

**WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL**

NAME OF SERVICE PROVIDER : Progressive Housing, Inc.

DIRECTOR: [REDACTED] OIG CASE NO.: 1118-0216

I. For this case, was there a finding of substantiated allegations?  Yes  No  
 Were there Other Observations, 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.)

- X SERVICE PROVIDER'S RESPONSE: Summarize your action for each finding/recommendation.
- X PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.
- X DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

**RECEIVED  
DHS  
MAR 15 2018  
DIVISION OF  
DEVELOPMENTAL DISABILITIES**  
DATES FOR

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION	COMPLETION
Based on the facts in this case, the following was concluded: the allegation of neglect, as defined by Title 59, Illinois Administrative Code, Chapter 1, Part 50, Section 50.10, against Progressive Housing and [REDACTED] substantiated.	[REDACTED] will be given a final written warning related to her actions in this case.	[REDACTED]	3/23/18	3/23/18
In addition, the Office of the Inspector General recommends the following: The agency address [REDACTED] failure to report the allegation in a timely manner.	[REDACTED] received a 2 week unpaid suspension for failure to report the allegation in a timely manner.	[REDACTED]	immediately	12/31/2017
	[REDACTED] will also complete Rule 50 retraining.	[REDACTED]	by 3/19/2018	by 3/19/2018
The agency addressed [REDACTED] falsifying bed monitoring form.	[REDACTED] will receive a final written warning regarding falsifying the bed check form. She will receive retraining on accurately completely CILA forms.	[REDACTED]	immediately and ongoing	by 3/23/2018

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: <u>3/15/18</u>	DHS Review: [REDACTED]	Date: <u>3/16/18</u>
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