

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Pioneer Center for Human Services

Director: [REDACTED]

OIG Case No.: 1018-0158

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: _____

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
JAN 18 2018
DIVISION OF
DEVELOPMENTAL DISABILITIES
DATES FOR

OIG FINDINGS/RECOMMENDATIONS

SERVICE PROVIDER RESPONSE

PERSON(S) RESPONSIBLE

IMPLEMENTATION/COMPLETION

<p>Based on the facts in this case the following was concluded: <u>The allegation of physical abuse</u>, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10 is <u>substantiated</u>.</p> <p>In addition, the Office of The Inspector General recommends the following: The agency update [REDACTED] body chart document to include a time of day the check is being performed and ensure that checks are performed in the morning and evening per her ISP.</p>	<p>[REDACTED] has been required to Complete Client Rights Training, OIG Rule 50 as well as a boundaries training.</p> <p>[REDACTED] body chart has been updated to include the time and staff are verifying that the checks are completed in the morning and evening.</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>2/1/18 1/15/18</p> <p style="color: blue; font-style: italic;">ongoing</p>	<p style="color: blue; font-style: italic;">[Handwritten notes]</p>
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[Handwritten notes: Has been removed from client care duties at this time. All contact w/ persons receiving services is under supervision only.]

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 [REDACTED]</p>	<p>DATE: 1/16/18</p>	<p>DHS Review: [REDACTED]</p>	<p>Date: 1/22/18</p>
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Supervision only. She is appealing placement on the HCWR. If she prevails, she will remain employed but stay out of direct care role. If she loses her appeal, she will be terminated.