

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

Name of Service Provider: Community Alternatives Illinois Director: [REDACTED] OIG Case No. 1818-0120

**RECEIVED  
DHS  
MAY 18 2018**

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: April 17, 2018

**DIVISION OF  
DEVELOPMENTAL DISABILITIES**

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.

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The allegation of neglect is substantiated against <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>		<u>1/11/18</u>
<b>OIG recommends the agency:</b>				
1. Address <u>[REDACTED]</u> failure to report the allegation of abuse/neglect which is a violation of 20 ILCS 1305/1-17(k). Willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.	<u>[REDACTED]</u> failure to report has been referred to Agency HR Dept. for corrective action. (written reprimand)	<u>[REDACTED]</u>	<u>5/17/18</u>	<u>6/17/18</u>
2. Address the lack of direction and assignment of duties when it comes to transporting <u>[REDACTED]</u> and establish a clear schedule of which staff is assigned to transporting Ms. May.	A written schedule for <u>[REDACTED]</u> transportation to work will be developed with staff assignment	<u>[REDACTED]</u>	<u>5/27/18</u>	<u>6/27/18</u>

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.

<u>[REDACTED]</u>	DATE: <u>5/17/18</u>	<u>[REDACTED]</u>	DATE: <u>5/18/18</u>
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