

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Cornerstone Services, Inc.**

Director: [REDACTED]

OIG Case No.: **1118-0436**

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 | |
|---|--|---|-------------------------------------|--------------------|
| (1) Based on the facts in this case, the following was concluded: The allegation of physical abuse, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10; is substantiated. However, the allegation of mental abuse, against [REDACTED] as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10 is unsubstantiated. (2) The Agency should update [REDACTED] Behavior Support Plan as it has not been updated since 2013. | 1. [REDACTED] was removed from scheduling pending the outcome of the investigation. [REDACTED] was terminated from employment on 8/9/2018 related to the findings of this case. 2. [REDACTED] Behavior Support Plan was discontinued in 2013 as [REDACTED] had met and maintained his goals. [REDACTED] has not had an active Behavior Support Plan since 2013. Behavior support staff feel that [REDACTED] actions were isolated to this event and do not warrant the initiation of a new Behavior Support Plan. | [REDACTED] 2. Behavior Support Staff | 1. 8/9/2018 | 8.9.18 2013 |

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.

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| SIGNATURE: [REDACTED] _____ | DATE: 8/24/18 | DHS Review: [REDACTED] | Date: 09-20-18 |
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