

7-26-18

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Diane Home Care

Director: [REDACTED]

OIG Case No.: 1618-0556-0566

see e-mail attached

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: July 12, 2018.

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DHS

JUL 23 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.

DIVISION OF
DEVELOPMENTAL DISABILITIES

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, Section 50.10, against [REDACTED] is substantiated.	[REDACTED] has been suspended immediately after this incident and has not returned to work since. To prevent similar incidents from happening again, all DSPs would be retrained in the level of supervision each client requires. This training would be repeated as needed, but not exceeding a 6-month period.	[REDACTED]	5/14/2018	6/29/2018 <i>Ongoing</i>

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: 7/18/2018	DHS Review: [REDACTED]	Date: 7/25/18
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