

**WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL**

NAME OF SERVICE PROVIDER : Progressive Housing, Inc.

DIRECTOR: [REDACTED] OIG CASE NO.: 1117-0296

I. For this case, was there a finding of substantiated allegations?  Yes  No

Were there Other Observations, 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.)

- X SERVICE PROVIDER'S RESPONSE: Summarize your action for each finding/recommendation.
- X PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.
- X DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

**RECEIVED  
DHS  
MAY 10 2018**

DATES FOR  
**DEVELOPMENTAL DISABILITIES**

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION	COMPLETION
Based on the facts in this case, the following was concluded: the allegation of physical and mental abuse, as defined by Title 59, Illinois Administrative Code, Chapter 1, Part 50, Section 50.10, against [REDACTED] is substantiated.	[REDACTED] was discharged due to his actions associated with this allegation.	[REDACTED]		1/23/2017
The Office of the Inspector General recommends Progressive Housing address its failure to take photographs of [REDACTED] injuries and complete a full body examination to document the full extent of his injuries as required by Rule 50, Section 50.30(f) on the day of the incident.	All RN's and manager at Day Program will be retrained on the need to take photographs and complete full body examination after an allegation of physical abuse has occurred.	[REDACTED]	immediately	by 5/30/18

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: 5/10/18

[REDACTED] Date: 5/10/18