

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2021
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey. Dates of Survey: January 5, 6, 7, 8, and 13, 2021. Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/25/21.	W 0000		
W 0149 Bldg. 00	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 observation, record review, and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure implementation of their policies and procedures to prevent multiple elopements involving client #1, to ensure completion of a thorough investigation into multiple elopements involving client #1, and to ensure client #1's BSP (Behavioral Support Plan), with enhanced supervision protocol was followed as written. Findings include: Observations were conducted at the group home on 1/5/21 from 10 AM through 12:56 PM and on 1/5/21 from 2:45 PM through 5:22 PM. Upon	W 0149	·Staff training will review: ·IN Mentor's policy regarding abuse, neglect and exploitation ·Elopement concerns will be investigated as possible neglect ·Ensuring chimes are present and working ·Electronic device tracking expectations ·Elopement concerns will be investigated as possible neglect. ·Training with the Program Director regarding: ·Conducting elopement investigations to determine if	02/12/2021

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>arrival to the group home at 10 AM, no door chimes were active when the front door was opened. At 10:52 AM, HM (House Manager) #1 was asked about the door chimes. HM #1 indicated the chimes were not currently working. HM #1 indicated client #1 had broken the chimes and new chimes were ordered and going to be installed. At 2:45 PM, when returning to the group home for a second observation on 1/5/21, no door chimes were active when the front door opened.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/6/21 at 10:23 AM.</p> <p>A BDDS report dated 08/6/20 indicated, " ...On 8/6/2020, [client #1] became upset because he was redirected from using a peer's tablet. [Client #1] left the house on foot. Staff followed him outside but was unable to leave the property due to being single staffed. Staff called 911 and the Program Director for assistance. Police and Mentor staff found [client #1] a few blocks away from the home ...".</p> <p>A review of the BDDS report dated 8/6/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 9/19/20 indicated, " ...On 9-19-2020 [client #1] was on the phone with his brother. When they were done talking, he (client #1) was upset and crying and went AWOL (absent from one's post). The police found him (client #1) down the road ...and called the Supervisor. She was able to talk to [client #1] and calm him down ...".</p>		<p>neglect did occur</p> <ul style="list-style-type: none"> ·IN Mentor's policy regarding abuse, neglect and exploitation ·The IDT met with client #1 and discussed the elopement concerns on 1-12-21. ·Client #1's BSP was revised to increase his supervision level when the chimes on the doors in the home is not working (line of sight with the exception of when his bedroom or in the bathroom). ·Client #1's BSP was revised to implement device checks where staff must locate all electronic devices every 15 minutes to ensure that each individual have their own devices. A sign off sheet has been created to keep track of the devices. ·The chimes have been replaced and are now working. These will be checked to ensure working upon the Program Supervisor, Program Director and Behavioral Clinician observations. <p>·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review.</p> <ul style="list-style-type: none"> ·New staff hired to work at the site will receive training on reporting expectations. ·The IDT has implemented 				

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	<p>A review of the BDDS report dated 9/19/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 11/12/20 indicated, " ...On 11-12-2020 [client #1] was using another individual's tablet and was watching inappropriate things. He (client #1) was very upset with himself so he left the house unattended. The supervisor called the day time (sic) staff and she was able to find him a few blocks down the road. Staff was able to talk to him and calm him down. He (client #1) willingly got into the car and came back home ...".</p> <p>A review of the BDDS report dated 11/12/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 12/31/20 indicated, " ... [Client #1] was upset that he did not receive any mail from his family. Staff tried explaining that the ...Postal Service has been running slow & the mail should arrive in the next couple of days. [Client #1] eloped from the group home and staff called the police and the program supervisor since the group home was single staffed. The program supervisor reported to the Program Director & staff from another group home was sent out to help. When the other staff arrived a few minutes later, the police had already located [client #1] down the street from the group home and he was willing to go with them back to the group home ...".</p> <p>A review of the BDDS report dated 12/31/20 indicated client #1 eloped from the home. The review did not indicate documentation of an</p>		<p>monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's. ·The Program Supervisor will complete weekly observations and document if the chimes are present/working while in the home. ·The Program Director will complete weekly observations and document if the chimes are present/working while in the home. ·The Behavioral Clinician will complete biweekly observations and document if the chimes are present/working while in the home. ·The electronic device tracking forms will be reviewed by 				

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	<p>investigation into the elopement incident.</p> <p>Client #1's record was reviewed on 1/6/21 at 9:33 AM. Client #1's BSP dated 1/23/20 indicated the following:</p> <p>-"[Client #1] BSP 1/23/20...".</p> <p>-"...Entered by."</p> <p>-"[BC (Behavior Clinician) #1] on 6/24/2020...".</p> <p>-"...Last Updated By."</p> <p>-"[BC #1] on 1/05/2021...".</p> <p>-"...Individual Name."</p> <p>-"[Client #1]...".</p> <p>-"...Tasks...".</p> <p>-"...Description...".</p> <p>-"...Inappropriate sexual behavior is defined as but not limited to watching pornography...".</p> <p>-"...Staff need to ensure that [client #1] does not have internet access at home and that his peers are not sharing internet capable devices with [client #1], unless use of this device is supervised...".</p> <p>-"...AWOL (absent from one's post)."</p> <p>-"Did [client #1] go AWOL defined as but not limited to leaving the home/day service...".</p> <p>-"...1. Staff should be observing [client #1] when he is outside to increase his safety. Staff will</p>		<p>the Program Supervisor and Program Director to ensure they are being completed by staff.</p> <p>·The IDT will monitor for trends in behavior concerns. IDT will meet to address concerns as needed.</p> <p>·ISP and BSP's will be revised as needed to address behavioral and supervision concerns.</p>	

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	<p>give [client #1] one verbal prompt to come back to supervision if he leaves. Staff will follow [client #1] at safe distance requesting him to return to supervised area."</p> <p>"If staff are single staffed when he leaves the home, staff will call for help to get a second staff so they can begin looking for him. If two staff are present when he leaves the home, one staff will follow him..."</p> <p>"...In order to ensure a peer's safety current restrictions include:...".</p> <p>"...2. [Client #1] will have chimes on the front and back doors due to recent elopement behavior..."</p> <p>PD (Program Director) #1 was interviewed on 1/7/21 at 11:42 AM. PD #1 indicated client #1 had multiple elopement incidents. PD #1 was asked if the facility had documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's safety protocols. PD #1 stated, "No." PD #1 indicated client #1's BSP did indicate door chimes were to be on the front and back door as a safety protocol due to his history of elopements. PD #1 was asked if the door chimes were in place and in good working order on 1/5/21. PD #1 indicated she was informed they were not working and needed to be fixed. PD #1 was asked if the door chimes were working during the time of each elopement involving client #1. PD #1 indicated they were from what staff had told her, but she did not have documentation of completed investigations which included this question when then incidents occurred. PD #1 was asked if client #1's BSP</p>			

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	<p>was being followed if the door chimes in the home were not working. PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 1/7/21 at 1:03 PM. AD #1 indicated the facility did not have documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether or not staff followed client #1's BSP and safety protocols. AD #1 indicated client #1's BSP indicated door chimes were to be on the front and back door as safety protocols due to his history of elopements. AD #1 was asked if the door chimes were working on 1/5/21. AD #1 stated, "No." AD #1 indicated she was informed client #1 had broken the door chimes and they needed to be replaced. AD #1 indicated client #1's BSP was not being followed as written due to the door chimes not working.</p> <p>The facility's policies and procedures were reviewed on 1/8/21 at 9:02 AM. The facility's Quality and Risk Management Policy dated September 2017 indicated the following:</p> <p>"Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed."</p> <p>1. Alleged, suspected or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services of Child Protective Services as applicable.</p>			

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W 0154 Bldg. 00	<p>e. Failure to provide appropriate supervision, care or training; ...".</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to complete a thorough investigation into multiple incidents of elopement involving client #1.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/6/21 at 10:23 AM.</p> <p>A BDDS report dated 08/6/20 indicated, " ...On 8/6/2020, [client #1] became upset because he was redirected from using a peer's tablet. [Client #1] left the house on foot. Staff followed him outside but was unable to leave the property due to being single staffed. Staff called 911 and the Program Director for assistance. Police and Mentor staff found [client #1] a few blocks away from the home ...".</p> <p>A review of the BDDS report dated 8/6/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 9/19/20 indicated, " ...On 9-19-2020 [client #1] was on the phone with his brother. When they were done talking, he (client #1) was upset and crying and went AWOL (absent from one's post). The police found him</p>	W 0154	<ul style="list-style-type: none"> ·The Program Director will be retrained on investigation expectations and components of a thorough investigations. ·The Program Director will be retrained on what requires an investigation ·Elopement concerns will be investigated as possible neglect. ·The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that required investigations are completed. ·Area Director and/or Quality Assurance will monitor and assist the Program Director as needed during the investigation process to help ensure investigation thoroughness. 	02/12/2021

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	<p>(client #1) down the road ...and called the Supervisor. She was able to talk to [client #1] and calm him down ...".</p> <p>A review of the BDDS report dated 9/19/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 11/12/20 indicated, " ...On 11-12-2020 [client #1] was using another individual's tablet and was watching inappropriate things. He (client #1) was very upset with himself so he left the house unattended. The supervisor called the day time (sic) staff and she was able to find him a few blocks down the road. Staff was able to talk to him and calm him down. He (client #1) willingly got into the car and came back home ...".</p> <p>A review of the BDDS report dated 11/12/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 12/31/20 indicated, " ... [Client #1] was upset that he did not receive any mail from his family. Staff tried explaining that the ...Postal Service has been running slow & the mail should arrive in the next couple of days. [Client #1] eloped from the group home and staff called the police and the program supervisor since the group home was single staffed. The program supervisor reported to the Program Director & staff from another group home was sent out to help. When the other staff arrived a few minutes later, the police had already located [client #1] down the street from the group home and he was willing to go with them back to the group home ...".</p>			

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W 0249 Bldg. 00	<p>A review of the BDDS report dated 12/31/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>PD (Program Director) #1 was interviewed on 1/7/21 at 11:42 AM. PD #1 indicated client #1 had multiple elopement incidents. PD #1 was asked if the facility had documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's safety protocols. PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 1/7/21 at 1:03 PM. AD #1 indicated the facility did not have documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's BSP and safety protocols.</p> <p>9-3-2(a) 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1's BSP (Behavioral Support Plan) was being followed as written.</p>	W 0249	<p>The Program Supervisor and Program Director will do home observations weekly to ensure staff are implementing the plans of clients and that the chimes on the</p>	02/12/2021

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 1/5/21 from 10 AM through 12:56 PM and on 1/5/21 from 2:45 PM through 5:22 PM. Upon arrival to the group home at 10 AM, no door chimes were active when the front door was opened. At 10:52 AM, HM (House Manager) #1 was asked about the door chimes. HM #1 indicated the chimes were not currently working. HM #1 indicated client #1 had broken the chimes and new chimes were ordered and going to be installed. At 2:45 PM, when returning to the group home for a second observation on 1/5/21, no door chimes were active when the front door opened.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 1/6/21 at 10:23 AM.</p> <p>A BDDS report dated 08/6/20 indicated, " ...On 8/6/2020, [client #1] became upset because he was redirected from using a peer's tablet. [Client #1] left the house on foot. Staff followed him outside but was unable to leave the property due to being single staffed. Staff called 911 and the Program Director for assistance. Police and Mentor staff found [client #1] a few blocks away from the home ...".</p> <p>A review of the BDDS report dated 8/6/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 9/19/20 indicated, " ...On 9-19-2020 [client #1] was on the phone with his brother. When they were done talking, he (client</p>		<p>doors are present and working.</p> <ul style="list-style-type: none"> ·Staff training will review: <ol style="list-style-type: none"> 1.Ensuring chimes are present and working ·The Behavior Clinician will review will do home observations weekly to ensure staff are implementing the plans of clients and that the chimes on the doors are present and working. ·The Area Director will complete home observations at this home for 2 times per month for the next month to monitor the effectiveness of client BSP's and to monitor for restrictions utilized. ·The chimes have been replaced and are in working order. ·The IDT met with client #1 and discussed the elopement concerns on 1-12-21. ·Client #1's BSP was revised to increase his supervision level when the chimes on the doors in the home is not working (line of sight with the exception of when his bedroom or in the bathroom). ·HRC approval has been obtained for all restrictions put in place for Client 1. <p>·The BSP's will be reviewed for the individuals in the home to ensure that they are current and necessary restrictions are in place.</p> <ul style="list-style-type: none"> ·HRC approval has been obtained for all restrictions put in place for the individuals in the 				

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	<p>#1) was upset and crying and went AWOL (absent from one's post). The police found him (client #1) down the road ...and called the Supervisor. She was able to talk to [client #1] and calm him down ...".</p> <p>A review of the BDDS report dated 9/19/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 11/12/20 indicated, " ...On 11-12-2020 [client #1] was using another individual's tablet and was watching inappropriate things. He (client #1) was very upset with himself so he left the house unattended. The supervisor called the day time (sic) staff and she was able to find him a few blocks down the road. Staff was able to talk to him and calm him down. He (client #1) willingly got into the car and came back home ...".</p> <p>A review of the BDDS report dated 11/12/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>A BDDS report dated 12/31/20 indicated, " ... [Client #1] was upset that he did not receive any mail from his family. Staff tried explaining that the ...Postal Service has been running slow & the mail should arrive in the next couple of days. [Client #1] eloped from the group home and staff called the police and the program supervisor since the group home was single staffed. The program supervisor reported to the Program Director & staff from another group home was sent out to help. When the other staff arrived a few minutes later, the police had already located [client #1] down the street from the group home</p>		<p>home.</p> <ul style="list-style-type: none"> ·The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. ·New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review. ·Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document, how to report incidents and understanding of BSP's. ·On-going the Area Director will review Program Director's weekly supervisory visits forms and will follow up with 	

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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	<p>and he was willing to go with them back to the group home ...".</p> <p>A review of the BDDS report dated 12/31/20 indicated client #1 eloped from the home. The review did not indicate documentation of an investigation into the elopement incident.</p> <p>Client #1's record was reviewed on 1/6/21 at 9:33 AM. Client #1's BSP dated 1/23/20 indicated the following:</p> <p>-"[Client #1] BSP 1/23/20...".</p> <p>-"...Entered by."</p> <p>-"[BC (Behavior Clinician) #1] on 6/24/2020...".</p> <p>-"...Last Updated By."</p> <p>-"[BC #1] on 1/05/2021...".</p> <p>-"...Individual Name."</p> <p>-"[Client #1]...".</p> <p>-"...Tasks...".</p> <p>-"...Description...".</p> <p>-"...Inappropriate sexual behavior is defined as but not limited to watching pornography...".</p> <p>-"...Staff need to ensure that [client #1] does not have internet access at home and that his peers are not sharing internet capable devices with [client #1], unless use of this device is supervised...".</p> <p>-"...AWOL (absent from one's post)."</p>		<p>the appropriate individual to ensure the concerns are addressed.</p>	

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	<p>- "Did [client #1] go AWOL defined as but not limited to leaving the home/day service...".</p> <p>- "...1. Staff should be observing [client #1] when he is outside to increase his safety. Staff will give [client #1] one verbal prompt to come back to supervision if he leaves. Staff will follow [client #1] at safe distance requesting him to return to supervised area."</p> <p>- "If staff are single staffed when he leaves the home, staff will call for help to get a second staff so they can begin looking for him. If two staff are present when he leaves the home, one staff will follow him..."</p> <p>- "...In order to ensure a peer's safety current restrictions include:...".</p> <p>- "...2. [Client #1] will have chimes on the front and back doors due to recent elopement behavior...".</p> <p>PD (Program Director) #1 was interviewed on 1/7/21 at 11:42 AM. PD #1 indicated client #1 had multiple elopement incidents. PD #1 was asked if the facility had documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether staff followed client #1's safety protocols. PD #1 stated, "No." PD #1 indicated client #1's BSP did indicate door chimes were to be on the front and back door as a safety protocol due to his history of elopements. PD #1 was asked if the door chimes were in place and in good working order on 1/5/21. PD #1 indicated she was informed they were not working and needed to be fixed. PD #1 was asked if the door chimes were working</p>			

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	<p>during the time of each elopement involving client #1. PD #1 indicated they were from what staff had told her, but she did not have documentation of completed investigations which included this question when then incidents occurred. PD #1 was asked if client #1's BSP was being followed if the door chimes in the home were not working. PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 1/7/21 at 1:03 PM. AD #1 indicated the facility did not have documentation of completed investigations into client #1's elopements on 8/6/20, 9/19/20, 11/12/20, and 12/31/20 indicating whether or not staff followed client #1's BSP and safety protocols. AD #1 indicated client #1's BSP indicated door chimes were to be on the front and back door as safety protocols due to his history of elopements. AD #1 was asked if the door chimes were working on 1/5/21. AD #1 stated, "No." AD #1 indicated she was informed client #1 had broken the door chimes and they needed to be replaced. AD #1 indicated client #1's BSP was not being followed as written due to the door chimes not working.</p> <p>9-3-4(a)</p>						