

## WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Bethesda Lutheran Communities, Inc.**

Director: [REDACTED]

OIG Case No.: **1118-0139**

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

JUN 28 2018

DIVISION OF  
DEVELOPMENTAL DISABILITIES  
DATES FOR

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	IMPLEMENTATION/COMPLETION	DATES FOR
Based on the facts in this case, the following was concluded: the allegation of mental abuse, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is substantiated.	[REDACTED] employment with Bethesda Lutheran Communities was terminated on 11-30-17.  <i>Termination related to the investigation</i>	[REDACTED]		11-30-17

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: 6-22-18	DHS Review: [REDACTED]	Date: 6/28/18
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