

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Orchard Village

Director: [REDACTED]

OIG Case No.: 1618-0192

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: FEB 15, 2018

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

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DIVISION OF
DEVELOPMENTAL DISABILITIES

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.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION	COMPLETION
<p>① The allegation of neglect, as defined by Title 59, Illinois Administrative Code, Part 50, Ch. I Section 50.10, against [REDACTED] is substantiated. The Office of Inspector General also recommends the following:</p>	<p>1. [REDACTED] received a 3 day suspension as a result of the substantiated finding.</p>	[REDACTED]	3/14/18	3/16/18
<p>② [REDACTED] be tested to find out if her diagnosis of Alzheimer is affecting her ability to make good judgement calls, when selecting and eating foods, that may cause her stomach pain, given her dietary restrictions.</p>	<p>2. At [REDACTED] next primary physician appointment, we will ask that her doctor evaluates whether she is capable of making good judgment calls when selecting and eating foods.</p>	[REDACTED]	3/27/18	3/27/18
<p>③ [REDACTED] gluten free diet be evaluated, to determine if it is addressing her diagnosed dietary deficiencies.</p>	<p>3. We will ask [REDACTED] doctor to evaluate her gluten free diet to determine if it is addressing her celiac's disease</p>	[REDACTED]	3/27/18	3/27/18

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: Authorized Representative [REDACTED]	DATE: 3/15/18	DHS Review: [REDACTED]	Date: 3/20/18
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