

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Community Alternatives Illinois, Inc

Director: [REDACTED]

OIG Case No.: 1018-0107

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: _____

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DHS

FEB 20 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

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION DATE
<p>Based on the facts in this case the following was concluded: The allegation of physical abuse, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, is substantiated.</p> <p>In addition, the allegation of mental abuse, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, is substantiated.</p>	<p>[REDACTED] was terminated 9/22/17 for abuse/neglect</p>	<p>[REDACTED]</p>	<p>9/22/17</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: 2/8/18	DHS Review: [REDACTED]	Date: 2/22/18
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