

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Community Alternatives Illinois, Inc.

Director: [REDACTED]

OIG Case No.: 1018-0167

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

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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: _____

DIVISION OF
DEVELOPMENTAL DISABILITIES

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.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
<p>Based on the facts in this case the following was concluded: 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>However, the allegation of physical abuse, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, is unsubstantiated.</p>	<p>[REDACTED]</p> <p>was terminated on 10/24/17 susp subsequent to a suspension for 10/16 event</p>	<p>[REDACTED]</p>	<p>10/16/17</p>	<p>10/24/17</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.

<p>Signature: [REDACTED]</p>	<p>DATE: 3/13/18</p>	<p>[REDACTED]</p>	<p>Date: 3/14/18</p>
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