

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155567	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/17/2014
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 MEDICAL PARK DR FORT WAYNE, IN 46825
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F000000	<p>This visit was for the Investigation of Complaints IN00145172 and IN00145408.</p> <p>Complaint IN00145172-Substantiated, Federal/State Deficiencies related to the allegations are cited at F309 and F315.</p> <p>Complaint IN00145408-Substantiated, no deficiencies related to the allegations were cited.</p> <p>Survey Dates: March 13, 14, & 17, 2014.</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 56</p>	F000000		

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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F000309 SS=D	<p>Total: 60</p> <p>Census payor type:</p> <p>Medicare: 5</p> <p>Medicaid: 42</p> <p>Other: 13</p> <p>Total: 60</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 18, 2014 by Randy Fry RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure 1 resident (A) in a sample of 3 resident records reviewed was</p>	F000309	1. Resident A no longer resides at this facility.2. Residents who have Signs and SX: of UTI. will be assessed and treated accordingly.3. All licensed	04/08/2014	

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	<p>consistently and properly assessed when having signs and symptoms of a urinary tract infection.</p> <p>Finding includes:</p> <p>Review of the clinical record for resident (A) on 3/14/14 at 10:00 a.m. indicated the resident was admitted to the facility on 6/23/13 with diagnoses including but not limited to: 2 Unstageable Pressure Areas, Gangrene, Hypertension, Peripheral Vascular Disease, Anemia, and Right Above the Knee Amputation. Further interview with staff and review of the clinical record indicated the resident was alert and oriented with memory problems, was dependent on staff for transfers, ambulation, dressing and hygiene, had a urinary catheter and a gastrostomy tube for nourishment.</p> <p>Review of nursing notes on 3/14/14 at 10:15 a.m. indicated the following:</p> <p>10-24-13 at 2:00 a.m. - "Resident in bed with eyes closed with head of bed up. Peg tube patent and</p>		nurses have been re-educated on assessment and documentation requirements. DON/Designee will audit charting and assessments 3'xs per week. 4. Audit tools have been implemented to review change of condition charting and assessments, they will be brought to the monthly QMP meetings for review by committee, to ensure compliance is achieved. For 6 months5. Completed: 4/8/14	

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	<p>infusing Pivot at 75 cc per hour without difficulty. Peg tube placement checked and verified via air bolus, 60 cc residual obtained and returned. Foley catheter patent and draining amber colored urine with sediment and foul odor noted."</p> <p>10-24-13 no time noted - "Head of bed up at 45 degrees tube patent and infusing pivot at 75 cc per hour from p.m. to 6a.m. and tolerated well. No signs or symptoms of aspiration or dehydration. Foley catheter patent draining amber urine no issues."</p> <p>10-25-13 at 9:00 p.m. - "Head of bed up at 45 degrees g-tube patent infusing Pivot at 75 cc per hour from 6:00 p.m. to 6:00 a.m. and tolerated well. No signs or symptoms of aspiration. Foley catheter patent. Draining amber urine. Turned and repositioned every 2 hours."</p> <p>10-26-13 at 2:00 a.m. - "Resident in bed with eyes closed at this time. Pivot infusing at 5 cc per hour without difficulty. Peg tube patent</p>			

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	<p>and flushed with water with ease.</p> <p>Placement checked and verified with air bolus. No signs or symptoms of infection noted at peg tube insertion site. Drain sponge changed, old dressing had scant amount of serosanguineous drainage on it. Left ischium dressing and left heel dressing remain clean, dry and intact. Foley catheter patent and draining grape kool aid colored urine with sediment and very foul odor present. Head of bed up, bowel sound positive all 4 quadrants, abdomen soft flat and non-tender. Urinalysis results (preliminary) received and sent for culture. Resident continues to have hallucinations of children especially of a little boy. As needed Vicodin given earlier in shift related to signs and symptoms of buttock pain and positive results received. Call light in reach. Will continue to monitor."</p> <p>10/26/13 at 3:00 p.m. - "Treatment in place applied tolerated well. Some dark urine noted BM dark noted. No complaints of pain noted. No nausea or vomiting noted. Some</p>			

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	<p>drainage to open areas noted.</p> <p>Residents appetite poor this shift.</p> <p>Supplements accepted. Tube flushed well. Head of bed at 35 degrees. Shows signs and symptoms of lethargy. Foley catheter continues. Urine flows freely vital signs 100/45 lisinipril (blood pressure medication) held at 5:00 p.m. due to vital signs. Writer spoke to daughter notified her about pending labs continues. Will recheck vital signs."</p> <p>10/26/13 at 10:00 p.m. - Resident alert and oriented times 3. Head of bed up at 35-45 degrees. Pivot 1.5 infusing per pump. Slow to answer but appropriate. No complaints of nausea. G-tube placement verified per air bolus. Flushes well. Denies pain. Temperature 98 degrees. Foley patent, urine purple tinged."</p> <p>10/26/13 at 2:00 a.m. - (either the date or time of this entry is incorrect, although the notes are written in this order) "Blood pressure 122/68, pulse 84, respirations 20. Dressing intact to right ischium. Catheter bag</p>			

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	<p>stained purple. Remains alert to self."</p> <p>10/27/13 at 9:00 p.m. - "(ambulance Service) here -resident to door in cart. Resident lethargic. To (name of hospital). Daughter and Director of Nursing informed. Order received per Nurse Practitioner to send to hospital emergency room for evaluation and treatment. Glucoscan 224. Blood pressure 118/60 pulse 110."</p> <p>10/28/13 at 1:30 p.m. - "Per (name of hospital), resident admitted with diagnosis of Urosepsis (severe urinary tract infection)."</p> <p>10/30/13 no time noted - "Late Entry - 10/27/13 - error in entry. Urinalysis pending no nausea or vomiting noted. Some drainage to open areas noted. Appetite poor no supplements. Tube flushed well head of bed 35 degrees. Shows some signs and symptoms of lethargy. Foley catheter urine flows freely. Vital Signs 100/45. Continues lisinipril held at 5:00 p.m.</p>			

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	<p>due to vital signs. Writer spoke to daughter. Notified while in facility about vital signs and pending labs. Will recheck vital signs."</p> <p>EMERGENCY ROOM NOTE dated 10/27/13 at 11:19 p.m.- "Blood Pressure 93/37, Pulse 124, Temperature 100 degrees, Respirations 42, Oxygen Saturation 98 percent. Chronically ill appearing. The patient is unconscious, responding to deep painful stimulus only. Airway is normal. Breathing is rapid. Ventilations appear to be adequate.</p> <p>Interview with the Director of Nursing (DON) on 3/14/14 at 11:00 a.m. indicated they had done a "time line" related to the residents care. Review of the "time line" indicated on 10/24/13 the resident's daughter came to the Director of Nursing office after resident was seen by the wound doctor and stated the resident's urine was very dark and thick looking and asked the facility to obtain a specimen. The Assistant Director of Nursing observed the</p>			

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	<p>urine and put a call in to obtain an order to get a urinalysis and culture and sensitivity if indicated. Further review of the "time line" indicated 10/27/14 "Resident lethargic and Nurse Practitioner notified of preliminary culture orders and resident's lethargy. New order received for Intramuscular Rocephin (an antibiotic injection given in the muscle) to be given and due to resident not responding to the pain of the injection the nurse practitioner was again notified and an order was received to send resident to the emergency room for evaluation and treatment."</p> <p>On 3/17/14 at 10:00 a.m. review of the Medication Administration Record for resident (A) indicated she was given "Rocephin 1 gram intramuscularly on 10/27/13 at 8:41 p.m. Review of nursing notes indicated the resident was transported to the hospital at 9:00 p.m.</p> <p>On 3/14/14 at 2:40 p.m. the DON</p>			

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	<p>was asked why the nursing staff had not monitored and documented more closely the resident's vital signs,(blood pressure, pulse, respiration, temperature and level of consciousness) and urine (color, consistency, clarity and odor) . The DON indicated the staff had used a "Change of Condition SBAR-Acute COC" for the resident, and also indicated the resident did not meet the criteria for a urinary tract infection and provided this writer with a facility procedure "Table 5: Surveillance Definitions for Urinary Tract Infections (UTIs) which was not dated."</p> <p>Review of "Change of Condition SBAR-Acute COC" dated 10/27/13 at 4:15 p.m. indicated blood pressure 100/60 temperature 97.6, pulse 82, respirations 15 and oxygen saturation 97% and no pain. The progress note indicated "Writer notified about decreased blood pressure. Will monitor decreased blood pressure 99/49 noted by QMA (Qualified Medication Aide) QMA</p>			

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	<p>told to hold evening blood pressure medications with decreased blood pressure. Blood pressure taken 1 hour blood pressure up 100/60. Resident responded to writer as usual. Writer will continue to monitor resident during shift. Urinalysis continues to pending."</p> <p>A "Change of Condition SBAR-Mental Status Change" dated 10/27/13 at 9:45 p.m. indicated blood pressure 110/59, Temperature 101.2, pulse 118, respirations 39, oxygen saturation 97% and no pain." The resident was sent to the hospital at this time.</p> <p>Review of the "Table 5: Surveillance Definitions for Urinary Tract Infections (UTIs) provided by the Director of Nursing, indicated the following:</p> <p>B. For residents with an indwelling catheter (both criteria 1 and 2 must be present)</p> <p>1. At least 1 of the following sign or symptom subcriteria</p>			

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	<p>a. Fever, rigors, or new-onset hypotension, with no alternate site of infection.</p> <p>b. Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis.</p> <p>c. New-onset suprapubic pain or costovertebral angle pain or tenderness.</p> <p>d. Purulent discharge from around the catheter.</p> <p>2. Urinary catheter specimen culture with at least 10(5) cfu/ml of any organism(s)</p> <p>Review of the resident's Urinalysis on 3/17/14 at 1:00 p.m. indicated the urine collection dated 10/25/13 at 10:56 a.m. noted the resident's urine to be red, and cloudy. Leukocyte Esterase was 3+ Large, (Urine test for the presence of white blood cells and other abnormalities associated</p>			

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F000315 SS=D	<p>with infection) and Nitrites were Positive (Screen for establishing the presence of urinary tract infection). Bacteria was 3+ Moderate. The facility was waiting on a "Culture and Sensitivity" of the urine to determine which bacteria was involved and which antibiotic to use for the infection.</p> <p>This federal tag is related to complaint IN0000145172</p> <p>3.1-37(a)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review and interview the facility failed to ensure</p>	F000315	1. Resident A no longer resides at the facility.2. Resident with Catheters were assessed for	04/08/2014			

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	<p>1 resident (A) in a sample of 3 resident records reviewed and who had a permanent indwelling urinary catheter, was assessed for vital signs, pain, character of urine and changes in mental status after being tested for a Urinary Tract Infection.</p> <p>Finding includes:</p> <p>Review of the clinical record for resident (A) on 3/14/14 at 10:00 a.m. indicated the resident was admitted to the facility on 6/23/13 with diagnoses including but not limited to 2 Unstageable Pressure Areas, Gangrene, Hypertension, Peripheral Vascular Disease, Anemia, and Right Above the Knee Amputation. Further interview with staff and review of the clinical record indicated the resident was alert and oriented with memory problems, was dependent on staff for transfers, ambulation, dressing and hygiene, had a urinary catheter and a gastrostomy tube for nourishment.</p> <p>Review of nursing notes on 3/14/14 at 10:15 a.m. indicated the following:</p>		<p>Signs or SX: of UTI and will be treated appropriately.3. All licensed Nurses have been re-educated on assessment and documentation requirements. DON/Designee will audit charting and assessments 3'xs per week.4. Audit tools have been implemented,weekly, Audit tools will be brought to the monthly QMP meetings for review by committee to ensure compliance is achieved, for 6 months.5. Date of Completion: 4/8/14</p>		

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	<p>10-24-13 at 2:00 a.m. - "Resident in bed with eyes closed with head of bed up. Peg tube patent and infusing Pivot at 75 cc per hour without difficulty. Peg tube placement checked and verified via air bolus, 60 cc residual obtained and returned. Foley catheter patent and draining amber colored urine with sediment and foul odor noted."</p> <p>10-24-13 no time noted - "Head of bed up at 45 degrees tube patent and infusing pivot at 75 cc per hour from 6 p.m. to 6a.m. and tolerated well. No signs or symptoms of aspiration or dehydration. Foley catheter patent draining amber urine no issues."</p> <p>10-25-13 at 9:00 p.m. - "Head of bed up at 45 degrees g-tube patent infusing Pivot at 75 cc per hour from 6:00 p.m. to 6:00 a.m. and tolerated well. No signs or symptoms of aspiration. Foley catheter patent. Draining amber urine. Turned and repositioned every 2 hours."</p>			

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	<p>10-26-13 at 2:00 a.m. - "Resident in bed with eyes closed at this time. Pivot infusing at 5 cc per hour without difficulty. Peg tube patent and flushed with water with ease. Placement checked and verified with air bolus. No signs of symptoms of infection noted at peg tube insertion site. Drain sponge changed, old dressing had scant amount of serosanguineous drainage on it. Left ischium dressing and left heel dressing remain clean, dry and intact. Foley catheter patent and draining grape kool aid colored urine with sediment and very foul odor present. Head of bed up, bowel sound positive all 4 quadrants, abdomen soft flat and non-tender. Urinalysis results (preliminary) received and sent for culture. Resident continues to have hallucinations of children especially of a little boy. As needed Vicodin given earlier in shift related to signs and symptoms of buttock pain and positive results received. Call light in reach. Will continue to monitor."</p> <p>10/26/13 at 3:00 p.m. - "Treatment in</p>			

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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 MEDICAL PARK DR FORT WAYNE, IN 46825
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	<p>place applied tolerated well. Some dark urine noted BM dark noted. No complaints of pain noted. No nausea or vomiting noted. Some drainage to open areas noted. Residents appetite poor this shift. Supplements accepted. Tube flushed well. Head of bed at 35 degrees. Shows signs and symptoms of lethargy. Foley catheter continues. Urine flows freely vital signs 100/45 (low blood pressure) lisinipril (blood pressure medication) held at 5:00 p.m. due to vital signs. Writer spoke to daughter notified her about pending labs continues. Will recheck vital signs."</p> <p>10/26/13 at 10:00 p.m. - Resident alert and oriented times 3. Head of bed up at 35-45 degrees. Pivot 1.5 infusing per pump. Slow to answer but appropriate. No complaints of nausea. G-tube placement verified per air bolus. Flushes well. Denies pain. Temperature 98 degrees. Foley patent, urine purple tinged."</p> <p>10/26/13 at 2:00 a.m. - (either the date or time of this entry is incorrect,</p>			

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	<p>although the notes are written in this order) "Blood pressure 122/68, pulse 84, respirations 20. Dressing in tact to right ischium. Catheter bag stained purple. Remains alert to self."</p> <p>10/27/13 at 9:00 p.m. - " (ambulance Service) here - resident to door in cart. Resident lethargic. To hospital. Daughter and Director of Nursing informed. Order received per Nurse Practitioner to send to hospital emergency room for evaluation and treatment. Glucoscan 224. Blood pressure 118/60 pulse 110."</p> <p>10/28/13 at 1:30 p.m. - "Per Hospital, resident admitted with diagnosis of Urosepsis (severe urinary tract infection)."</p> <p>10/30/13 no time noted - "Late Entry - 10/27/13 - error in entry. Urinalysis pending no nausea or vomiting noted. Some drainage to open areas noted. Appetite poor no supplements. Tube flushed well head of bed 35 degrees. Shows</p>			

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	<p>some signs and symptoms of lethargy. Foley catheter urine flows freely. Vital Signs 100/45. Continues lisinipril held at 5:00 p.m. due to vital signs. Writer spoke to daughter. Notified while in facility about vital signs and pending labs. Will recheck vital signs."</p> <p>EMERGENCY ROOM NOTE dated 10/27/13 at 11:19 p.m.- "Blood Pressure 93/37, Pulse 124, Temperature 100 degrees, Respirations 42, Oxygen Saturation 98 percent. Chronically ill appearing. The patient is unconscious, responding to deep painful stimulus only. Airway is normal. Breathing is rapid. Ventilation's appear to be adequate.</p> <p>Interview with the Director of Nursing (DON) on 3/14/14 at 11:00 a.m. indicated they had done a "time line" related to the residents care. Review of the "time line" indicated on 10/24/13 the resident's daughter came to the Director of Nursing office after resident was seen by the wound doctor and stated the</p>			

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	<p>resident's urine was very dark and thick looking and asked the facility to obtain a specimen. The Assistant Director of Nursing observed the urine and put a call in to obtain an order to get a urinalysis and culture and sensitivity if indicated. Further review of the "time line" indicated 10/27/14 "Resident lethargic and Nurse Practitioner notified of preliminary culture orders and resident's lethargy. New order received for Intramuscular Rocephin (an antibiotic injection given in the muscle) to be given and due to resident not responding to the pain of the injection the nurse practitioner was again notified and an order was received to send resident to the emergency room for evaluation and treatment."</p> <p>On 3/17/14 at 10:00 a.m. review of the Medication Administration Record for resident (A) indicated she was given "Rocephin 1 gram intramuscularly on 10/27/13 at 8:41 p.m. Review of nursing notes indicated the resident was transported to the hospital at 9:00</p>			

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	<p>p.m.</p> <p>On 3/14/14 at 2:40 p.m. the DON was asked why the nursing staff had not monitored and documented more closely the resident's vital signs,(blood pressure, pulse, respiration, temperature and level of consciousness) and urine (color, consistency, clarity and odor) . The DON indicated the staff had used a "Change of Condition SBAR-Acute COC" for the resident, and also indicated the resident did not meet the criteria for a urinary tract infection and provided this writer with a facility procedure "Table 5: Surveillance Definitions for Urinary Tract Infections (UTIs) which was not dated."</p> <p>Review of "Change of Condition SBAR-Acute COC" which was dated 10/27/13 at 4:15 p.m. indicated blood pressure 100/60 temperature 97.6, pulse 82, respirations 15 and oxygen saturation 97% and no pain. The progress note indicated "Writer</p>			

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	<p>notified about decreased blood pressure. Will monitor decreased blood pressure 99/49 noted by QMA (Qualified Medication Aide) QMA told to hold evening blood pressure medications with decreased blood pressure. Blood pressure taken 1 hour blood pressure up 100/60. Resident responded to writer as usual. Writer will continue to monitor resident during shift. Urinalysis continues to pending."</p> <p>A "Change of Condition SBAR-Mental Status Change" which was dated 10/27/13 at 9:45 p.m. indicated blood pressure 110/59, Temperature 101.2, pulse 118, respirations 39, oxygen saturation 97% and no pain." The resident was sent to the hospital at this time.</p> <p>Review of the "Table 5: Surveillance Definitions for Urinary Tract Infections (UTIs) provided by the Director of Nursing, indicated the following:</p> <p>B. For residents with an indwelling catheter (both criteria 1 and 2 must</p>			

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	<p>be present)</p> <p>1. At least 1 of the following sign or symptom subcriteria</p> <p>a. Fever, rigors, or new-onset hypotension, with no alternate site of infection.</p> <p>b. Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis.</p> <p>c. New-onset suprapubic pain or costovertebral angle pain or tenderness.</p> <p>d. Purulent discharge from around the catheter.</p> <p>2. Urinary catheter specimen culture with at least 10(5) cfu/ml of any organism(s)</p> <p>Review of the resident's Urinalysis on 3/17/14 at 1:00 p.m. indicated the urine collection dated 10/25/13 at 10:56 a.m. noted the resident's urine</p>			

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	<p>to be red, and cloudy. Leukocyte Esterase was 3+ Large, (Urine test for the presence of white blood cells and other abnormalities associated with infection) and Nitrites were Positive (Screen for establishing the presence of urinary tract infection). Bacteria was 3+ Moderate.</p> <p>The facility was waiting on a "Culture and Sensitivity" of the urine to determine which bacteria was involved and which antibiotic to use for the infection.</p> <p>This federal tag is related to complaint IN0000145172</p> <p>3.1-41(a)(1)</p>			