

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Community Alternatives Illinois Director: [REDACTED] OIG Case No. 1218-0501

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: _____

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.

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AUG 03 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The allegation of neglect is substantiated against [REDACTED] and [REDACTED]	[REDACTED] was terminated on 3/14/18 due to this finding.	[REDACTED]	3/14/18	3/14/18
	[REDACTED] will be reentered on Attendance and Time Reporting.	[REDACTED]	8/2/18	8/31/18

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]	DATE: 8/2/18	[REDACTED]	DATE: 8/3/18
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