Registered Nurse Trainers for Administration of Medications, per 116, to include training on how to complete accurate and through medication error reports. 2. Ensure that all staff are trained in Abuse/Neglect every two years as required by OIG, Rule 50. 3. Develop policies/procedures to address the Registered Nurse documentation requirements and compliance with medication administration error reports. 	<p>Envision Unlimited updated and/or instituted the following to address the recommendations of the Office of the Inspector General:</p> <ol style="list-style-type: none"> 1. Community Living Services Nurse Trainers- Registered Nurses Expectations Policy 2. Policies & Procedures for Identifying & Reporting Allegations of Abuse, Neglect, Financial Exploitation, Death or Serious Injuries of Adults with staff Rule 50 Policy signoff sheet for HR/training department files 3. Medication Administration & Distribution Errors Policy and Medication Error Report with clear definitions, procedure, guidelines, and directions 	<p>[REDACTED]</p>	<p>09/07/2017</p> <p>12/09/2016</p> <p>02/04/2015</p>	<p>Ongoing training, retraining, and revisions as needed</p>

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: <u>6/11/18</u>	[REDACTED]	Date: <u>6/12/18</u>
-----------------------	----------------------	------------	----------------------