

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/22/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00133205 and Complaint IN00133902.</p> <p>Complaint IN00133205- Unsubstantiated due to lack of evidence. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00133902- Substantiated with no related deficiencies.</p> <p>Survey Dates: 8/13/2013- 8/22/2013</p> <p>Facility Number: 000227 Provider Number: 155334 AIM number: 100267520</p> <p>Survey Team: Courtney Mujic, RN- TC (8/13/2013, 8/16/2013, 8/19/2013, 8/20/2013, 8/22/2013) Charles Stevenson, RN Karina Gates, Generalist Thomas Stauss, RN</p> <p>Census Bed Type: SNF/NF: 151 Total: 151</p>	F000000	<p>September 6, 2013 RE: Survey Event ID: MKLP11 Dear Ms. Rhoades: Attached you will find the completed Plan of Correction and attachments for our Recertification and Licensure Survey dated 8/13/2013-8/22/2013. We request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (317) 353-1290. Sincerely, Linda Vest, HFA Executive Director</p>	

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>Census Payor Type: Medicare: 37 Medicaid: 99 Other: 15 Total: 151</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed August 30, 2013, by Janelyn Kulik, RN.</p>				

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review the facility failed to provide showers to a resident at a time that accommodated her schedule for 1 of 3 residents reviewed of 6 who met the criteria for choices. (Resident #136)</p> <p>Findings include:</p> <p>The clinical record for Resident #136 was reviewed on 8/23/13 at 1:00 p.m.</p> <p>The diagnoses for Resident #136 included, but were not limited to: osteoporosis and cerebral palsy.</p> <p>The 6/28/13 annual MDS (minimum data set) assessment indicated Resident #136 had a BIMS (brief interview for mental status) score of 15 (highest possible score indicating a resident is cognitively intact). It also indicated "physical help limited to transfer only" and "one person physical assist" for bathing.</p>	F000242	Resident #136 was interviewed and offered alternate shower times to accommodate her schedule and preferences. She has been receiving her showers on Wednesday and Saturday evenings. All residents have the potential to be affected. All residents have been interviewed regarding their bathing preferences. An audit of Bathing Sheets for all residents was completed. Any resident documented as refusing or not receiving their bath was interviewed to determine the reason the resident had not received their shower and change any resident who would like to an alternate shower time to accommodate their preferences. All staff have been in-serviced on Self-Determination and Participation with emphasis on choosing schedules consistent with his or her interests, assessments, and plans of care. Choice over schedules includes (but is not limited to) choices over the schedules that are important to the resident, such as daily	09/21/2013			

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	<p>During an interview with Resident #136 on 8/14/13 at 1:39 p.m., she indicated she did not choose how many times a week she took a shower. She stated, "The aide does not show up, and I can't do it myself, so I miss the shower for that day." She indicated her last shower was 2 weeks ago.</p> <p>The 1/24/13 ADL (activities of daily living) care plan for Resident #136 indicated she had an ADL deficit and required extensive staff participation with bathing.</p> <p>The August, 2013 Bathing Sheets for Resident #136 indicated she refused her shower on the following dates and times:</p> <p>8/1/13, 10:00 a.m. 8/5/13, 10:00 a.m. 8/8/13, 10:00 a.m. 8/12/13, 10:00 a.m. 8/15/13, 10:00 a.m. 8/22/13, no time listed</p> <p>During an interview with the DON (Director of Nursing) on 8/22/13 at 1:10 p.m. regarding Resident #136's consistent refusal of showers at 10:00 a.m., she indicated, "With (name of Resident #136), after she gets up and is out and about, she will refuse the</p>		<p>waking, eating, bathing, and the time for going to bed at night. Upon admission or readmission the nurse completing the nursing assessment will interview the resident or family for bathing preferences as part of the initial nursing assessment. The Nursing Managers will follow up with any resident admitted to the facility within 72 hours to validate bathing preferences and coordinate plan of care with the resident's preferences. The IDT will interview residents regarding their bathing preferences during the quarterly and annual care plan meeting. The IDT will complete 40 resident and family interviews quarterly to include resident's choices regarding bathing preferences. All findings from these interviews will be reviewed in monthly PI and the PI committee will determine when 100% compliance is obtained or if further monitoring will continue for six months.</p>				

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	<p>shower. She has a routine, and once she's dressed, she's not going to do it."</p> <p>During an interview with Unit Manager #7 on 8/22/13 at 1:58 p.m. regarding Resident #136's consistent refusal of showers at 10:00 a.m., he indicated, "She gets up between 5:30 a.m. and 7:00 a.m., consistently. She will not take a shower at 10:00 a.m. once she's up and dressed. We offer her showers around 10:00 to 10:30 a.m...I have not explained to her how it would benefit her to change shower times. I can try to talk to her again and give her reasons, and explain to her how it would benefit her to take the shower in the evening, and it wouldn't disrupt her day. She likes consistency, and I'm going to explain this to her."</p> <p>During a second interview with Unit Manager #7 on 8/22/13 at 2:02 p.m., he indicated, "I talked to her, and she said it makes sense to switch her shower time to the evening as well as the days to Wednesday and Saturday so she's fresh for church in the morning. She agreed to make the switch, so it will begin this Saturday."</p> <p>3.1-3(u)(3)</p>				

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure a care plan was developed and initiated for a resident with respiratory difficulties and for a resident whose care included coumadin use for 2 residents out of a total of 28 whose care plans were reviewed. (Resident #67 and Resident #296)</p> <p>Findings include:</p> <p>1.) The record of Resident #67 was reviewed on 8/20/2013 at 10:00 a.m. Diagnoses included, but were not</p>	F000279	Resident # 67 no longer resides at the facility. Resident # 296 has had the care plan revised to include a plan of for Deep Vein Thrombosis and the use of coumadin. There were no adverse effects for resident #67 and #296. An audit of all residents plan of care has been completed to validate the plan of care is consistent with the patient's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the patient's needs. All Licensed nurses have	09/21/2013	

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	<p>limited to, Alzheimer's Disease, cerebrovascular disease, chronic obstructive pulmonary disease, hypertension, gastroesophageal reflux disease, heart failure, encephalopathy, renal failure, gastrostomy feeding tube, and chronic pain.</p> <p>Resident #67's record indicates her diagnoses include chronic obstructive pulmonary disease (COPD), a progress disease of the lungs that causes difficulty breathing, the production of excess mucus, shortness of breath, and coughing.</p> <p>A quarterly Minimum Data Set assessment (MDS) dated 6/20/2013 indicated Resident #67 was severely cognitively impaired, was totally dependent on staff for all activities of daily living and transfers, did not ambulate, and was incontinent of bowel and bladder.</p> <p>A physician's order dated 6/26/13 indicated "Assess for oral secretions with Yankaur (an oral suctioning device) every 2 hrs (hours)".</p> <p>A physician's order dated 6/26/13 indicated "Duoneb (a medication used to control bronchospasms in people with COPD) Tx (treatment)</p>		<p>been educated on Care Plans. The DNS/Designee will audit care plans on admission of a patient within 5 days of admission. The DNS/MDS coordinators will audit care plans on a quarterly, annual and with significant change schedule. All findings will be reported in Monthly PI meeting for six months. This will be an on going practice of this facility. The PI committee will determine after six months if continued monitoring is required or if 100% compliance has been achieved.</p>		

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	<p>0.25 mg (milligrams) 1 vial per nebulizer every 4 hrs (symbol for "at") 12A-4A-8A-1`2P-4P-8P Dx. (diagnosis) SOB (shortness of breath)."</p> <p>A "Respiratory Assessmet dated 6/27/13 indicated Resident 67 was receiving respiratory medications, was unable to communicate their needs, and had "adventitious (not naturally occurring) breath sounds noted occurring in all lung fields."</p> <p>Nursing progress notes indicated:</p> <p>6/17/13 9:57 a.m. "This nurse examined resident related to a report given ...of labored breathing...This nurse administered breathing tx (treatment) per MD order and suctioned resident..."</p> <p>6/19/13 1:48 p.m. "...Assessment: to be breathing faster and heavier breathing (sic)..."</p> <p>6/21/13 3:47 a.m. "resident continues on ABT (antibiotic) for URI (upper respiratory infection...Resident suctioned of excess secretions as needed..."</p> <p>6/28/13 1:48 p.m. "...Resident has took (sic) breathing tx per Md order</p>			

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	<p>every 4 hrs..."</p> <p>Resident #67's record contained no health care plan addressing the diagnosis of chronic obstructive pulmonary disease, the administration of anti bronchospasms medications, suctioning of secretions, or a plan for assessing and documenting the resident's respiratory issues.</p> <p>During an interview on 8/20/2013 at 3:00 p.m. the Director of Nursing (D.O.N.) indicated she had reviewed Resident #67's record and there was no care plan addressing respiratory issues as noted above. She indicated a care plan addressing these issues should have been developed and implemented.</p> <p>2.) Resident #296's clinical record was reviewed on 8/20/2013 at 11:00 am. Diagnoses included, but were not limited to; absence of kidney, deep vein thrombosis.</p> <p>Review of Resident #296's clinical record indicated she was prescribed an anticoagulant (blood thinner.) A MD order, dated 8/16/2013, indicated, "Coumadin 5.5mg po (by mouth) q (every) MWF (Monday, Wednesday,</p>				

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	<p>Friday) and Coumadin 5mg po q TRSS (Tuesday, Thursday, Saturday, Sunday).</p> <p>Resident #67's record contained no care plan addressing the diagnosis of deep vein thrombosis or the use of Coumadin.</p> <p>An interview with LPN #6, on 8/22/2013 at 9:15 am, indicated the resident's Coumadin use was being monitored and assessed daily, it just wasn't care planned.</p> <p>An interview with the D.O.N., on 8/22/2013 at 9:17 am, indicated, "We've checked everyone in the building who is on Coumadin, she just happened to be the only one who was missing a care plan related to Coumadin use."</p> <p>An interview with the D.O.N., on 8/20/2013 at 4:02 pm, indicated, "Resident #296 should have had a Coumadin care plan, she did not."</p> <p>A facility policy titled "Care Plans" dated January 7, 2012, received from the Staffing Development Coordinator, on 8/21/13 at 9:30 am, indicated, "Policy: A comprehensive care plan is developed consistent with the patient's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to</p>						

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	meet the patient's needs..."  3.1-35(a)			

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to invite a resident's primary contact person/financial agent to care plan conferences for 1 of 28 residents reviewed for care plans. (Resident #120)</p> <p>Findings include:</p> <p>The clinical record for Resident #120 was reviewed on 8/16/13 at 11:00 a.m. He was admitted to the facility on 6/15/11.</p> <p>The face sheet of Resident #120's physical clinical record indicated</p>	F000280	Resident #120's face sheet has been updated to reflect Family member #5 is the Emergency Contact and Financial Agent. A letter was mailed to family member #5 for invitation to the September care Plan meeting. An audit has been completed of all residents face sheet and electronic record to validate accuracy and consistency with contact information listed. The MDS coordinator and IDT have been educated on updating the face sheets in the medical record of the chart and electronically when changes occur. The IDT has been educated on Right to Participate in Care Planning. The DNS/Designee will audit weekly	09/21/2013			

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	<p>Family Member #5 was the first person to be notified in an emergency situation involving Resident #120.</p> <p>The face sheet of Resident #120's electronic clinical record indicated Family Member #5 was Resident #120's Financial Agent and Family Member #6 was "Emergency Contact #1."</p> <p>During a telephone interview with Family Member #5 on 8/16/13 at 11:25 a.m., she indicated she was not invited to participate in Resident #120's care planning conferences quarterly. She also indicated she was the person who would be notified of a change in condition or an accident involving Resident #120.</p> <p>During an interview with the MDS Coordinator on 8/20/13 at 2:41 p.m., she indicated, "I make up a schedule, and by the 20th of every month, I mail an invitation to family members of every resident who has a care plan meeting the following month." She provided a copy of the invitation for Resident #120's July, 2013 care plan meeting. It was addressed to Family Member #6, not Family Member #5. She indicated she could not find any invitation at all for Resident #120's April, 2013 care plan meeting. She</p>		any scheduled care plan meetings to verify the face sheets of the medical record and electronic record are current, and the Invitation letter was mailed to the appropriate contact for four weeks, then 3 care plan meetings weekly for eight weeks, then one weekly for ninety days. All findings will be reported to monthly PI and the PI committee will determine when 100% compliance is achieved or if on going monitoring is required.				

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	<p>also provided a copy of the invitation for Resident #120's February, 2013 care plan meeting, which was correctly addressed to Family Member #5.</p> <p>During a second interview with the MDS Coordinator on 8/20/13 at 3:45 p.m. she indicated earlier in the year, she sent the care plan invitation to Family Member #5, but was now sending it to Family Member #6. She indicated none of the family members requested this change, nor did she notify Family Member #5 that she would no longer be the person who received invitations.</p> <p>During a second telephone interview with Family Member #5 on 8/21/13 at 12:24 p.m., she stated, "I need to be the one who gets the letters because any important meeting I should be at because (name of Family Member #6) can't remember anything and doesn't write anything down. They know I'm the one who is supposed to be contacted for any emergency and it's frustrating because they've asked my number a thousand times. I thought it (care plan meeting) was just a once a year thing."</p> <p>3.1-35(d)(2)(B)</p>				

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview and record review, the facility failed to timely recognize and address weight loss for 2 of 3 residents reviewed of 10 who met the criteria for nutrition. (Resident #280 and 196)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #280 was reviewed on 8/21/13 at 11:00 a.m. She was admitted to the facility on 5/28/13.</p> <p>The diagnoses for Resident #280 included, but were not limited to: underweight, anemia and depression.</p> <p>The weight records indicated the following weights (in pounds) and loss percentages for Resident #280:</p> <p>5/28/2013 - 96 6/4/2013 - 90 (which is 6 lbs. less</p>	F000325	<p>1. Resident #196 weighed 122.0 lbs. on 07/10/2013 and continued on Ensure I can TID until she discharged home on 07/16/2013. Resident #280 weighed 93.2 lbs. on 08/06/2013 and continues on Ensure I bottle daily. 2. An Audit of all residents has been completed to identify patients newly admitted or re-admitted with a risk for a decline in nutritional status and/or current nutrition problems and any resident with a significant weight loss. The RD will complete a review of those residents identified at nutritional risk and will have appropriate interventions established and implemented to improve or maintain nutritional status to achieve desired outcomes and, avoid decline, if possible. 3. The IDT has been educated on Nutritional Risk, Nutrition Problem And/or Significant Change. 4. The DNS will in collaboration with the patient, patient and/or family, member/responsible party, and</p>	09/21/2013	

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	<p>than at admission or a 6.3% loss) 6/11/2013 - 90 (which is 6 lbs. less than at admission or a 6.3% loss) 6/19/2013 - 90 (which is 6 lbs. less than at admission or a 6.3% loss) 6/26/2013 - 91 (which is 5 lbs. less than at admission or a 5.2% loss) 7/10/2013 - 89 (which is 7 lbs. less than at admission or a 7.3% loss)</p> <p>The 6/4/13 nutritional assessment for Resident #280 indicated she had missing teeth, her BMI (body mass index) was 17, and had a nutrition diagnosis of underweight related to a history of inadequate meal intakes as exhibited by a BMI under 18.5.</p> <p>The 6/4/13 nutrition care plan for Resident #280 indicated she was at risk for nutritional decline and to monitor and evaluate weight/weight changes.</p> <p>The 7/23/13 Physician's Telephone Order indicated, "Ensure Plus 1 bottle QD (every day) @ HS (night) snack for low wt (weight)/ underweight."</p> <p>During an interview with the DON (Director of Nursing) and RD (Registered Dietician) on 8/21/13 at 2:34 p.m. regarding the 6.3% weight loss first documented on 6/4/13 and whether it was recognized/addressed</p>		<p>IDT, utilize the Nutrition Care Process in a weekly Nutrition at Risk meeting. The IDT will Document assessment for risk of nutritional problems in patient's medical record and initiation of nutritional interventions in patient's medical record. This will be an on going process of this facility. The RD/DNS will audit 5 residents weekly to validate assessments and interventions have been implemented for eight weeks, then 3 residents for eight weeks, then 2 residents for eight weeks. An action plan for issues identified will be developed and reviewed by the DNS/RD as necessary. The Pi committee will monitor all findings monthly and determine after six months if continued monitoring is required or if 100% compliance is achieved.</p>				

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	<p>prior to the 7/23/13 supplement order, the DON indicated, "I'm not sure why it took until 7/23 to start Ensure. It was a contract RD at the time. The (previous) RD left on 6/7/13." She further indicated she did not see any evidence to suggest Resident #280's weight was reviewed until 7/23/13. The RD indicated, "I don't know the situation. I wasn't here."</p> <p>2. The clinical record for Resident #196 was reviewed on 8/21/13 at 11:30 a.m. She was admitted to the facility on 5/17/13.</p> <p>The diagnoses for Resident #196 included, but were not limited to: congestive heart failure.</p> <p>The weight records indicated the following weights (in pounds) and loss percentages for Resident #196:</p> <p>5/17/2013 - 138 5/22/13 - 130 (which is 8 lbs. less than at admission or a 5.8% loss) 5/29/2013 - 131 (which is 7 lbs. less than at admission or a 5.1% loss) 6/4/2013 - 130 (which is 8 lbs. less than at admission or a 5.8% loss) 6/11/2013 - 129 (which is 9 lbs. less than at admission or a 6.5% loss) 6/26/2013 - 127 (which is 11 lbs. less than at admission or a 8% loss)</p>						

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	<p>7/3/2013 - 125 (which is 13 lbs. less than at admission or a 9.4% loss)</p> <p>The 5/23/13 nutritional assessment for Resident #196 indicated her most recent weight was 137.5 lbs. on 5/17/13, had a BMI of 24, had an ideal body weight of 115 plus or minus 10% (103.5 - 126.5 lbs.), and some weight fluctuations may be anticipated related to edema, congestive heart failure and diuretic therapy.</p> <p>The 5/23/13 nutrition care plan for Resident #196 indicated some weight fluctuations may be anticipated and to monitor and evaluate weight/weight changes.</p> <p>The 7/15/13 Physician's Telephone Order indicated, "Ensure Can one can PO (by mouth) tid (three times daily)."</p> <p>During an interview with the DON (Director of Nursing) and RD (Registered Dietician) on 8/21/13 at 2:34 p.m. regarding Resident #196's continued weight loss, the order for a supplement (Ensure) when weight loss was anticipated and did not have a low BMI, and why the 5/22/13 weight of 130 was not used in the 5/23/13 nutrition assessment, the DON indicated, "The 5/22/13 weight</p>				

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	<p>was given to the RD. Whether she reviewed it or not, (DON shrugged her shoulders). A lot of times, when a resident comes in from the hospital, the bed scale is typically used. Weekly, the chair scale is used, so it reflects a different weight." The DON looked through Resident #196's chart and indicated she was not sure why the supplement was ordered."</p> <p>3.1-46(a)(1)</p>			