

## WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

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

Director: [REDACTED]

OIG Case No.: **1119-0055**

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.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATE WHEN IMPLEMENTATION/COMPLETION
(1) Based on the facts in this case, the following was concluded: The allegation of neglect, against [REDACTED], as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10; is substantiated.	(1) [REDACTED] was immediately suspended from her position. Her employment was terminated on 8/24/2018 based on the findings of this allegation.	[REDACTED]	(1) 8/24/2018

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: 10/23/18	DHS Review: [REDACTED]	Date: 1.3.19
--	-------------------	---------------------------	-----------------

RECEIVED  
DHS  
OCT 25 2018  
DIVISION OF  
DEVELOPMENTAL DISABILITIES