

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Community Support Svcs.

Director: [REDACTED]

OIG Case No.: 1618-0147

I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, 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: March 1, 2018

III. SERVICE PROVIDER-S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

RECEIVED
DHS

MAR 08 2018

DIRECTIONS 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.

DIVISION OF
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS

SERVICE PROVIDER RESPONSE

PERSON(S) RESPONSIBLE IMPLEMENTATION/COMPLETION

The allegation of neglect, as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, is substantiated against [REDACTED]	The allegation of neglect is substantiated against [REDACTED] [REDACTED] was terminated on 9/22/17 because of this incident.	[REDACTED]	9/22/17	9/22/17
---	--	------------	---------	---------

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: Authorized Representative [REDACTED]	DATE: 3-8-2018	DHS Review: [REDACTED]	Date: 3/8/18
--	-------------------	---------------------------	-----------------