

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Community Alternative Illinois, Inc.

Director: [REDACTED]

OIG Case No.: 1117-0321

- 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.

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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 allegations physical abuse, mental abuse and neglect, against [REDACTED] and [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is substantiated.</p> <p>However, the allegation neglect, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is unfounded.</p>	<p>[REDACTED] was terminated on 8/1/17 for failure to supervise individuals [REDACTED] as terminated on 11/2/17 Resigned rather than cooperate with OIG investigation.</p>	<p>[REDACTED]</p>	<p>8/1/17 11/2/17</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: Authorized Representative</p> <p style="color: blue; font-size: 1.2em;">See pg 2</p>	<p>DATE:</p>	<p>DHS Review:</p> <p style="color: blue; font-size: 1.2em;">See pg 2</p>	<p>Date:</p>
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OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION
<p>In addition, the Office of Inspector General recommends the following: The agency address [REDACTED] failure to contact his supervisor to request assistance in securing another staff to accompany [REDACTED] to the hospital.</p> <p>The agency retrain staff, specifically [REDACTED] on the policy concerning inappropriate transactions between individuals and staff.</p>	<p>[REDACTED] was terminated on 6/29/17. no call/no show. no response or reason given.</p>	<p>[REDACTED]</p>	<p>6/29/17</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.

SIGN: [REDACTED]	DATE: 3/9/18	DHS Review: [REDACTED]	Date: 3/28/18
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