

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Community Alternatives Illinois, Inc.

Director:

OIG Case No.: 1118-0067

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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DIVISION OF
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
<p>The Office of Inspector General recommends the following: The agency create a thorough and effective process for refilling medications, prior to the medication running out and train staff to follow the process for medication refills.</p> <p>The agency involves agency nursing staff in communication that pertain to a change in the individual's physical and mental health.</p>	<p><i>Staff will be trained to notify agency nurse when medications are within 5 days of needing refilled. Staff will also notify agency nurse of any change in an individual's physical or mental health.</i></p>		<p><i>7/24/18</i></p>	<p><i>8/24/18</i></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: </p>	<p>DATE: <i>7/24/18</i></p>	<p>DHS Review: </p>	<p>Date: <i>7/27/18</i></p>
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WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

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Director: [REDACTED]

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<p>Based on the facts in this case, the following was concluded: The allegation neglect, against Community Alternatives Illinois, Inc., 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 unsubstantiated.</p>	<p><i>see previous for response</i></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: <i>Authorized Representative</i>	DATE:	DHS Review:	Date:
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