

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Bethesda Lutheran Communities, Inc

Director: [Redacted]

OIG Case No.: 1018-0521

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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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	DATES FOR IMPLEMENTATION/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 the Inspector General recommends that the agency address its failure to report the allegation of neglect in a timely manner, which is a violation of 20 ILCS 1305/1-17(k). Willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.</p>	<p>[Redacted] was placed on Administrative leave on 6-18-18. She was terminated from employment on 9-24-18.</p> <p>All Freeport area staff were retrained on Rule 50.</p>	[Redacted]	<p>18-18 6-24-18</p> <p>Completed on 9-5-18</p>	<p>6-18-18 9-24-18</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: 9-14-18	DHS Review: [Redacted]	Date: 09.27.18
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