

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G589	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER MOSAIC	STREET ADDRESS, CITY, STATE, ZIP CODE 5743 ERNEST DR TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00185517.</p> <p>Complaint #IN00185517: Substantiated-Federal/state deficiencies related to the allegation were cited at W102, W104, W122, W149, W154, W156.</p> <p>Dates of Survey: November 13, 16, 17, 18, 20, 2015</p> <p>Provider Number: 15G589 Aims Number: 100235510 Facility Number: 001103</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/2/15.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on interview and record review for 2 of 6 clients (A, D) residing in the</p>	W 0102	In response to the issues identified by the medical surveyor findings 1&2 , Mosaic has	12/04/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>facility, the facility failed to meet the Condition of Participation: Governing Body. The Governing Body failed to exercise general policy and operating direction over the facility in that the facility failed to implement written policy and procedures to identify/prevent reoccurrence of neglect of clients A and D (provide identified supports to prevent client behaviors and elopement) and failed to ensure timely and thorough investigations were documented.</p> <p>Findings include:</p> <p>1. The facility's governing body failed for 2 of 6 clients (A, D) residing in the facility, to ensure the facility met the Condition of Participation: Client Protections, in that the facility failed to implement written policy and procedures to identify/prevent abuse/neglect, regarding a failure to provide identified behavioral program supports and to have documentation of a thorough and timely investigation of client to staff/client aggression and elopement and to prevent reoccurrence. Please see W122.</p> <p>2. The facility's governing body failed for 2 of 6 clients (A, D) residing in the facility to exercise general policy and operating direction over the facility in regards to implementing written policy</p>		<p>implemented the following protocols: In response to concerns over not following Mosaic Behavioral Policy. On Dec 4, 2015, all staff at the facility was retrained on this procedure. Staff were instructed to always follow the behavior plan/crisis plans and never allow others to interject. Furthermore, to assure this deficiency does not recur, Each incident is reviewed by the agency Safety committee to assure Mosaic policy and procedure is followed and to look for patterns/trends . (see W104)</p> <p>All Mosaic agency staff with the responsibility of providing direct care or on call support have been trained in Abuse Neglect Mistreatment & Exploitation. All staff at this home have been retrained on this policy and how it applies to client protections. All staff at this home have also been trained on each of the individuals behavior plans and received a refresher course in MANDT training. This training implementation will be monitored by the home manager and the QIDP thru weekly and monthly observations in the home. All staff are trained on ANME upon hire and annually thereafter. To further ensure that this deficiency does not recur the DSM conducts 2 x weekly site visits to observe staff interactions and facilitate training as needed. The Program Coordinator conducts weekly visits in the home as well</p>		

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W 0104 Bldg. 00	<p>and procedures to ensure the abuse/neglect policy was being implemented to prevent reoccurrence of client A and D's physical aggression. Please see W104.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 2 of 6 clients (A, D) residing in the facility, the facility's governing body failed to exercise general policy and operating direction over the facility in regards to ensuring client behavioral supports were implemented and documentation and reporting of abuse/neglect per the facility's policy and procedures.</p> <p>Findings include: The facility's governing body failed to implement written policy and procedures</p>	W 0104	<p>to ensure compliance with the policies and trainings. Mosaic conducts bi-annual audits of our program both on a local and national level where random sample of 10% of the program is reviewed each time In addition, Indiana has a Quality Assurance Coordinator who will track and trend Incident Reports and programming to ensure that we are in alignment with our policy and procedure</p> <p>In response to the issues identified by the medical surveyor, Mosaic has implemented the following protocols: In response to concerns over not following Mosaic Behavioral Policy on Dec 4, 2015, all staff at the facility was retrained on this procedure. Staff was instructed to always follow the behavior plan/crisis plans and never allow others to interject. Furthermore, to assure this deficiency does not recur, Each incident is reviewed by the agency Safety committee quarterly to assure Mosaic policy and procedure is followed and to look for patterns/trends, make</p>	12/04/2015

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W 0122 Bldg. 00	<p>to ensure client behavioral supports were implemented and thorough and timely investigations were being documented. Please see W149.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed for 2 of 6 clients (A, D) residing in the facility to meet the Condition of Participation: Client Protections, by failing to implement written policy and procedure to prevent neglect of clients A and D in regards to:</p>	W 0122	<p>recommendations and look for follow-up resolutions. In order to assure written policy and procedures to ensure behavioral support are implemented, the DSM conducts weekly site visits to observe staff interactions and facilitate training as needed. The Program Coordinator conducts monthly visits in the home as well to ensure compliance with the policies and trainings. Mosaic recently added a QAC (Quality Assurance coordinator) who will be responsible for monitoring the quality of services. The QAC will audit staff interactions and agency data. The QAC will complete trainings and feedback on quality of services and implementation of policies. The QAC reports monthly in the agency TEAMS report on quality indicators and a plan of correction for any areas deemed needing support. (for investigations see W 154&W156)</p> <p>All Mosaic agency staff with the responsibility of providing direct care or on call support have been trained in Abuse Neglect Mistreatment & Exploitation. All staff at this home have been retrained on this policy and how it applies to client protections. All staff at this home have also been</p>	12/04/2015

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	<p>failure to provide identified client behavioral supports, failure to document a thorough investigation for client to staff/client physical aggression with injury and elopement, failure to prevent reoccurrence and failure to report results of investigations to the administrator within 5 working days.</p> <p>Findings include:</p> <p>Please see W149. The facility failed to implement written policy and procedures to ensure identified client behavioral supports (clients A, D) were implemented, a thorough investigation for client to staff/client physical aggression and elopement was documented and reoccurrence was prevented. The facility failed to implement policy and procedure to ensure investigations were completed and results reported to the administrator or a designated representative within 5 working days.</p> <p>Please see W154. The facility failed to ensure a thorough investigation was documented in regards to client A and D's behavior, behavior interventions and client A's elopement.</p> <p>Please see W156. The facility failed to ensure facility investigations were</p>		<p>trained on each of the individuals behavior plans and received a refresher course in MANDT training This training implementation will be monitored by the home manager and the QIDP thru weekly and monthly observations in the home. All staff are trained on ANME upon hire and annually thereafter. Mosaic will assure client protections to prevent neglect and behavioral supports are implemented by supervision twice a week by the home manager and weekly by the QIDP. Mosaic also conducts bi-annual audits of our program both on a local and national level where random sample of 10% of the program is reviewed each time In addition, Indiana has a Quality Assurance Coordinator who will track and trend Incident Reports and programming to ensure that we are in alignment with our policy and procedure. (see 154 &156 regarding investigation)</p>	

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W 0149 Bldg. 00	<p>completed within 5 working days for clients A and D.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 2 of 4 allegations of client to staff/client physical aggression to ensure client A and D's individual support programs (ISP) and behavior support plans (BSP) were implemented properly by facility staff to provide identified support/services and to prevent client injury (A) and to prevent reoccurrence. The facility also failed to implement policy and procedures to ensure for allegations of neglect a thorough investigation was completed/documented, investigations were completed in 5 working days and to prevent reoccurrence.</p> <p>Findings include:</p> <p>Record review of the facility's incident</p>	W 0149	All Mosaic agency staff with the responsibility of providing direct care or on call support have been trained in Abuse Neglect Mistreatment & Exploitation, Mosaic positive Behavior Support Policy and each of the teenagers individual behavior plans. All staff at this home have been retrained on these policies and how it applies to client protections All staff at this home have also been trained on each of the individuals behavior plans and received a refresher course in MANDT training This training implementation will be monitored by the home manager and the QIDP thru weekly and monthly observations in the home. All staff are trained on ANME/BSP's/ISP's upon hire and annually thereafter. To further	12/04/2015	

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	<p>reports was done on 11/17/15 at 10:45a.m. The review included the following incidents for client A:</p> <p>1) An incident report on 8/23/15 indicated client A had physically aggressed upon a group home staff person and held the staff person on the ground. The report indicated another staff at the group home was unable to get client A off the staff on the floor. The report indicated client D then intervened and hit and pulled client A off the staff. The report indicated client A then left the group home through the back yard, jumped over the fence and eloped. The report indicated the police were called and client A was taken to the emergency room to be assessed for a bloody nose. Client A was then taken by the police to the juvenile center and was released on 8/25/15. The report indicated staff were to be retrained on physical restraint and client A's BSP.</p> <p>The facility failed to have a documented thorough investigation with client and staff interviews for the 8/23/15 incident.</p> <p>2) An incident report on 10/19/15 indicated client A had returned (from an outing) to the group home and was "in a bad mood." The report indicated client A had locked himself in the laundry room</p>		<p>assure this deficiency does not recur, weekly visits by the facility manager and QIDP are conducted to assure each person living at Ernest Drives right to be free from ANME is not violated. Also, quarterly home visits to the facility by a member of the Safety Committee are conducted to assure there are no rights violations at the facility. In addition, the safety committee reviews all incident reports and investigations They track patterns, make recommendations and look for follow up the recommendations Mosaic conducts bi-annual audits of our program both on a local and national level where random sample of 10% of the program is reviewed each time In addition, Indiana has a Quality Assurance Coordinator who will track and trend Incident Reports and programming to ensure that we are in alignment with our policy and procedure</p>				

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	<p>closet for approximately 20 minutes before staff could get him out. Client A then went to his bedroom and threw a dining room chair on his way to his bedroom. The report indicated while in his bedroom staff #5 followed him to his bedroom and gave client A 2 to 3 verbal prompts to go and pick up the chair he had thrown. The report indicated client A had yelled at staff #5 to leave his bedroom. Staff #6 then came to client A's bedroom to assist with the intervention. Client A then attacked staff #6 and put her in a head lock and kicked at her. The report indicated staff #6 released herself and went to get the phone to call 911. Client A then attacked the staff again and punched her in the face and broke her eyeglasses. The report indicated client D then intervened and punched client A in the nose. The report indicated the staff intervened and separated the clients. Client A then eloped over the fence in the back yard. Staff followed him and 911 had been called. Client A was taken by the police to the emergency room to be assessed for his nose injury. Following his discharge client A was to be taken to the juvenile center.</p> <p>The facility's investigation for the 10/19/15 incident was started on 10/21/15 and completed with results reported to the administrator or</p>				

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	<p>designated representative on 11/12/15. The investigation did not have documented client interviews.</p> <p>Record review for client A was done on 11/17/15 at 1:40p.m. Client A's 4/23/15 behavior support plan (BSP) (the BSP in place at the time of the incidents, since revised on 11/6/15) addressed client A's identified behaviors which included physical aggression, verbal aggression, property destruction and elopement. The 4/23/15 BSP documented: Defiance is often accompanied by verbal aggression "especially when over-prompted." Staff should ask if client A would like to complete a desired task at a later time. If client A continued to refuse, staff should document the refusal and not continue to discuss the issue, as it could escalate to behaviors. For physical aggression, staff should try to redirect client A when beginning to escalate. Staff should ask the client to stop and name the behavior, do not yell or lecture. Staff should move toward the client but out of arms reach if he is not harming anyone. Staff were to stay close until client A was calm. Staff may have to implement 1 or 2 person holds according to the MANDT system (behavioral interventions) if he attempts to hurt someone. As soon as he stops and you have his attention, state expectations to him. Staff should redirect and separate</p>			

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	<p>client A from others to calm him down. Staff should use deescalation techniques or allow client A alone time to calm. Staff should avoid power struggles. Staff should verbally redirect elopement attempts. Staff should walk toward him while verbally asking him to come back. If client A refuses to come back to the designated area or home, staff should use MANDT techniques to physically redirect/escort client A back to the designated area or home.</p> <p>Record review for client D was done on 11/17/15 at 3:10p.m. Client D's 10/12/15 client inquiry form indicated client D was to be encouraged to refrain from intervening when client A becomes argumentative with staff and indicated "when another client is having a behavior, we isolate that client away from the others."</p> <p>Staff #2 was interviewed on 11/18/15 at 9:10am. Staff #2 indicated client A's BSP had not been implemented correctly on 8/23/15 and on 10/19/15. Staff #2 indicated when client A becomes agitated he should be prompted to a quiet area and separated from peers. Staff #2 indicated no other peers should be involved in a behavior intervention with any other peers. Staff #2 indicated for the 10/19/15 incident, once client A had gone to his</p>			

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	<p>bedroom, staff should have given him time to calm. Staff should not have followed him to his bedroom and given him multiple prompts to pick up the chair he had thrown. Staff #2 indicated there was no documentation to indicate staff had attempted to use MANDT intervention for the behavior or the elopement. Staff #2 indicated staff should have had peers away from the area and not have allowed client D to physically intervene during client A's behavior. Staff #2 indicated staff were aware of client D's behavior to be protective of staff and to become involved in peer's behaviors. Staff #2 indicated client A had received a bloody nose during the 8/23/15 behavior and a bloody nose, neck strain and finger sprain during the 10/19/15 behavior. Staff #2 indicated staff had been retrained on client program plans after these incidents. Staff #2 indicated there was no documented "client to client Physical Aggression" investigation for the 8/23/15 incident and no client interviews for the 10/19/15 investigation. Staff #2 indicated the 10/19/15 incident/investigation was not completed within 5 working days. Staff #2 indicated client A no longer resided at the facility.</p> <p>The facility's policy and procedures were reviewed on 11/18/15 at 5:30p.m. The facility's 11/23/11 policy and procedure</p>			

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	"Abuse, Neglect, Exploitation or Mistreatment Policy and Procedures" indicated abuse, neglect, exploitation and mistreatment of clients is strictly prohibited. The policy indicated the definition of Neglect: "is the failure to provide the client with sufficient services, treatment, or supports necessary for well being or the failure to act or intervene in a situation that may result in physical, psychological or emotional harm. The policy indicated "The agency will conduct an investigation on all alleged incidents of abuse, neglect, or exploitation that involves an agency employee suspected of being a perpetrator or for client to client allegations in which the perpetrator is served by the agency." The policy indicated "all involved parties will be interviewed as part of the investigation process. The facility policy and procedure titled "Investigations and Inquiries," dated 10/1/09, indicated investigations must be completed in 5 working days. The policy indicated an investigation will be completed after an incident mandated by policy, regulation or law requires an investigation or anytime there is a specific allegation involving a high risk situation which may include: "significant and/or unusual incident such as injury, abuse, neglect, etc."			

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W 0154 Bldg. 00	<p>Please see W154. The facility failed to ensure a thorough investigation was documented in regards to client A's behavior, behavior interventions and elopement (client A).</p> <p>Please see W156. The facility failed to ensure facility investigations were completed within 5 working days for clients A and D.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 2 of 4 incidents reviewed for allegations of (physical aggression) client to client abuse (clients A, D).</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 11/17/15 at 10:45a.m. The review included the</p>	W 0154	In regards to evidence cited by the medical surveyor, per policy an each incidentof suspected client to client abuse, neglect, mistreatment and exploitation should have been immediately reported and consequently investigated within 24 hours of the allegation as stipulated in agency policy. To assure this deficiency does not recur, the investigation coordinator did conduct a review into the incident,	12/14/2015	

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	<p>following incidents for client A:</p> <p>1) An incident report on 8/23/15 indicated client A had physically aggressed upon a group home staff person and held the staff person on the ground. The report indicated another staff at the group home was unable to get client A off the staff on the floor. The report indicated client D then intervned and hit and pulled client A off the staff. The report indicated client A then left the group home through the back yard, jumped over the fence and eloped. The report indicated the police were called and client A was taken to the emergency room to be assessed for a bloody nose. Client A was then taken by the police to the juvenile center and was released on 8/25/15. The report indicated staff were to be retrained on physical restraint and client A's BSP.</p> <p>The facility failed to have a documented thorough investigation with client and staff interviews for the 8/23/15 incident.</p> <p>2) An incident report on 10/19/15 indicated client A had returned (from an outing) to the group home and was "in a bad mood." The report indicated client A had locked himself in the laundry room closet for approximately 20 minutes before staff could get him out. Client A</p>		<p>however it was not a sufficient investigation. On 12/14/2015, all investigators for the facility received training on conducting an investigation, specifically as it pertains to obtaining witness accounts from ALL staff and individuals involved and completion within a 5 day timeframe. Furthermore, Mosaic has policies and procedures that govern our investigation process and which are monitored by the Investigation coordinator and the Quality Assurance Coordinator and the Safety Committee All of the above listed entities conduct quality reviews to ensure that Mosaic is following its policy and provide recommendations for changes when needed</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G589	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/20/2015
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	<p>then went to his bedroom and threw a dining room chair on his way to his bedroom. The report indicated while in his bedroom staff #5 followed him to his bedroom and gave client A 2 to 3 verbal prompts to go and pick up the chair he had thrown. The report indicated client A had yelled at staff #5 to leave his bedroom. Staff #6 then came to client A's bedroom to assist with the intervention. Client A then attacked staff #6 and put her in a head lock and kicked at her. The report indicated staff #6 released herself and went to get the phone to call 911. Client A then attacked the staff again and punched her in the face and broke her eyeglasses. The report indicated client D then intervened and punched client A in the nose. The report indicated the staff intervened and separated the clients. Client A then eloped over the fence in the back yard. Staff followed him and 911 had been called. Client A was taken by the police to the emergency room to be assessed for his nose injury. Following his discharge client A was to be taken to the juvenile center.</p> <p>The facility's investigation for the 10/19/15 incident was started on 10/21/15 and completed on 11/12/15. The investigation did not have documented client interviews.</p>				

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W 0156 Bldg. 00	<p>Staff #2 was interviewed on 11/18/15 at 9:10am. Staff #2 indicated there was no documented "Client to Client Physical Aggression Form" investigation for the 8/23/15 incident and no client interviews for the 10/19/15 investigation.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview, the facility failed for 1 of 4 reportable incident investigations reviewed (clients A, D) to ensure reportable incident investigation results were reported to the administrator within five working days.</p> <p>Findings include:</p>	W 0156	In regards to evidence cited by the medical surveyor in findings , Mosaic has policy and procedure that specifies all investigations must be submitted within 5 days of the occurrence and reported to agency administrators and state officials in accordance with State Law or complete a 5 day status report with the administrator. All investigators	12/14/2015

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	<p>Record review of the facility's incident reports was done on 11/17/15 at 10:45a.m. The review included the following incident for client A:</p> <p>An incident report on 10/19/15 indicated client A had returned (from an outing) to the group home and was "in a bad mood." The report indicated client A had locked himself in the laundry room closet for approximately 20 minutes before staff could get him out. Client A then went to his bedroom and threw a dining room chair on his way to his bedroom. The report indicated while in his bedroom, staff #5 followed him to his bedroom and gave client A 2 to 3 verbal prompts to go and pick up the chair he had thrown. The report indicated client A had yelled at staff #5 to leave his bedroom. Staff #6 then came to client A's bedroom to assist with the intervention. Client A then attacked staff #6 and put her in a head lock and kicked at her. The report indicated staff #6 released herself and went to get the phone to call 911. Client A then attacked the staff again and punched her in the face and broke her eyeglasses. The report indicated client D then intervened and punched client A in the nose. The report indicated the staff intervened and separated the clients. Client A then eloped over the fence in the back yard. Staff followed him and 911</p>		<p>and the Investigation coordinator in the facility have been retrained on this policy and procedure on 12/14/2015. The findings for evidence cited did exceed the 5 day policy. To assure this deficiency does not recur, Mosaic trained all facility investigators on investigation policy and procedure regarding timelines. In addition, Mosaic's Quality Assurance Coordinator and the Safety Committee review all agency incidents/investigations. The purpose of this team is to review that each investigation is completed in a timely way, as dictated by agency policy and procedure and to assure proper follow-through has been completed.</p>	

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	<p>had been called. Client A was taken by the police to the emergency room to be assessed for his nose injury. Following his discharge client A was to be taken to the juvenile center.</p> <p>The facility's investigation for the 10/19/15 incident was started on 10/21/15 and completed, with results of the investigation reported to the administrator or designated representative, on 11/12/15.</p> <p>Staff #2 was interviewed on 11/18/15 at 9:10am. Staff #2 indicated the 10/19/15 incident/investigation had been initiated on 10/21/15 and the results submitted to the administrator on 11/12/15. Staff #2 indicated the investigation was not completed within 5 working days.</p> <p>This federal tag relates to complaint #IN00185517.</p> <p>9-3-2(a)</p>			