

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN 47501
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W000000	<p>This visit was for investigations of complaint #IN00133976 and complaint #IN00135857.</p> <p>Complaint #IN00133976: Substantiated. Federal/state deficiencies related to the allegations are cited at W149 and W157.</p> <p>Complaint #IN00135857: Substantiated. Federal/state deficiencies related to the allegations are cited at W149, W153 and W157.</p> <p>Dates of Survey: September 23, 24, 25 and 30, 2013.</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>Facility Number: 000764 AIM Number: 100234870 Provider Number: 15G241</p> <p>The following deficiencies also reflect findings in accordance with 460 IAC 9. Quality Review completed 10/11/13 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000149	<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 record review and interview for 3 of 3 sampled clients (A, B and C), and one additional client (D), the facility neglected to implement written policies and procedures which prohibited client to client abuse. The facility also failed to report instances of client to client abuse in a timely manner and failed to implement corrective measures/address client to client abuse in a timely manner.</p> <p>Findings include:</p> <p>Review of facility reportable incidents/BDDS (Bureau of Developmental Disabilities Services) reports on 9/23/13 at 1:30 PM indicated the following:</p> <p>1. An 8/2/2013 BDDS report of an incident on 8/1/13 at 3:45 PM indicated, "[Client B] and another individual (client C) got into an altercation yesterday afternoon resulting in minor scrapes but no significant injuries. They were immediately separated and (client B) continued to scream and curse period. Consult with [client B's] psychiatrist 6/6/13 resulted in a recommendation from the psychiatrist that the next time [client</p>	W000149	<p>PROVIDER IDENTIFICATION #: 15G241 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 651 South 100 East, Washington SURVEY EVENT ID #: PDWZ11 DATE SURVEY COMPLETED: 9/30/2013 PROVIDER'S PLAN OF CORRECTION W149: Staff treatment of clients: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Corrective action: The facility will train/in-service all staff at this location on policies and procedures concerning client neglect, mistreatment and abuse, the definition of all types of abuse including verbal abuse, emotional abuse, intimidation, and psychological abuse. (ATTACHMENT A) The facility will train/in-service all staff at this location on policies and procedures concerning client rights and protections. (ATTACHMENT B) The facility will train/in-service Client rights and grievance policies to all consumers upon admission and annually. (ATTACHMENT C) How we will identify others: The Clinical Supervisor will review all behavior and incident</p>	10/23/2013			

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	<p>B] became behaviorally involved that she be transported to ER for admit (sic) into a behavioral unit. Following this recommendation two staff transported [client B] to (name of local hospital) ER where she was evaluated but no inpatient services were secured. ER doctor gave [client B] an injection of Zyprexa (antipsychotic) 10 mg. (milligrams) and released her to her home."</p> <p>The "Plan to Resolve" component of the BDDS report indicated in part: "...[Client B] and the individual with whom she was fighting yesterday evening will be kept apart and closely monitored to ensure they do not resume their argument."</p> <p>A "Witness Statement" form reviewed 9/24/13 at 4:30 PM dated 8/1/13 at 8:30 PM by CS/(Clinical Supervisor) #1 indicated in part: "...[Client B] was still upset stated she should have bit (sic) [client C's] nose off, instead of biting [client C] on the eye and that (illegible) to kill [client C]. I then went to check [client C] who had bruise on corner of left eye, a bruise on left forearm and bruising and redness on left upper arm. OM (Operations Manager) was called and decision was made to take [client B] to hospital as psychiatrist had already ordered for when [client B] has physical aggression."</p>		<p>documentation weekly to identify like issues. (ATTACHMENT G)The Clinical Supervisor will review all plans to ensure all client trainings are completed. (ATTACHMENT G/L)Clinical Supervisor will do a functional assessment at admission and annually for each consumer to identify specific individual needs in behavior management, and ADL's/Goals. Appropriate Parties will investigate all alleged incidents per policy and procedure. (ATTACHMENT D,I)Appropriate Parties will make appropriate recommendations for any corrective action needed. (ATTACHMENT D)Consumer's IDT will convene to discuss the outcome/recommendations from Appropriate Parties. (ATTACHMENT D,E) Measures to be put in place:The Clinical Supervisor will ensure all staff have been trained on client's rights and protections, and have been trained on abuse and neglect. (ATTACHMENT A) The Clinical Supervisor will review all plans to ensure all client trainings are completed. (ATTACHMENT G,L)Clinical Supervisor will implement/train plan addendums when an identified issue is determined. (ATTACHMENT D,J)The Clinical Supervisor will conduct monthly meetings and review for all staff: behavior documentation, incidents reportable and internal, abuse and neglect definition,</p>				

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	<p>The 8/1/13 witness statement by CS #1 indicated client B was refused admittance to two behavioral units. The first facility refused admittance due to her seizure diagnosis and the second facility was full. Client B received the shot of Zyprexa as indicated above and was sent home. Clients B and C were roommates at the time of the incident and their sleeping arrangements were not changed until 9/6/13 when client D became client B's roommate (according to review of a team meeting dated 9/6/13, reviewed on 9/24/13 at 4:00 PM).</p> <p>2. An 8/15/2013 report of an incident on 8/14/13 at 4:00 PM indicated, "[Client B] had became (sic) upset over an outing (losing an outing as part of her behavior programming), began yelling and cursing at staff. [Client B] ran outside to get on the van (sic) finding the van locked, ran back inside the house, busted threw (sic) the locked med room door, grabbed the van keys, continued to yell, cursed, kick and spit in staff's face. Staff called the police for assistance. The clinical supervisor contacted the [name of behavioral unit], as suggested at [client B's] last psychiatric appointment should (sic) engage in a behavioral episode, and approval was obtained by the unit for admission. [Client B] was transported via police to [name of local hospital] ER</p>		<p>ResCare policy on abuse and neglect, reporting, Client rights and protections, and review of ISP, BSP, and HRP. (ATTACHMENT J)Clinical Supervisor will ensure all incidents are documented and reported to Appropriate Parties. (ATTACHMENT G,J,D)Appropriate Parties will follow policy and procedures for all reported incidents. (ATTACHMENT D,I)Consumer's will attend monthly client council meetings to discuss agency activities, grievance procedures, medical options, responsibilities, home and community safety, community activities, living options, rights, self-advocacy, and nutrition.. (ATTACHMENT K) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed.Operations Manager and Appropriate Parties will review all ISP's, BSP'S, and all addendums before training and implementation. Completion Date: 10/23/2013</p>				

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	<p>(Emergency Room). An x-ray of her hand was completed due to bruising from [client B] hitting and busting the med door. The x-ray showed no fractures and she was transferred and admitted to the behavioral unit for observation.</p> <p>An incident follow-up report dated 8/22/13 indicated client B had been released from the behavioral unit on 8/19/13 after psychiatric medication changes.</p> <p>3. An incident report dated 8/29/13 at 8:15 PM indicated staff #3 heard "screaming" coming from the bedroom clients A and D shared. Staff #3 "ran to door (sic) opened it [client A] was screaming I ran to her asking what was wrong with her then noticed her nose bleeding and her PJ (pajama) shirt had blood on it. [Client A] said [client D] hit her back and her nose hit the TV (television) stand. [Client D] calmed down [client D] stated (sic) shoved [client A] but didn't mean to hurt her." The incident report indicated client A "has mark under right nostril and small cut under lip on right side and mark above left corner of mouth."</p> <p>Review of the incident report dated 8/29/13 did not indicate either of client A's co-guardians had been notified of client A's bloody nose caused by her roommate's "shove" the evening it</p>			

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	<p>happened.</p> <p>Interview with staff #3 and #4 on 9/24/13 at 4:25 PM indicated client A's guardians had not been notified until the next day following the incident (8/30/13).</p> <p>According to review of all BDDS reports for August and September of 2013 on 9/23/13 at 1:30 PM the incident on 8/29/13 of client to client abuse was not reported to BDDS.</p> <p>Interview with Program Director #1 on 9/23/13 at 3:30 PM indicated the report had not been forwarded to BDDS on the next business day after the incident.</p> <p>Review of agency policies and procedures on 9/23/13 at 3:45 PM indicated a Standard Operating Procedure for Identifying and Reporting Suspected Abuse and Neglect dated 7/18/11. The review indicated the agency prohibited client abuse and neglect. Definitions were in an undated policy used for staff training purposes:</p> <p>"Neglect means the failure of an individual to provide the treatment care, goods or services that are necessary to maintain the health or safety of a person we support."</p>						

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	<p>Review of agency policies and procedures on 9/23/13 at 4:12 PM indicated an "Operating Standard Subject: Client-to-Client Aggression" dated 2/18/10.</p> <p>The Operating Standard indicated the agency had a practice for "Detection, reporting and Prevention of Client-To-Client Aggression..."</p> <p>The definition of client to client physical abuse was as follows:</p> <p>"...a willful and intentional act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>Review of agency policies and procedures on 9/23/13 at 4:12 PM indicated an agency procedure, "...Program Coordinator Protocol-Incident Reporting Client On Client Aggression" which indicated:</p> <p>"1. All client on client aggression is a state reportable if it results in a significant injury.</p> <p>2. Remove client from harm, ensure client safety.</p> <p>3. Notify PC (Program Coordinator).</p> <p>4. Notify Nurse, follow recommendations.</p> <p>5. Notify Guardian/HCR (Health Care Representative)...</p> <p>12. Hold IDT (Interdisciplinary</p>						

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	<p>Treatment Team Meeting) immediately to address any critical issues required, such as monitoring, 15 minute checks, eyesight of staff, 1:1, etc (sic) to prevent further aggression. This would be documented in the "Plan of Improvement" section of the IR (Incident Report), along with staff interventions. Staffing pattern must be approved by PC/DSGL (Program Coordinator/Director of Supervised Group Living) or DSL (Director of Supervised Group Living)."</p> <p>Please see W153 for the facility's failure to report instances of client to client abuse in a timely manner for clients A and D.</p> <p>Please see W157 for the facility's failure to implement corrective measures/address client to client abuse in a timely manner for clients A, B, C and D.</p> <p>This federal tag relates to complaint #IN00133976. This federal tag relates to complaint #IN00135857.</p> <p>9-3-2(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 3 sampled clients (A), and one additional client (D), the facility failed to report an instance of client to client abuse (shoving causing injury) in a timely manner to the Bureau of Developmental Disabilities Services/BDDS in accordance with state law.</p> <p>Findings include:</p> <p>Facility BDDS reports and internal incident reports were reviewed on 9/23/13 at 1:30 PM and indicated the following:</p> <p>An incident report dated 8/29/13 at 8:15 PM indicated staff #3 heard "screaming" coming from the bedroom clients A and D shared. Staff #3 "ran to door (sic) opened it [client A] was screaming I ran to her asking what was wrong with her then noticed her nose bleeding and her PJ (pajama) shirt had blood on it. [Client A] said [client D] hit her back and her nose hit the TV (television) stand. [Client D] calmed down [client D] stated (sic) shoved [client A] but (sic) didn't mean to</p>	W000153	<p>PROVIDER IDENTIFICATION #: 15G241 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 651 South 100 East, Washington SURVEY EVENT ID #: PDWZ11 DATE SURVEY COMPLETED: 9/30/2013 PROVIDER'S PLAN OF CORRECTION W153: Staff treatment of Clients: The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported to the administrator or to other officials in accordance with State law through established procedures. Corrective action: The facility will investigate all reportable incidents; any substantiated incidents will be addressed through programming goal, behavior modification goals, and necessary steps to protect the rights of all individuals. (ATTACHMENT D,I) Administrative Team will make appropriate recommendations for any corrective action needed. (ATTACHMENT D,I) Consumer's IDT will convene to discuss the outcome/recommendations from</p>	10/23/2013			

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	<p>hurt her." The incident report indicated client A "has mark under right nostril and small cut under lip on right side and mark above left corner of mouth."</p> <p>According to review of all BDDS reports for August and September of 2013 on 9/23/13 at 1:30 PM the incident on 8/29/13 of client to client abuse was not reported to BDDS.</p> <p>Interview with Program Director #1 on 9/23/13 at 3:30 PM indicated the report had not been forwarded to BDDS on the next business day after the incident.</p> <p>This federal tag relates to complaint #IN00135857.</p> <p>9-3-1(b)(5) 9-3-2-(a)</p>		<p>Appropriate Parties. (ATTACHMENT D,E)IF APPLICABLEAll corrective measures recommended by Appropriate Parties, reviewed and approved by IDT will be written in ISP/BSP trained and implemented. (ATTACHMENT F) How we will identify others: The Clinical Supervisor will review all behavior and incident documentation weekly to identify like issues. (ATTACHMENT G)The Clinical Supervisor will review all plans to ensure all client trainings are completed. (ATTACHMENT G,L)Clinical Supervisor will do a functional assessment at admission and annually for each consumer to identify specific individual needs in behavior management, and ADL's/Goals.Appropriate Parties will investigate all alleged incidents per policy and procedure. (ATTACHMENT D,I)Appropriate Parties will make appropriate recommendations for any corrective action needed. (ATTACHMENT D,I)Consumer's IDT will convene to discuss the outcome/recommendations from Appropriate Parties. (ATTACHMENT D,E) Measures to be put in place:The Clinical Supervisor will ensure all staff have been trained on client's rights and protections, and have been trained on abuse and neglect. (ATTACHMENT A) The Clinical Supervisor will review all plans to ensure all client</p>		

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			<p>trainings are completed. (ATTACHMENT G,L)Clinical Supervisor will implement/train plan addendums when an identified issue is determined. (ATTACHMENT F)The Clinical Supervisor will conduct monthly meetings and review for all staff: behavior documentation, incidents reportable and internal, abuse and neglect definition, ResCare policy on abuse and neglect, reporting, Client rights and protections, and review of ISP, BSP, and HRP. (ATTACHMENT J)Clinical Supervisor will ensure all incidents are documented and reported to Appropriate Parties. (ATTACHMENT G,J,D)Appropriate Parties will follow policy and procedures for all reported incidents. (ATTACHMENT D,I)Consumer's will attend monthly client council meetings to discuss agency activities, grievance procedures, medical options, responsibilities, home and community safety, community activities, living options, rights, self-advocacy, and nutrition.. (ATTACHMENT K) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date: 10/23/2013</p>		

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 3 of 3 sampled clients (A, B, and C), and one additional client (D), the facility failed to address instances of client to client abuse/physical aggression in a timely manner.</p> <p>Findings include:</p> <p>Facility BDDS reports and internal incident reports were reviewed on 9/23/13 at 1:30 PM and indicated the following:</p> <p>1. An incident report dated 8/29/13 at 8:15 PM indicated staff #3 heard "screaming" coming from the bedroom clients A and D shared. Staff #3 "ran to door (sic) opened it [client A] was screaming I ran to her asking what was wrong with her then noticed her nose bleeding and her PJ (pajama) shirt had blood on it. [Client A] said [client D] hit her back and her nose hit the TV (television) stand. [Client D] calmed down [client D] stated (sic) shoved [client A] but (sic) didn't mean to hurt her." The incident report indicated client A "has mark under right nostril and small cut under lip on right side and mark above left corner of mouth."</p>			W000157	<p>PROVIDER IDENTIFICATION #: 15G241 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 651 South 100 East, Washington SURVEY EVENT ID #: PDWZ11 DATE SURVEY COMPLETED: 9/30/2013 PROVIDER'S PLAN OF CORRECTION W157: Staff treatment of Clients: If the alleged violation is verified, appropriate action must be taken. Corrective action: The facility will investigate all reportable incidents; any substantiated incidents will be addressed through programming goal, behavior modification goals, and necessary steps to protect the rights of all individuals. (ATTACHMENT D,I) Administrative Team will make appropriate recommendations for any corrective action needed. (ATTACHMENT D,I) Consumer's IDT will convene to discuss the outcome/recommendations from Appropriate Parties. (ATTACHMENT D,E) IF APPLICABLE All corrective measures recommended by Appropriate Parties, reviewed and approved by IDT will be written in ISP/BSP trained and implemented. (ATTACHMENT F) How we will identify others: The Clinical Supervisor will review</p>		10/23/2013

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	<p>According to review of an IDT (Interdisciplinary Team) meeting note dated 9/6/13 by CS/clinical supervisor #4 on 9/24/13 at 4:00 PM, clients A and D remained roommates from 8/29/13 until 9/6/13. The 9/6/13 IDT note indicated: "On 8-29-13 [client D] had a physical aggression towards [client A] causing minor injuries. [Client D] became upset because [client A] did not answer [client D's] question fast enough."</p> <p>Interview with CS #4 on 9/24/13 at 4:30 PM indicated the roommate changes had not taken place sooner because the CS had been on vacation and unavailable to make the necessary arrangements and secure guardian approvals for the changes.</p> <p>2. An 8/2/2013 BDDS report of an incident on 8/1/13 at 3:45 PM indicated, "[Client B] and another individual (client C) got into an altercation yesterday afternoon resulting in minor scrapes but no significant injuries. They were immediately separated and (client B) continued to scream and curse period. Consult with [client B's] psychiatrist 6/6/13 resulted in a recommendation from the psychiatrist that the next time [client B] became behaviorally involved that she be transported to ER for admit (sic) into a behavioral unit. Following this</p>		<p>all behavior and incident documentation weekly to identify like issues. (ATTACHMENT G)The Clinical Supervisor will review all plans to ensure all client trainings are completed. (ATTACHMENT G,L)Clinical Supervisor will do a functional assessment at admission and annually for each consumer to identify specific individual needs in behavior management, and ADL's/Goals. Appropriate Parties will investigate all alleged incidents per policy and procedure. (ATTACHMENT D,I)Appropriate Parties will make appropriate recommendations for any corrective action needed. (ATTACHMENT D,I)Consumer's IDT will convene to discuss the outcome/recommendations from Appropriate Parties. (ATTACHMENT D,E) Measures to be put in place:The Clinical Supervisor will ensure all staff have been trained on client's rights and protections, and have been trained on abuse and neglect. (ATTACHMENT A) The Clinical Supervisor will review all plans to ensure all client trainings are completed. (ATTACHMENT G,L)Clinical Supervisor will implement/train plan addendums when an identified issue is determined. (ATTACHMENT F)The Clinical Supervisor will conduct monthly meetings and review for all staff: behavior documentation, incidents reportable and internal,</p>				

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	<p>recommendation two staff transported [client B] to (name of local hospital) ER (emergency room) where she was evaluated but no inpatient services were secured. ER doctor gave [client B] an injection of Zyprexa (antipsychotic) 10 mg. (milligrams) and released her to her home."</p> <p>The "Plan to Resolve" component of the BDDS report indicated in part: "...[Client B] and the individual with whom she was fighting yesterday evening will be kept apart and closely monitored to ensure they do not resume their argument."</p> <p>A "Witness Statement" form reviewed 9/24/13 at 4:30 PM dated 8/1/13 at 8:30 PM by CS/(Clinical Supervisor) #1 indicated in part: "...[Client B] was still upset (sic) stated she should have bit (sic) [client C's] nose off, instead of biting [client C] on the eye and that (illegible) to kill [client C]. I then went to check [client C] who had bruise on corner of left eye, a bruise on left forearm and bruising and redness on left upper arm. OM (Operations Manager) was called and (sic) decision was made to take [client B] to hospital as psychiatrist had already ordered for when [client B] has physical aggression."</p> <p>The 8/1/13 witness statement by CS #1 indicated client B was refused admittance</p>		<p>abuse and neglect definition, ResCare policy on abuse and neglect, reporting, Client rights and protections, and review of ISP, BSP, and HRP. (ATTACHMENT J)Clinical Supervisor will ensure all incidents are documented and reported to Appropriate Parties. (ATTACHMENT G,J,D)Appropriate Parties will follow policy and procedures for all reported incidents. (ATTACHMENT D,I)Consumer's will attend monthly client council meetings to discuss agency activities, grievance procedures, medical options, responsibilities, home and community safety, community activities, living options, rights, self-advocacy, and nutrition.. (ATTACHMENT K) Monitoring of Corrective Action:Operations Manager and Program Manager will conduct Best in Class, and periodic reviews to ensure all policies and procedures are being followed. Completion Date: 10/23/2013</p>		

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	<p>to two behavioral units. The first facility refused admittance due to her seizure diagnosis and the second facility was full. Client B received the shot of Zyprexa as indicated above and was sent home. Clients B and C were roommates at the time of the incident and their sleeping arrangements were not changed until 9/6/13 when client D became client B's roommate (according to review of a team meeting dated 9/6/13, (reviewed on 9/24/13 at 4:00 PM).</p> <p>Interview with CS/Clinical Supervisor #4 on 9/24/13 at 4:30 PM indicated the roommate changes had not taken place sooner because the CS had been on vacation and unavailable to make the necessary arrangements and secure guardian approvals for the changes.</p> <p>This federal tag relates to complaint #IN00135857. This federal tag relates to complaint #IN00133976.</p> <p>9-3-2(a)</p>				