

## WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Goldie Floberg

Director: [REDACTED]

OIG Case No.: 1018-0222

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 report Allegation was substantiated.  Yes \_\_\_ No Date: \_\_\_\_\_

III. SERVICE PROVIDER'S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

RECEIVED  
DHS  
APR 12 2018  
DIVISION OF  
DEVELOPMENTAL DISABILITIES

**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/COMPLET	
<p>Based on the facts in this case the following was concluded: The allegation of <u>neglect</u>, against [REDACTED] and [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 address [REDACTED] failure to log [REDACTED] food intake.</p> <p>In addition, it is recommended that the agency training on special diets be done in a group setting or individually.</p>	<p>[REDACTED] is no longer employed by our organization (unrelated to this incident)</p> <p>[REDACTED] received formal coaching in his actions in relation to this incident.</p> <p>We have created on-the-job training and associated competency based testing assessments for special diets.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>1/9/18</p> <p>12/12/17</p> <p>12/11/18</p>	<p>1/9/18</p> <p>12/12/18</p> <p>12/11/18</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: 4/12/18	DHS Review: [REDACTED]	Date: 4/12/18
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