

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Ludeman Developmental Center

Director: [REDACTED]

OIG Case No.: 9517-0040

- 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: _____

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	
<p>Based on the facts in this case, the following was concluded: pursuant to Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, neglect is substantiated against the Ludeman Developmental Center.</p> <p>The allegation of neglect, as defined by Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, against [REDACTED] and [REDACTED] is unsubstantiated.</p> <p>The facility should ensure that sufficient staff are assigned to each shift to adequately supervise the individuals in accordance with their supervision requirements.</p>	<p>In accordance with OIG recommendations, the facility will ensure that adequate staff are assigned to each shift in accordance with the supervision requirements.</p>	<p>[REDACTED]</p>	<p>On-going</p>	<p></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.

<p>[REDACTED] ve</p>	<p>DATE: <i>12-29-17</i></p>	<p>DHS Review: [REDACTED]</p>	<p>Date: <i>1/3/18</i></p>
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OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
The facility should train/retrain all staff to keep all sharp utensils and tools in a locked area when not in use.	The facility will ensure that staff are In-Serviced on protocol of securing sharp utensils and tools.	[REDACTED]	January 2018	January 2018

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: <i>12-29-17</i>	DHS Review: [REDACTED]	Date: <i>1/3/18</i>
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