STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARVISTA LAKE HEALTH CAMPUS	8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaints IN00147343 and IN00147665. Complaints IN00147343 and IN00147665 substantiated. Deficiencies related to the allegations are cited at F282 and F514. Survey date: May 7, 8, 9 2014 Facility number: 013019 Provider number: NA AIM number: NA Survey team: Chuck Stevenson RN, TC Census bed type: SNF: 28 Residential: 12 Total: 40 Census payor type: Medicare: 18 Other: 22 Total: 40 Sample: 6 These deficiencies also reflect State	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	findings cited in accordance with 410 IAC 16.2. Quality review completed on May 16, 2014 by Cheryl Fielden, RN.			
F000282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure residents with diabetes mellitus had their blood sugar tested as ordered and had sliding scale insulin administered as ordered for 5 residents of 5 reviewed for diabetic care in a sample of 6. Findings include: 1. The record of Resident B was reviewed on 5/07/14 at 3:00 p.m. Diagnoses included, but were not limited to, diabetes mellitus, coronary artery disease, congestive heart failure, and hypertension. An admission Minimum Data Set assessment dated 3/26/14 indicated Resident B was cognitively impaired, required staff assistance for all activities of daily living,and used a walker or	F000282	**F 282** **Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Resident B, C, D, E, and F are confidential as part of complaint survey. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: DHS or designee will review all residents with orders for blood sugar monitoring and sliding scale insulin coverage to ensure the following: 1). blood sugar tested as ordered and documented 2). sliding scale insulin administered as ordered and documented 3). accurate documentation of sliding scale order on MAR.	06/08/2014

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	wheelchair for movement. An undated "Individual Plan Report" (health care plan) for Resident B indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my BS (blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident B's record contained a physician's order dated 3/20/14 which indicated "Accu check (blood sugar testing) BID (twice per day) upon rising and HS (bed time)." Resident B's record did not contain documentation of blood sugar testing on: 3/26/14 at bed time. 3/31/14 at bed time. 4/12/14 at bed time. Resident B's record contained a physician's order dated 4/04/14 which indicated: "Sliding scale Novolog (a type of insulin): 200-250= 2 units		**Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** DHS or designee will re-educate the nursing staff on the following guidelines: Blood Sugar Monitoring and Clinical Documentation **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for 5 residents per hallway will be conducted by the DHS or designee 5 times per week times 8 weeks, then weekly times 4 months to ensure compliance: 1). blood sugar tested as ordered and documented 2). sliding scale insulin administered as ordered and documented 3). accurate documentation of sliding scale order on MAR. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	251-300= 4 units 301-350= 6 units 351-400= 8 units (symbol for "greater than) 401 notify MD." On 4/10/14 at bed time accucheck results were 241. Per the sliding scale 2 units of insulin were called for. No administration of insulin was documented. On 4/11/14 at bed time accucheck results were 361. Per the sliding scale 8 units of insulin were called for. No administration of insulin was documented. On 4/23/14 at bed time accucheck results were 200. Per the sliding scale 2 units of insulin were called for. No administration of insulin was documented. On 4/24/14 at bed time accucheck results were 245. Per the sliding scale 2 units of insulin were called for. No administration of insulin was documented. During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing or			

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	sliding scale insulin administration for Resident B. 2. The record of Resident C was reviewed on 5/08/14 at 9:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus, history of embolic infarct, peripheral vascular disease, and diabetic retinopathy. An admission Minimum Data Set assessment dated 3/20/14 indicated Resident C was cognitively impaired, was depressed, did not ambulate, and required staff assistance for all activities of daily living. An undated "Individual Plan Report" (health care plan) for Resident C indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my FSBS (finger stick blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident C's record contained a physician's order dated 3/13/14 which indicated "Accu Checks with meals and at bed time." Resident C's record did not contain documentation of blood sugar testing on:			

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	3/15/14 morning 3/18/14 bedtime 3/21/14 noon 3/25/14 noon 3/30/14 noon, evening, bed time 4/01/14 morning, noon 4/02/14 morning, noon 4/03/13 bed time 4/09/14 bed time 4/10/14 bed time 4/12/14 noon, bed time 4/18/14 noon 4/24/14 bed time 4/27/14 bed time Resident C's record contained a physician's order dated 3/13/14 which indicated "Res (resident) to have insulin based on sliding scale TID (three times per day)."			

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	150-175 1 unit 175-200 2 units 200-225 3 units 225-250 4 units 250-275 5 units 275-300 6 units 300-325 7 units 325-350 8 units 350-375 9 units 375-400 10 units Call MD if BS (blood sugar) (symbol for "greater than") 400." On 3/13/14 at bed time accucheck results were 180. Per the sliding scale 2 units of insulin were called for. 3 units were documented as given. On 3/17/14 in the morning accucheck results were 362. Per the sliding scale 9 units of insulin were called for. 8 units were documented as given During an interview on 5/09/14 at 9:00			

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	a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident C. 3. The record of Resident D was reviewed on 5/08/14 at 11:30 a.m. Diagnoses included, but were not limited to, diabetes mellitus, chronic kidney disease, and a history of deep vein thrombosis. An admission Minimum Data Set assessment dated 4/24/14 indicated Resident D was cognitively intact, required staff assistance with activities of daily living, was able to ambulate with assistance and was continent of bowel and bladder. An "Individual Plan Report" (health care plan) dated 4/30/14 for Resident D indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my FSBS (finger stick blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident D's record contained a physician's order dated 4/17/14 which indicated: "Accu checks 2X/day (twice a day) in the			

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	morning and at bedtime. Sliding scale regular insulin." 200-250 give 2 units 251-300 give 4 units 301-350 give 6 units 351-400 give 8 units (symbol for "greater than") 401 call MD on call" Resident D's record contained a physician's order dated 5/01/14 which indicated: "1. Continue Accu checks BID (twice a day) before breakfast and before dinner. 2. GIve Novolog per SS (sliding scale) 200-250 give 2 units 251-300 give 4 units 301-350 give 6 units 351-400 give 8 units (symbol for "greater than") 401 call MD on call"			

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	Resident D's record did not contain documentation of blood sugar testing on: 4/27/14 evening 4/28/14 evening On 4/29/14 in the evening accucheck results were 237. Per the sliding scale 2 units of insulin were called for. None were documented as given. During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident D. 4. The record of Resident E was reviewed on 5/08/14 at 11:00 a.m. Diagnoses included, but were not limited to, diabetes mellitus, coronary artery disease, congestive heart failure, peripheral vascular disease, and hypertension. An admission Minimum Data Set assessment dated 3/20/14 indicated Resident E was cognitively impaired, did not ambulate outside his room, required staff assistance for all activities of daily living, and was generally continent of bowel and bladder.			

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	An "Individual Plan Report" (health care plan) dated 4/30/14 for Resident E indicated "I am diabetic and require monitoring of my blood sugar. Please follow my sliding scale insulin orders and call parameters..." Resident E's record contained a physician's order dated 3/15/14 which indicated: "Novolog (insulin) Flexpen 3ml (milliliters) syringe 4:30 p.m. SS (sliding scale): 151-200= 2 units 201-250= 4 units 251-300= 6 units 301-350= 8 units 341-400= 10 units Over 400 call MD" Resident E's record did not contain documentation of blood sugar testing at 4:30 p.m. on: 3/24/14 3/31/14			

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	4/01/14 On 4/19/14 at 4:30 p.m. accucheck results were 168. Per the sliding scale 2 units of insulin were called for. None were documented as given. On 4/30/14 at 4:30: p.m. accucheck results were 204. Per the sliding scale 4 units of insulin were called for. 2 units were documented as given. During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident E. 5. The record of Resident F was reviewed on 5/08/14 at 12:30 p.m. Diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and coronary artery disease. An admission Minimum Data Set (M.D.S.) assessment dated 3/22/14 indicated Resident F was not cognitively impaired, did not ambulate outside his room, required staff assistance with all activities of daily living, and was continent of bowel and bladder.			

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	An undated "Individual Plan Report" (health care plan) for Resident F indicated "I have potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my accucheck blood sugar as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident F's record contained a physician's order dated 3/15/14 which indicated: "Check blood sugars before meals." Resident F's record did not contain documentation of blood sugar testing on: 5/03/14 at noon 5/04/14 at noon 5/06/14 at noon 5/07/14 at noon During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing or insulin administration to provide for Resident F. 6. A facility policy titled "Blood Sugar			

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	Monitoring" dated 2012 received from the Director of Health Services on 5/09/14 at 11:45 indicated: Purpose: To monitor blood glucose level... Documentation...If insulin is ordered based on a sliding scale document the type and amount of insulin administered and the site of the injection..." This federal tag relates to complaints IN00147343 and IN00147665.			
F000514 SS=E	3.1-35(g)(1) 3.1-35(g)(2) 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on record review and interview, the facility failed to ensure complete and accurate records were maintained for 5	F000514	**F 514** **Corrective actions accomplished for those**	06/08/2014

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	residents of 6 reviewed for records in a sample of 6. Findings include: 1. The record of Resident B was reviewed on 5/07/14 at 3:00 p.m. Diagnoses included, but were not limited to, diabetes mellitus, coronary artery disease, congestive heart failure, and hypertension. An admission Minimum Data Set assessment dated 3/26/14 indicated Resident B was cognitively impaired, required staff assistance for all activities of daily living,and used a walker or wheelchair for movement. An undated "Individual Plan Report" (health care plan) for Resident B indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my BS (blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident B's record contained a physician's order dated 3/20/14 which indicated "Accu check (blood sugar testing) BID (twice per day) upon rising and HS (bed time)."		**residents found to be affected by the alleged deficient practice:** Resident B, C, D, E, and F are confidential as part of complaint survey. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: DHS or designee will review all residents with orders for blood sugar monitoring and sliding scale insulin coverage to ensure the following: 1). blood sugar tested as ordered and documented 2). sliding scale insulin administered as ordered and documented 3). accurate documentation of sliding scale order on MAR. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** DHS or designee will re-educate the nursing staff on the following guidelines: Blood Sugar Monitoring and Clinical Documentation **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for 5 residents per hallway will be conducted by the DHS or designee 5 times per week times 8 weeks, then weekly times 4	

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	Resident B's record did not contain documentation of blood sugar testing on: 3/26/14 at bed time. 3/31/14 at bed time. 4/12/14 at bed time. During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident B. 2. The record of Resident C was reviewed on 5/08/14 at 9:45 a.m. Diagnoses included, but were not limited to, diabetes mellitus, history of embolic infarct, peripheral vascular disease, and diabetic retinopathy. An admission Minimum Data Set assessment dated 3/20/14 indicated Resident C was cognitively impaired, was depressed, did not ambulate, and required staff assistance for all activities of daily living. An undated "Individual Plan Report" (health care plan) for Resident C indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my FSBS (finger stick		months to ensure compliance: 1). blood sugar tested as ordered and documented 2). sliding scale insulin administered as ordered and documented 3). accurate documentation of sliding scale order on MAR. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident C's record contained a physician's order dated 3/13/14 which indicated "Accu Checks with meals and at bed time." Resident C's record did not contain documentation of blood sugar testing on: 3/15/14 morning 3/18/14 bedtime 3/21/14 noon 3/25/14 noon 3/30/14 noon, evening, bed time 4/01/14 morning, noon 4/02/14 morning, noon 4/03/13 bed time 4/09/14 bed time 4/10/14 bed time 4/12/14 noon, bed time			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARVISTA LAKE HEALTH CAMPUS	8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256

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	4/18/14 noon 4/24/14 bed time 4/27/14 bed time During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident C. Resident C's record contained a physician's order dated 3/13/14 which indicated "Res (resident) to have insulin based on sliding scale TID (three times per day)." 150-175 1 unit 175-200 2 units 200-225 3 units 225-250 4 units 250-275 5 units 275-300 6 units 300-325 7 units 325-350 8 units			

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	350-375 9 units 375-400 10 units Call MD if BS (blood sugar) (symbol for "greater than") 400." During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated that this was not a properly documented order for blood sugar testing, in that blood sugars of 175, 200, 225, 250, 275, 300, 325, 350, and 375 each had 2 insulin administration values listed. On 5/08/14 at 3:00 p.m. the Director of Health Services reviewed Resident C's blood sugar testing and insulin administration documentation for the months of March and April 2014. She indicated that based on the documentation she was not able to determine with any accuracy the time or results of blood sugar testing or sliding scale insulin coverage administered. 3. The record of Resident D was reviewed on 5/08/14 at 11:30 a.m. Diagnoses included, but were not limited to, diabetes mellitus, chronic kidney disease, and a history of deep vein thrombosis. An admission Minimum Data Set			

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	assessment dated 4/24/14 indicated Resident D was cognitively intact, required staff assistance with activities of daily living, was able to ambulate with assistance and was continent of bowel and bladder. An "Individual Plan Report" (health care plan) dated 4/30/14 for Resident D indicated "I have a potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my FSBS (finger stick blood sugar) as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident D's record contained a physician's order dated 4/17/14 which indicated: "Accu checks 2X/day (twice a day) in the morning and at bedtime. Sliding scale regular insulin." 200-250 give 2 units 251-300 give 4 units 301-350 give 6 units 351-400 give 8 units (symbol for "greater than") 401 call MD on call"			

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	Resident D's record contained a physician's order dated 5/01/14 which indicated: "1. Continue Accu checks BID (twice a day) before breakfast and before dinner. 2. GIve Novolog per SS (sliding scale) 200-250 give 2 units 251-300 give 4 units 301-350 give 6 units 351-400 give 8 units (symbol for "greater than") 401 call MD on call" Resident D's record did not contain documentation of blood sugar testing on: 4/27/14 evening 4/28/14 evening During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident D.			

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	4. The record of Resident E was reviewed on 5/08/14 at 11:00 a.m. Diagnoses included, but were not limited to, diabetes mellitus, coronary artery disease, congestive heart failure, peripheral vascular disease, and hypertension. An admission Minimum Data Set assessment dated 3/20/14 indicated Resident E was cognitively impaired, did not ambulate outside his room, required staff assistance for all activities of daily living, and was generally continent of bowel and bladder. An "Individual Plan Report" (health care plan) dated 4/30/14 for Resident E indicated "I am diabetic and require monitoring of my blood sugar. Please follow my sliding scale insulin orders and call parameters..." Resident E's record contained a physician's order dated 3/15/14 which indicated: "Novolog (insulin) Flexpen 3ml (milliliters) syringe 4:30 p.m. SS (sliding scale): 151-200= 2 units 201-250= 4 units			

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	251-300= 6 units 301-350= 8 units 341-400= 10 units Over 400 call MD" Resident E's record did not contain documentation of blood sugar testing at 4:30 p.m. on: 3/24/14 3/31/14 4/01/14 During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services indicated she had no additional documentation of blood sugar testing for Resident E. 5. The record of Resident F was reviewed on 5/08/14 at 12:30 p.m. Diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and coronary artery disease. An admission Minimum Data Set (M.D.S.) assessment dated 3/22/14			

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	indicated Resident F was not cognitively impaired, did not ambulate outside his room, required staff assistance with all activities of daily living, and was continent of bowel and bladder. An undated "Individual Plan Report" (health care plan) for Resident F indicated "I have potential for hypo/hyperglycemia r/t (related to) my diabetes...Obtain my accucheck blood sugar as ordered-see my current orders...Administer my insulin as ordered-see my current orders..." Resident F's record contained a physician's order dated 3/15/14 which indicated: "Check blood sugars before meals." Resident F's record did not contain documentation of blood sugar testing on: 5/03/14 at noon 5/04/14 at noon 5/06/14 at noon 5/07/14 at noon During an interview on 5/09/14 at 9:00 a.m. the Director of Health Services			

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	indicated she had no additional documentation of blood sugar testing for Resident F. 6. A facility policy titled "Blood Sugar Monitoring" dated 2012 received from the Director of Health Services on 5/09/14 at 11:45 indicated: Purpose: To monitor blood glucose level... Documentation...If insulin is ordered based on a sliding scale document the type and amount of insulin administered and the site of the injection..." A facility policy titled "Clinical Documentation Systems" dated 2012 received from the Director of Health Services on 5/09/14 at 11:45 indicated: "Purpose: (Name of facility's parent company)...will document assessment and provision of services...Expectations:..Staff will document their service delivery...Procedure...The DHS (Director of Health Services) or designee will review the documentation...to evaluate compliance with documentation requirements..." This federal tag relates to complaints			

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	IN00147343 and IN00147665. 3.1-50(a)(1) 3.1-50(a)(2)			