

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: St. Coletta's of Illinois, Inc.

Director: [REDACTED]

OIG Case No.: 1118-0100

- 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: _____

**RECEIVED
DHS**

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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**

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	DATES FOR IMPLEMENTATION/COMPLETION
<p>Based on the facts in this case, the following was concluded: The allegation neglect, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is substantiated.</p> <p>The Office of The Inspector General recommends the following: The agency develop and implement policies or procedures, on how agency staff are to account for all individuals, at all times, at the CILA, during transportation and at the day programs, so that no individual is left unattended and not accounted for, to ensure their health and safety is not jeopardized.</p>	<p>[REDACTED] was terminated due to the allegation.</p> <p>The agency has put into place an attendance/checkin/out procedure for transportation and day program.</p> <p>The agency has notified all staff in the facilities to do head counts prior to a transition.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>9/26/17</p> <p>10/1/17</p> <p>9/26/17</p>	<p>9/26/17</p> <p>on-going</p> <p>on-going</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: 12.28.17	[REDACTED]	Date: 1/10/18
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