

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Community Alternatives of Illinois Director: [REDACTED] OIG Case No. 1217-0607

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

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DHS  
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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: January 25, 2018

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.

DIVISION OF  
DEVELOPMENTAL DISABILITIES

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
<p>The allegation of neglect is substantiated against [REDACTED]</p> <p><u>Recommendations</u></p> <p>OIG recommends the following: The agency retrains [REDACTED] in the appropriate method of medication administration in accordance with Rule 116.</p>	<p>[REDACTED] retired from employment on 11/24/17</p>	<p>[REDACTED]</p>		<p>11/24/17</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.

[REDACTED]	DATE: <u>3/14/18</u>	DHS Review: [REDACTED]	DATE: <u>3/14/18</u>
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