

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Community Support Svcs**

Director: [REDACTED]

OIG Case No.: **1617-0730**

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: **November 5, 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.

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DIVISION OF
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR	IMPLEMENTATION/COMPLETION
<p>The allegation of neglect against [REDACTED], [REDACTED], and [REDACTED] are substantiated</p> <p>Conduct retraining for [REDACTED] and the direct care staff and to complete accurate and thorough medication error reports.</p> <p>Community Support Services failure to ensure [REDACTED] was taken to her physician or the hospital for a medical evaluation.</p>	<p>- The allegation of neglect is substantiated against [REDACTED] and [REDACTED] and [REDACTED]</p> <p>- [REDACTED] is no longer allowed to pass medications and no longer works in the CUA program.</p> <p>- [REDACTED] was retrained.</p> <p>- [REDACTED] will be retrained.</p> <p>- Requested reconsideration of his recommendation.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>- 6/30/17</p> <p>11/31/17,</p> <p>11/21/18</p> <p>- 11/20/18</p>	<p>11/27/17</p> <p>11/19/18</p> <p>12/16/18</p> <p>11/20/18</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.

SIGNATURE: Authorized Representative [REDACTED]	DATE: 11-26-2018	DHS Review: [REDACTED]	Date: 12-18-18
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