

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Ann Kiley Developmental Center

Director: [REDACTED]

OIG Case No.: 4516-0009

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: 10/2/18

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	
Based on the facts in this case the following was concluded: The allegations of physical abuse and mental abuse, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, are substantiated.	On 5/29/16, [REDACTED] resigned.	[REDACTED]	5/29/16	5/29/16
In addition, the allegation of neglect, against [REDACTED] as defined by the Illinois Administrative Code, Title 59, Chapter I, Part 50, Section 50.10, is substantiated.	On 6/8/18, [REDACTED] was suspended pending judicial verdict and possible discharge.	[REDACTED]	6/8/18	11/16/18

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: 10/9/18	DHS Review: [REDACTED]	Date: 10/12/18
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In addition, the Office of The Inspector General recommends the following: The facility address their failure to follow [REDACTED] required level of supervision, as well as not documenting initials and times, while staff was assigned to [REDACTED] Also, the facility address the home's landline phone not being operable.	On 11/6/15 and 11/9/15, [REDACTED] were trained on maintaining supervision.	[REDACTED]	11/6/15	11/9/15
	On 11/4/15 and 11/5/15, [REDACTED] were trained on reporting broken phones in the home immediately. [REDACTED] had pulled the cord line from the socket, but it was repaired.	[REDACTED]	10/27/15	11/5/15

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SIGNATURE: Authorized Representative	DATE:	DHS Review:	Date:
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