

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

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DHS

FEB 14 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

NAME OF SERVICE PROVIDER: Royal Living Center, Inc.

DIRECTOR: [REDACTED]

OIG CASE NO. 1318-0089

I. For this case, was there a finding of substantiated allegations? Yes No (SUBSTANTIATED MENTAL ABUSE)
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	IMPLEMENTATION/COMPLETION
<p>Based on the facts in this case, the following was concluded: The allegation of physical abuse is unsubstantiated and the allegation of mental abuse is substantiated against [REDACTED]</p> <p>The Office of the Inspector General recommends the agency addresses [REDACTED] and [REDACTED] failure to report the allegation within the required four-hour timeframe. A willful failure to comply with the OIG reporting requirement is a violation of 20 ILCS 1305/1-17(k), a Class A misdemeanor.</p>	<p><i>See</i></p>	<p><i>Attached</i></p> <p>[REDACTED]</p>	<p><i>Feb 2018</i></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: <i>13 Feb 2018</i>	DHS Review: [REDACTED]	DATE: <i>2/14/18</i>
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OIG Case Number 1318-0089
Royal Living Center

Service Provider Response	Person(s) Responsible	Target Date of Implementation / Completion
1.) [REDACTED] is no longer employed by Royal Living Center.	1.) Not applicable	1.) Sep 2017 9/21/17
2.) Retrain [REDACTED] and [REDACTED] on RLC Policy RLC009 Reporting Abuse or Neglect Allegations, stressing the 4 hour reporting requirement.	2.) [REDACTED]	2.) 28Feb2018

Termination for multiple issues, including [REDACTED] actions associated with this incident.

