

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Rimland Services**

Director: [REDACTED]

OIG Case No.: **1618-0295**

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: **May 16, 2018**.

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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.

DIVISION OF
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
Pursuant to Title 59, Illinois Administrative Code, Chapter 1, Part 50, Section 50.10, the allegation of neglect against [REDACTED] is substantiated.	[REDACTED] was terminated from Rimland on 11/22/17. Unrelated to this investigation.	[REDACTED]	11/22/17	11/22/17
Rimland retrain all DSPs on how to conduct a walk through at the CILA home to ensure all individuals have been transported to the workshop and non-have been left behind.	[REDACTED] resigned from his position on 3/16/18. [REDACTED] will receive disciplinary action on 6/4/18 along with retraining in abuse + neglect and drivers training.	[REDACTED] (upon return from vacation)	3/16/18	3/16/18
Rimland retrain all staff in taking proper attendance at the CILA home and at the workshop to ensure all individuals have been accounted for on any given day.	All CILA Staff will be retrained on walk-thrus and taking proper attendance to ensure all are accounted for.	All AED'S and PRT to implement.	5/22/18 5/22/18	6/8/18 6/22/18

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: 6/5/2018	DHS Review: [REDACTED]	Date: 6/12/18
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