

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: CTF Illinois

Director: [REDACTED]

OIG Case No.: 1118-0071

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: _____

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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.

DIVISION OF
DEVELOPMENTAL DISABILITIES
DATES FOR IMPLEMENTATION/COMPLETION

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 allegation mental abuse, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10; is substantiated.</p> <p>The Office of Inspector General recommends the following: The agency address [REDACTED] violation of HIPAA, by video recording [REDACTED] and posting it to "Facebook".</p>	<p>[REDACTED] was terminated 9/5/17. See attached term form.</p> <p style="color: blue; font-style: italic;">terminated for cause (related to this investigation)</p> <p>[REDACTED] was terminated 9/5/17. See attached term form.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>9/5/17</p> <p>9/5/17</p>	<p>9/5/17</p> <p>9/5/17</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.

SIGNATURE: Authorized Representative [REDACTED]	DATE: 1/10/2018	DHS Review: [REDACTED]	Date: 1/17/18
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