

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250
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W 0000 Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of survey: April 27, 28, 29 and 30, 2015.</p> <p>Facility Number: 001021 Provider Number: 15G507 AIM Number: 100245130</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and three additional clients (#5, #6 and #7), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure it was maintained in good repair and failed to ensure clients were not double billed for services.</p>	W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action:(specific): Maintenance has been scheduled to complete repairs that are needed.</p> <p>How others will be identified: (Systemic): The Residential Manager will inspect the home weekly to ensure that any</p>	05/30/2015

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>Findings include:</p> <p>Observations were conducted at the home of clients #1, #2, #3, #4, #5, #6, and #7 on 4/27/15 from 3:15 PM until 6:00 PM and on 4/28/15 from 6:00 AM until 7:45 AM and from 10:00 AM until 3:00 PM. During the observations, clients #1, #2, and #4's bedroom carpeting was worn and stained. The entryway, front and back hallways, medication room and kitchen floors were worn and stained. The dining room, living room, kitchen, bathrooms and client #3's bedroom walls had holes and were scuffed and in need of repair and paint. The walls and woodwork throughout the facility had chipped, discolored paint on the walls and woodwork. The bathtub was stained. The accessible bathroom had a missing towel holder and the floor tile was in need of repair.</p> <p>Interview with QIDP/Qualified Intellectual Disabilities Professional #1 on 4/28/15 at 2:00 PM indicated the maintenance man would be contacted regarding the repairs.</p> <p>Review of client financial records (RFMS/Resident Fund Management Service account sheets) on 4/29/15 at 3:15 PM indicated the following:</p>		<p>repairs needed are reported immediately to the maintenance department.</p> <p>Measures to be put in place: Maintenance has been scheduled to complete repairs that are needed.</p> <p>Monitoring of Corrective Action: The Residential Manager will inspect the home weekly to ensure that any repairs needed are reported immediately to the maintenance department.</p> <p>Completed date: 5.30.15</p> <p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action:(specific): Client #6 has a credit of 700.00 from 9.30.14 which will be applied to care cost for May 2015. Client #1 has a credit of 150.00 from 9.30.14 which will be applied to care cost for May 2015. Client #3 has a credit of 250.00 from 9.30.14 which will be applied to care cost for May 2015. Client #5 has a credit of 350.00 from 9.30.14 which will be applied to care cost for May 2015.</p> <p>How others will be identified: (Systemic): The Business Office Manager will review care costs paid each month to ensure each client is paying the correct amount. Any mistakes will be addressed and</p>	

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	<p>Client #6 paid a care cost payment on 08/08/14 in the amount of \$889.00. The RFMS sheet indicated another payment of \$700.00 was paid on 9/30/14 for "Care Cost Aug (August) 2014."</p> <p>Client #1 paid a care cost payment on 08/08/14 in the amount of \$1135.00. The RFMS sheet indicated another payment of \$150.00 was paid on 9/30/14 for "Care Cost Aug (August) 2014."</p> <p>Client #3 paid a care cost payment on 08/08/14 in the amount of \$592.00 for August 2014. The RFMS sheet indicated another payment of \$250.00 was paid on 9/30/14 for "Care Cost Aug (August) 2014."</p> <p>Client #5 paid a care cost payment on 08/08/14 in the amount of \$379.00 for August 2014 rent/liability/care cost. The RFMS sheet indicated another payment of \$350.00 was paid on 9/30/14 for "Care Cost Aug (August) 2014."</p> <p>Interview with Program Director #1 and Financial Services staff #1 on 4/30/15 at 12:02 PM indicated the clients' financial records had been investigated by the agency and credits in the second amounts listed above were found. The interview indicated the clients would be billed less for the month of May 2015's Care Cost to remedy the discrepancies.</p> <p>9-3-1(a)</p>		<p>corrected immediately.</p> <p>Measures to be put inplace: Client #6 has a credit of 700.00 from 9.30.14 which will be appliedto care cost for May 2015. Client #1 has a credit of 150.00 from 9.30.14 which will be applied to care cost for May2015. Client #3 has a credit of 250.00from 9.30.14 which will be applied to care cost for May 2015. Client #5 has a credit of 350.00 from 9.30.14which will be applied to care cost for May 2015.</p> <p>Monitoring ofCorrective Action: The Business Office Manager will review care costs paideach month to ensure each client is paying the correct amount. Any mistakes will be addressed and correctedimmediately.</p> <p>Completed date: 5.30.15</p>		

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (#5, #6 and #7), the facility failed to ensure alarms/doorbells on the facility's exit doors were needed and consented to by the clients.</p> <p>Findings include:</p> <p>Observations were conducted at the home of clients #1, #2, #3, #4, #5, #6, and #7 on 4/27/15 from 3:15 PM until 6:00 PM and on 4/28/15 from 6:00 AM until 7:45 AM and from 10:00 AM until 3:00 PM. During the observations, there were doorbells/alarms which sounded when clients, staff or visitors accessed any of</p>	W 0125	<p>W125: The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Corrective Action:(specific): The QIDP will ensure that all Guardian and Human Rights Committee consent documentation is obtained on all clients in the home regarding the door alarms/doorbells. Also, the behavior support plan(s) will be revised as needed to reflect any restrictions.</p> <p>How others will be identified: (Systemic): The QIDP will ensure</p>	05/30/2015

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	<p>the five exit doors.</p> <p>Staff #3 indicated on 4/28/15 at 10:30 AM the doorbells were for client #7 who had elopement behavior.</p> <p>On 4/28/15 at 10:00am, client #1's record was reviewed. Client #1's 4/14/14 ISP (Individual Support Plan), did not indicate a need or consent for alarms on the exit doors.</p> <p>On 4/28/15 at 10:30am, client #2's record was reviewed. Client #2's 11/28/14 ISP did not indicate a need or consent for alarms on the facility's exit doors.</p> <p>On 4/28/15 at 11:00am, client #3's record was reviewed. Client #3's 4/23/15 ISP did not indicate a need or consent for alarms on the facility's exit doors.</p> <p>On 4/28/15 at 12:45pm, client #4's record was reviewed. Client #4's 8/21/14 ISP did not indicate a need or consent for alarms on the facility's exit doors.</p> <p>Client #7's record review indicated a Behavior Action Plan/BAC dated 4/14/14 on 4/28/15 at 1:45 PM. The BAC indicated client #7 had a targeted behavior of leaving assigned area which was defined as: "anytime she leaves the area without supervision." The BAC did not include door alarms as a means of addressing the client's leaving</p>		<p>that all consents are obtained and up to date regarding anyrestrictions for the home. Also, thebehavior support plan(s) will be revised as needed to reflect anyrestrictions.</p> <p>Measures to be put inplace: The QIDP will ensure that all Guardian and Human Rights Committee consentdocumentation is obtained on all clients in the home regarding the dooralarms/doorbells. Also, the behaviorsupport plan(s) will be revised as needed to reflect any restrictions.</p> <p>Monitoring ofCorrective Action: The QIDP will ensure that all consents are obtained andup to date regarding any restrictions for the home. Also, the behavior support plan(s) will berevised as needed to reflect any restrictions.</p> <p>Completed date: 5.30.15</p>		

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W 0192 Bldg. 00	<p>assigned area behavior.</p> <p>On 4/28/15 at 1:20 PM, an interview was conducted with the QIDP/Qualified Intellectual Disabilities Professional staff #1. The QIDP indicated the BAC would be revised to include the restriction if it was necessary for client #7.</p> <p>9-3-2(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure staff were trained in giving injections and sufficiently trained to implement nursing care plans and provide necessary documentation of such.</p> <p>Findings include:</p> <p>On 4/28/15 at 10:30am, client #1's record was reviewed. Client #1's diagnoses included, but were not limited to, thoracic kyphoscoliosis (curvature of the spine), history of bowel obstruction due to bowel acute ileus (bowel elimination</p>	W 0192	<p>W192: For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Corrective Action:(specific): Nursing staff will in-service existing direct care employees on giving injections as applicable to client needs.</p> <p>How others will be identified: (Systemic): Nursing staff will be notified by the Residential Manager concerning any new direct care staff that will need training regarding giving injections.</p>	05/30/2015

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	<p>disruption caused by peristalsis failure/disruption in the normal propulsive ability of the intestines), and constipation. At the time of the survey, client #1 was hospitalized on 4/12/15 and her "small bowel had twisted" according to the BDDS report (Bureau of Developmental Disabilities Services) dated 4/13/15 reviewed 4/29/15 at 1:00 PM. She had a bowel resection on 4/12/15. A follow up BDDS report dated 4/21/15 indicated her bowel was re-attached on 4/17/15 and she was continuing treatment at the hospital.</p> <p>Client #1's record review indicated a nursing care plan for "Bowel obstruction due to bowel acute ileus" dated 11/18/14. The care plan indicated the client should receive 3000 cc/cubic centimeters of fluids daily. The input records were reviewed for the month of April 2015 in client #1's record and contained the following: 4/1 240 cc, 4/2 blank, 4/3 120 cc, 4/4 120 cc, 4/5 blank, 4/6 360 cc, 4/7 240 cc, 4/8 120 cc, 4/9 600 cc, 4/10 blank, and 4/11 blank.</p> <p>Client #1's MAR/Medication Administration Record for March 2015 listed a drug to help with her elimination system prescribed on 10/06/2014, Relistor 0.6 ml (milliliters) to be injected subcutaneously every 48 hours. The</p>		<p>Measures to be put in place: Nursing staff will in-service all direct care employees on giving injections as applicable to client needs.</p> <p>Monitoring of Corrective Action: Nursing staff will be notified by the Residential Manager concerning any new direct care staff that will need training regarding giving injections.</p> <p>Completed date: 5.30.15</p>				

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	<p>March 2015 MAR indicated direct care staff were giving the injections every other day instead of a nurse.</p> <p>Staff #3 was interviewed on 4/28/15 at 10:45 AM and indicated the pharmacy sent a box of needles and a bottle of the Relistor. The direct care staff were to draw up the Relistor and inject it into client #1's abdomen every other day to help her with elimination/bowel movements.</p> <p>Staff #2, House Manager, was asked to provide staff training documentation for the administration of injections on 4/28/15 at 1:30 PM. No training was provided for review.</p> <p>Program Director #1 was asked for documentation of staff training for the Relistor injections on 4/29/15 at 1:00 PM.</p> <p>Interview on 4/29/15 at 2:30 PM with former Home Manager/HM staff #1 indicated former LPN #10 had trained herself and other staff at the facility; some of whom still worked there. At the time of the survey, only three staff were trained/allowed to do the injections, HM #2, staff #3, and staff #8. The interview indicated fluid input should be documented for client #1 by staff.</p>			

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W 0227 Bldg. 00	<p>On 4/30/15 at 12:15 PM interview with PD #1 indicated the evidence of staff training for the Relistor could not be found.</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's dietary recommendations were addressed consistently.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 4/27/15 from 3:15 PM until 6:00 PM. Client #2 ate his evening meal of lasagna and a can of "Ensure" nutritional supplement at 5:35 PM. Client #2 ate only part of the lasagna prepared for him by staff #3. Staff #3 offered him green beans and salad which he refused. A substitute for the refused food items was not offered. During observations on 4/28/15 from 6:00 AM</p>	W 0227	<p>W227: The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph ©(3) of this section.</p> <p>Corrective Action:(specific): Direct care staff and the Residential Manager will bein-serviced on all client dining plans and offering substitutions as neededaccording to their plans.</p> <p>How others will be identified: (Systemic): TheResidential Manager will ensure that staff is following dining plans byobserving at least five meals weekly.</p> <p>Measures to be put inplace: Direct care staff and the Residential</p>	05/30/2015

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	<p>until 7:45 AM, client #2 ate breakfast of hot cereal and Ensure at 6:30 AM. On 4/28/15 from 10:00 AM until 3:00 PM observations were conducted. Client #2 ate the noon meal of macaroni salad, chopped ham and vanilla pudding with tea as the beverage supervised by staff #4.</p> <p>On 4/28/15 at 10:30am, client #2's record was reviewed. Client #2's 11/28/14 ISP/Individual Support Plan contained no methodology for meal refusals in regards to offering substitutes or offering foods client #2 liked and would consume. The record review indicated client #2 weighed 163 pounds in 12/2014. The record contained the following weekly weights for client #2: January 2015, 155, 153, 152, 156, 157; February 2015, 154, 156, 155, 156; March 2015, 134.2, 144, 139, 140; and April 2015, 144, 146 and 145. The record review indicated a dietary review dated 12/12/14 which indicated client #2's height was 74 inches and his ideal body weight range was 171 to 209 pounds. The client was prescribed a mechanical soft with ground meat diet consistency. A dietary quarterly review dated 3/3/15 indicated the dietician had discussed client #2 getting his supplement with meals with the "nurse and staff." The dietician recommended</p>		<p>Manager will be in-serviced on all client dining plans and offering substitutions as needed according to their plans.</p> <p>Monitoring of Corrective Action: The Residential Manager will ensure that staff is following dining plans by observing at least five meals weekly.</p> <p>Completed date: 5.30.15</p>	

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	<p>client #2 receive the supplements (Ensure) between meals. If he did not gain weight, the Ensure Plus supplement was to be changed to "2 Cal HN," a dietary supplement with higher nutritional value used in place of food, to see if he gained weight.</p> <p>Interview with staff #3 on 4/27/15 at 5:45 PM indicated client #2 did not like salad or green beans. Staff #3 stated client #2 ate "50%" of the lasagna prepared for him. On 4/28/15 at 11:00 AM, staff #3 stated client #2 received Ensure three times daily with his "meals."</p> <p>Interview with staff #4 on 4/28/15 at 12:15 PM indicated client #2 liked macaroni salad, ham and pudding. Staff #4 indicated the Ensure supplement was supposed to be given between meals at 10:00 AM and 2:00 PM. Client #2 would also ask for Ensure. The supplemental Ensure was to be taken between meals so the client would eat at mealtime.</p> <p>On 4/28/15 at 2:15pm, an interview was conducted with the supervising nurse, LPN #1. The nurse indicated the supplements should be given between meals but the Ensure had not been changed because the client was starting to gain weight. The interview also indicated</p>			

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W 0289 Bldg. 00	<p>the clients should be offered food substitutes/choices when they did not like certain foods.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, interview and record review for 1 additional client (#7), the facility failed to ensure the client's need for alarms on doors for elopement behavior were included in her behavior action plan.</p> <p>Findings include:</p> <p>Observations were conducted at the home of clients #1, #2, #3, #4, #5, #6, and #7 on 4/27/15 from 3:15 PM until 6:00 PM and on 4/28/15 from 6:00 AM until 7:45 AM and from 10:00 AM until 3:00 PM. During the observations, there were doorbells/alarms which sounded when clients, staff or visitors accessed any of the five exit doors.</p>	W 0289	<p>W289: The use of systemic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan.</p> <p>Corrective Action:(specific): The QIDP will ensure that all Guardian and Human Rights Committee consent documentation is obtained on all clients in the home regarding the door alarms/doorbells. Also, the behavior support plan(s) will be revised as needed to reflect any restrictions.</p> <p>How others will be identified: (Systemic): The QIDP will ensure that all consents are obtained and up to date regarding any restrictions for the home. Also, the behavior support</p>	05/30/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G507	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 KENTUCKY AVE MADISON, IN 47250		
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W 0460 Bldg. 00	<p>Staff #3 indicated on 4/28/15 at 10:30 AM the doorbells were for client #7 who had elopement behavior.</p> <p>Client #7's record review indicated a Behavior Action Plan/BAC dated 4/14/14 on 4/28/15 at 1:45 PM. The BAC indicated client #7 had a targeted behavior of leaving assigned area which was defined as: "anytime she leaves the area without supervision." The BAC did not include door alarms as a means of addressing the client's leaving assigned area behavior.</p> <p>On 4/28/15 at 2:15pm, an interview was conducted with the QIDP/Qualified Intellectual Disabilities Professional staff #1. The QIDP indicated the BAC would be revised to include the restriction if it was necessary for client #7.</p> <p>9-3-5(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and</p>		<p>plan(s) will be revised as needed to reflect anyrestrictions.</p> <p>Measures to be put inplace: The QIDP will ensure that all Guardian and Human Rights Committee consentdocumentation is obtained on all clients in the home regarding the dooralarms/doorbells. Also, the behaviorsupport plan(s) will be revised as needed to reflect any restrictions.</p> <p>Monitoring ofCorrective Action: The QIDP will ensure that all consents are obtained andup to date regarding any restrictions for the home. Also, the behavior support plan(s) will berevised as needed to reflect any restrictions.</p> <p>Completed date: 5.30.15</p>		

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	<p>specially-prescribed diets.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3, and #4), and two additional clients (#5 and #6), the facility failed to provide all menued foods during breakfast.</p> <p>Findings include:</p> <p>During observations on 4/28/15 from 6:00 AM until 7:45 AM, client #4 ate a bowl of dry cereal with milk and coffee at 6:00 AM. Client #4 did not consume all of his milk. Client #2 ate breakfast of hot cereal and Ensure at 6:30 AM. Client #3 ate dry cereal with milk and a nutritional supplement at 6:35 AM. Client #6 ate 1/2 of his bowl of dry cereal with milk and drank a can of nutritional supplement (Ensure) at 6:40 AM. Client #5 consumed a travel mug of coffee and bowl of dry cereal with milk at 6:55 AM on 4/28/15.</p> <p>The menu for breakfast on 4/28/15 was reviewed on 4/28/15 at 10:45 AM. The breakfast was listed as: 1/3 cup cranberry juice, 1/2 cup hot cereal or 3/4 cup cold cereal, 1 slice raisin toast, 1 cup skimmed milk, 1 cup coffee, one teaspoon/tsp. of margarine and 1 tsp. of diet jelly. The clients were not offered raisin toast, cranberry juice, margarine or jelly. They were not offered substitutes</p>	W 0460	<p>W460: Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Corrective Action:(specific): The Residential Manager and direct care staff will be in-serviced on following menus and consumer dining plans as well as offering substitutions if needed.</p> <p>How others will be identified: (Systemic): The Residential Manager will ensure that the menus are followed and menu items are in the home and substitutions are available and being offered if needed.</p> <p>Measures to be put in place: The Residential Manager and direct care staff will be in-serviced on following menus and consumer dining plans as well as offering substitutions if needed.</p> <p>Monitoring of Corrective Action: The Residential Manager will ensure that the menus are followed and menu items are in the home and substitutions are available and being offered if needed.</p> <p>Completed date: 5.30.15</p>	05/30/2015			

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	<p>for the menued items.</p> <p>On 4/28/15 at 11:00 AM, staff #3 indicated the breakfast for all clients consisted of hot or cold cereal with milk and coffee or nutritional supplements every day.</p> <p>On 4/28/15 at 2:15pm, an interview was conducted with the supervising nurse, LPN #1. The nurse indicated the menu should be followed at the facility and substitutes offered to clients if menued items were unavailable.</p> <p>9-3-8(a)</p>			