

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

**DEVELOPMENTAL DISABILITIES
DIVISION OF**

Name of Service Provider: Ray Graham Association

Director: [REDACTED]

OIG Case Number: 1018-0008

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JAN 09 2018**

1. For this case, was there a finding of substantiated allegations? Yes
2. Were there Other Observations by OIG requiring a written response? Yes
3. Notice to Individual and Legal Guardian (for substantiated cases): Yes
4. Service Provider's Response to OIG Findings/Recommendations:

| OIG Findings/Recommendations | Service Provider Response | Person(s) Responsible | Date for Implementation | Date for Completion |
|--|---|-----------------------|-------------------------|---------------------|
| <p>Based on the facts in this case, the following was concluded: The allegation of neglect against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter 1, Part 50, Section 50.10, is substantiated.</p> <p>In addition, The Office of Inspector General recommends the following: the agency address [REDACTED] and [REDACTED] failure to ensure a medication certified employee is available for each CILA.</p> <p>Also, the agency update [REDACTED] Risk Assessment to clarify that he is required to wear his protective helmet at all times.</p> | <p>[REDACTED] employment with Ray Graham Association was terminated on 12/19/17 for non-related issues.</p> <p>[REDACTED] has changed roles within the CILA department as of 9/11/2017.</p> <p>[REDACTED] has changed roles within the CILA department as of 8/13/2017. Neither [REDACTED] nor [REDACTED] are in a position where they are responsible for staffing or managing DSP duties within a CILA home.</p> <p>[REDACTED] Individual-Specific Support, Safety and Supervision Requirements (IS4R) has been updated effective 11/1/2017. It includes that [REDACTED] is to wear his helmet during all awake hours for safety.</p> | [REDACTED] | 12/19/2017 | 12/19/2017 |
| | | [REDACTED] | 8/13/2017 | 9/11/2017 |
| | | [REDACTED] | 11/1/2017 | 11/1/2017 |

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 case:*

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|--|----------------|---------------------------|-----------------|
| Authorized Representative Signature: [REDACTED] | Date 1/2/18 | DHS Review: [REDACTED] | Date 1/10/18 |
|--|----------------|---------------------------|-----------------|