

**WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL**

Name of Service Provider: Envision Unlimited

Director: [REDACTED]

OIG Case No.: 1618-0226

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: March 20, 2018.

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.)**

- 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, Part 50, Chapter 1, Section 50.10, against [REDACTED] is substantiated.	[REDACTED] did receive review/retrain on [REDACTED] Behavior Support Plan and data collection by [REDACTED] at the [REDACTED] CILA on November 14, 2017.	[REDACTED]	11/14/2017	11/14/2017

**RECEIVED  
DHS  
APR 20 2018  
DIVISION OF  
DEVELOPMENTAL DISABILITIES**

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: <u>4/27/18</u>	[REDACTED]	Date: <u>4/20/18</u>
Authorized Representative			