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DIVISION OF
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: CTE Illinois

Director: [REDACTED]

OIG Case No.: 1117-0533

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.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
Based on the facts in this case, the following was concluded: pursuant to Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, neglect is substantiated against [REDACTED]	[REDACTED] DSP was terminated from employment on 10/7/17 for reasons unrelated to this investigation	[REDACTED]	10/7/17	10/7/17

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: 12/8/17	DHS Review: [REDACTED]	Date: 12/29/17
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