

RECEIVED
DHS

JUL 10 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: CTF Illinois Director: [REDACTED] OIG Case No. 1218-0259

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.

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION
The allegation of neglect against [REDACTED] is unsubstantiated. Recommendations: OIG recommends that Rule 116 Medication Administration guidelines be reviewed with [REDACTED] to ensure she understands the importance of administering [REDACTED] anti-seizure medications as they are prescribed.	Seven Rights to medication Administration reviewed with [REDACTED] RW Trainer completed CBTA (re-training) with [REDACTED]	[REDACTED] [REDACTED]	6-9-18 7-3-18

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: [REDACTED] Authorized Representative	DATE: 7/9/2018	[REDACTED]	DATE: 7/10/18
--	----------------	------------	---------------

06-31-16:04:33PM

CTF IL

127788821