

### WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Cornerstone Services, Inc

Director: [REDACTED]

OIG Case No.: 1117-0047

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**  
**APR 19 2018**  
**DIVISION OF**  
**DEVELOPMENTAL DISABILITIES**

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION
<p>Based on the facts in this case, the following was concluded: the allegation of neglect, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is substantiated.</p> <p>However, the Office of the Inspector General recommends the following: The agency address [REDACTED] failure to provide line of sight supervision to [REDACTED] as he requires 1:1 supervision during waking hours.</p>	<p>[REDACTED] and [REDACTED] (compliance) met with [REDACTED] on April 13, 2018 to address line of sight supervision training. [REDACTED] does not agree with the findings of this case and has retained legal representation to appeal this decision.</p>	[REDACTED]	4/13/18

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: 4.17.18	DHS Review: [REDACTED]	Date: 4/19/18
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