

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Anixter Center

Director: [REDACTED]

OIG Case No.: 1617-0316

I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, 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: May 11, 2018.

RECEIVED
DHS

JUN 28 2018

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.

DIVISION OF
DEVELOPMENTAL DISABILITIES
DATES FOR

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION	DATES FOR
<p>The allegation of neglect, as defined by Title 59, Illinois Administrative Code, Ch. I, Part 50, Section 50.10, against [REDACTED] is substantiated.</p> <p>Retrain staff on what medication error procedures</p> <p>When an individual is given another individual's medication in error, ensure there are adequate amounts of the medication so it can be appropriately administered to the correct individual.</p> <p>Ensure that all non-licensed staff are re-evaluated annually, per agency medication administration policy</p>	<p>The staff including [REDACTED] will be re-trained on med errors, ensuring adequate meds and the re-evaluation procedures.</p> <p>[REDACTED] will remain employed by Anixter Center as neglect is on a registry offense.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>7/17/18</p>	<p>7/17/18</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.

<p>SIGNATURE: Authorized Representative</p> <p>[REDACTED]</p>	<p>DATE:</p> <p>6/20/18</p>	<p>DHS Review:</p> <p>[REDACTED]</p>	<p>Date:</p> <p>6/28/18</p>
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