

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

NAME OF SERVICE PROVIDER : Progressive Housing, Inc.

DIRECTOR: [REDACTED] OIG CASE NO.: 1117-0380

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.

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, as defined by Title 59, Illinois Administrative Code, Chapter 1, Part 50, Section 50.10, against <u>Progressive Housing</u> is substantiated. However, the allegation against <u>[REDACTED]</u> is unsubstantiated.</p> <p>In addition, the Office of the Inspector General recommends the following: The agency address <u>[REDACTED]</u> failure to contact the House Manager in a timely manner to alert her that there was a staff call off, which resulted in her being the only staff on duty when the incident occurred.</p>	<p>Employee will receive retraining on reporting to their supervisor in a timely manner when the CILA is not staffed appropriately based on the schedule.</p>	<p>[REDACTED]</p>	<p>by 2/10/2018</p>	<p>by 2/10/2018</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: 1/24/18	DHS Review: [REDACTED]	Date: 1/29/18
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