

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Esperanza Comm. Svcs

Director: [Redacted]

OIG Case No.: 1617-0199

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

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: May 31, 2018.

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DHS

JUN 28 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

DATES FOR

SERVICE PROVIDER'S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

INSTRUCTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

SERVICE PROVIDER'S RESPONSE. Summarize your action for each finding/recommendation.

PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.

DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The allegation of neglect, as defined by Title 59, Illinois Administrative Code, Ch. 1, Part 50, Section 50.10, is substantiated against [Redacted]	[Redacted] is no longer employed at ECS. Resignation date is 9/20/16. (unrelated to the investigation)	[Redacted]		9/20/16
The failure to report the allegation of neglect in a timely manner, which is a violation of 20 LCS 1305/1-17(k). Willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.	All current CLA staff will be trained on Rule 50 DIB, specifically reporting requirements.	[Redacted]	7/31/18	7/31/18
Develop policies, procedures and training requirements for fall risk assessments and fall precautions.	Agency will develop policy, procedure and training requirements for fall risk assessment and fall precautions.	[Redacted]	7/1/18	8/15/18
Ensure nursing assessments are conducted for changes in an individual's medical condition with documentation requirements.	Nursing Assessment completed annually for CLA residents and updated as needed when medical condition changes.	[Redacted]	7/31/18	ongoing

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: Authorized Representative [Redacted]	DATE: 6/28/18	[Redacted]	Date: 6/28/18
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