

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

OIG Case No.: 1618-0421

Name of Service Provider: Oak Leyden Dev. Center

Director: [REDACTED]

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: September 24, 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.

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OCT 04 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES
DATES FOR

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION	DATES FOR
<p>The allegation of neglect as defined by Title 59, Illinois Administrative Code, Part 50, Chapter 1, Section 50.10, against [REDACTED]</p> <p>Address [REDACTED]</p> <p>[REDACTED] failure to report the allegation of neglect in a timely manner which is a violation of 20 ILCS 1305/1-17 (a). The willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.</p> <p>Ensure that [REDACTED] is provided with medication retraining.</p>	<p>[REDACTED]</p> <p>will be assigned OIG case so Re-training w/ test. Director will also train on Administrative Rules in person & have [REDACTED] sign off on acknowledgment. [REDACTED] did report however it was after the 4hr. timeframe [REDACTED] has been terminated 9-27-18 due to other errors & permanently deauthorized.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>9/28/18</p> <p>9/27/18</p>	<p>Completion by 10/15/18</p>

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.

[REDACTED]	DATE: 10/1/18	DHS Review: [REDACTED]	Date: 10.9.18
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