

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2022
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NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373354, IN00374016, IN00374439, and IN00375545.</p> <p>This visit resulted in a Partially Extended Survey - Immediate Jeopardy.</p> <p>Complaint IN00373354 - Substantiated. Federal/State deficiency related to the allegations is cited at F740.</p> <p>Complaint IN00374016 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00374439 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00375545 - Substantiated. Federal/State deficiency related to the allegations is cited at F695.</p> <p>Survey dates: March 10, 11, 14, 15, 16, 17, and 18, 2022</p> <p>Facility number: 010613 Provider number: 155659 AIM number: 200221040</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 20 Medicaid: 55 Other: 23 Total: 98</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on March 10, 11, 14, 15, 16, 17, 2022. Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to respectfully request a desk review.</p> <p>Thank you, Monica Dirbas, LNHA</p>	
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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F 0695 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 24, 2022.</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on interview and record review, the facility failed to ensure respiratory assessments were completed on a resident (Resident G) for 1 of 3 residents reviewed for respiratory assessments.</p> <p>Findings include:</p> <p>The clinical record for Resident G was reviewed on 3/17/22 at 3:18 p.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic respiratory failure, and tracheostomy status.</p> <p>The physician order, dated 2/1/22, indicated the resident was to receive Budesonide Suspension 0.5 mg (milligrams)/2 ml (milliliter) via tracheostomy every morning and at bedtime for chronic obstructive pulmonary disease and to complete nebulizer pre and post lung sound assessments.</p>	F 0695	<p>F695 Respiratory/Tracheostomy Care and Suctioning Corrective action for the residents found to have been affected by the deficient practice: Resident G was identified as being affected by the deficient practice. Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents requiring nebulizer treatments have the potential to be affected by the deficient practice. An audit of all current residents who require nebulizer treatments has been completed to ensure documentation is being completed for administration and respiratory. Any identified concerns were</p>	04/11/2022

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	<p>Review of the February 2022 medication administration lacked documentation of the administration of the bedtime dose or a pre or post respiratory assessment on 2/5/22 and 2/12/22.</p> <p>The physician order, dated 2/1/22, indicated the resident was to receive Formoterol Furnarate 20 mcg (micrograms)/ 2 ml every morning and at bedtime for chronic obstructive pulmonary disease and to complete pre and post lung sound assessments.</p> <p>Review of the February 2022 medication administration lacked documentation of the administration of the bedtime dose or a pre or post respiratory assessment on 2/5/22 and 2/12/22.</p> <p>During an interview on 3/18/22 at 3:55 p.m., Respiratory Therapist 4 indicated a resident's respiratory evaluation, heart rate, and lung sounds should be assessed prior to and after completion of a nebulizer treatment.</p> <p>On 3/18/22 at 4:45 p.m., the Executive Director provided a current copy of the document titled "Nebulizer Treatments" dated 8/25/17. It included, but was not limited to, "Nebulizer...medication delivery system that creates a fine mist...that is directly inhaled for delivery of the medication to the bronchial tree...Nebulizers help deliver medications directly to the bronchial tree for treatment of respiratory illnesses...Preparation to provide treatment...Collect data for respirations, pulse and breath sounds pre-treatment...Repeat collection of data for respirations, pulse and lung sounds post treatment...."</p> <p>The current copy of the document titled "Medication Administration" dated 12/14/17, included, but was not limited to, "Medication</p>		<p>immediately addressed.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The DON/Unit Manager/Designee held an in-service for licensed nursing staff to provide education and expectations as it relates to "Nebulizer Treatments" and "Medication Administration" to include documentation of the administration and documentation of the pre and post respiratory assessments.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON/Unit Manager/Designee will audit residents requiring nebulizer treatments to ensure documentation of administration and respiratory assessments is being completed as follows: 5 residents a week x 4 weeks, then 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks for no less than 3 months and compliance is maintained. Any identified concerns will be immediately addressed.</p> <p>The DON/Unit Manager/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance</p>	

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F 0740 SS=J Bldg. 00	<p>Administration Record - the legal documentation for medication administration...Policy...It is the policy of this facility to provide resident centered care...Medications will be charted when given...."</p> <p>This Federal tag relates to complaint IN00375545</p> <p>3.1-47(a)(6)</p> <p>483.40 Behavioral Health Services §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health 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. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision and to sufficiently monitor residents with a history of drug abuse, and to prevent behaviors of drug abuse, for 3 of 3 residents reviewed. Resulting in one resident becoming unresponsive, one resident admitting to purchasing and doing drugs, and one resident with slurred speech.</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 2/9/22, the facility failed to ensure staff did not give access of illicit drugs to residents inside the facility. On 2/9/22 a staff member solicited to sell Residents C and B, heroin and methamphetamine (meth) and provided the drugs on 2/14/22.</p>	F 0740	<p>is achieved or if ongoing monitoring is required.</p> <p>Past noncompliance: No POC required.</p>	03/29/2022

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	<p>Resident C was found unresponsive and had Narcan administered. A substance identified as heroin by the police department was found on 2/14/22 in Resident C's drawer. During an interview on 3/10/22 at 2:36 p.m., Resident B admitted to purchasing meth from a staff member. On 2/12/22 Resident D's speech was slurred, and her pupils were dilated. Resident D was unable to state her name and was unable to follow simple commands. The Health Facility Administrator and Director of Nursing were notified of the Immediate Jeopardy on 3/15/22 12:12 p.m.</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was review on 3/10/22 at 10:49 a.m. The diagnoses included, but were not limited to, Myoclonic epilepsy with ragged red fibers (MERRF) syndrome, traumatic brain injury, chronic viral hepatitis C, opioid abuse, and depression.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 12/8/21, indicated the resident was cognitively intact, had adequate hearing, adequate vision with corrective lenses, clear speech, was understood, and understands others. She required one staff member extensive assistance for mobility, transfer, and ADLs (Activities of Daily Living). She was occasionally incontinent of bladder and bowel.</p> <p>A Progress Note dated 2/14/22 at 4:35 p.m., indicated the nurse was notified by a Certified Nursing Assistant (CNA) that Resident C was unresponsive. Upon entering the room, Resident C was noted to be on her back, and was a dusky color, had a thready pulse, and no respirations. Resident C was non-responsive to painful</p>			

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	<p>stimulation via a sternal rub. The NP (Nurse Practitioner) order was received for Narcan which was administered in right deltoid without difficulty.</p> <p>A Progress Note dated 2/14/22 at 3:05 p.m., indicated there was a NP ordered received for a one-time dose of Narcan to be administered. Staff were to inject 1 ml (milliliter) subcutaneously one time only for over sedation.</p> <p>A Progress Note dated 2/14/22 at 3:51 p.m., indicated Resident C was unresponsive at 3:05 p.m. Resident C was unresponsive to stimuli and breathing was shallow and labored. Resident C was ventilated with an AMBU bag. Resident's C pupils were pinpoint and fixed. EMS arrived and transported Resident C at 3:17 p.m.</p> <p>On 3/10/22 at 2:53 p.m., the DON provided a Police Report dated 2/15/22 at 4:35 p.m. The report indicated employee (Staff 2) stated she had found what appeared to be heroin in a patient's room. The suspected substance was tested, and it showed positive for heroin. Resident C stated that an employee (Staff 3) had sold it to her. She advised she had purchased the heroin from a cleaning lady that works there.</p> <p>On 3/11/22 at 11:49 a.m., the Regional Clinical Support Nurse (RCSN) provided documents for Residents C. She indicated she was aware there was no documentation from the Social Service Director (SSD) on 3/10/22, to indicate a drug program or other services. The RCSN indicated she was aware there were no care plans for drug abuse for the resident, prior to the incidents.</p> <p>On 3/11/22 at 1:23 p.m. the RCSN provided a Psychiatry Initial Consult document dated 4/1/21.</p>			

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	<p>The report indicated Resident C reported to the NP that she used to use some drugs.</p> <p>During a telephone interview on 3/11/22 at 1:57 p.m., Resident C's counselor indicated he had worked with her on urges, sobriety, and she had been clean since December 2019. Relapse prevention was not a part of her treatment later in 2020. Emotional stability was the focus at that point. He did not think drug abuse was a concern as it was not anticipated while she was in the facility.</p> <p>During an interview on 3/11/22 at 2:14 p.m., the NP indicated Resident C had been clean and the NP had no knowledge of her drug abuse until the recent event, and she then included the diagnosis of drug abuse. The NP indicated she would never have suspected drug abuse going on in the facility. The NP indicated drug addiction was not curable but resident could be in remission. Monitoring for drug abuse was not done due to being in the facility and was shocked when it happened.</p> <p>During an interview on 3/14/22 at 2:06 p.m. LPN 8 indicated he was the nurse that had found Resident C unresponsive. The Resident had received Narcan and was sent out to the hospital.</p> <p>2. The clinical record for Resident B was review on 3/10/22 at 9:49 a.m. The diagnoses included, but were not limited to, cerebral infarction, hemiplegia affecting left non-dominant, and poisoning by unspecified drugs accidental.</p> <p>A Quarterly MDS assessment, dated 2/4/22, indicated Resident B was cognitively intact. She had adequate hearing and vision, clear speech, was understood, and understands others. She</p>			

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	<p>required one physical staff member's extensive assistance for mobility, transfer, and ADLs.</p> <p>A Psychotherapy Note, dated 12/29/21, indicated part of the session focused on Resident B's substance abuse and how it had affected her life and things she could do differently instead of using drugs, including talking with family, focusing on things happening in the long-term care center, and asking for help.</p> <p>A Psychiatry Progress Note, dated 2/18/22, indicated Resident B had recently used meth while in the facility and wasn't taking responsibility for her actions, stating she was just following her roommate's lead.</p> <p>On 3/10/22 at 2:53 p.m., the DON provided a Police Report dated 2/15/22 at 4:35 p.m. The report indicated the officer was dispatched to the facility in reference to a drug investigation. When the officer spoke with Resident B, she advised she did in fact purchase meth from the same cleaning lady. She gave the employee \$15.00 on 2/9/22 and received the meth on 2/14/22. Staff 2 advised there was no meth left to recover.</p> <p>During an interview on 3/10/22 at 2:36 p.m., Resident B indicated she had been in another room, and was Resident C's roommate. A housekeeper came in and was talking about how she had relapsed. This was how the whole thing got started, another resident (Resident C) had asked if they could buy meth or heroin, and they gave the housekeeper money, and four days later she came back and brought the drugs. Resident B indicated Resident C did the heroin and then she turned purple. Resident C was sent to the hospital. The police came and they found heroin in Resident C's drawer. Resident B indicated she</p>			

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	<p>had not done any heroin, but she did do the meth.</p> <p>On 3/11/22 at 11:49 a.m., the Regional Clinical Support Nurse (RCSN) provided documents for Residents B. She indicated she was aware there was no documentation from the Social Service Director (SSD) on 3/10/22, to indicate the offer of a drug program or other services. The RCSN indicated she was aware there were no care plans for drug abuse for these residents, prior to the incidents.</p> <p>During an interview on 3/11/22 at 1:23 p.m., the Administrator, RCSN, and DON indicated Residents B had no care plan for drug abuse prior to the event on 2/16/22.</p> <p>During an interview on 3/11/22 at 2:14 p.m., the NP indicated Resident B had been given cessation education due to the recent event. When Resident B was admitted she was on a vent and drug abuse education was not appropriate. Resident B had stop dates for all pain medications given due to bad teeth, even though she did argue she needed them. Resident B had a drug abuse history documented on admission.</p> <p>During an interview on 3/14/22 at 11:05 a.m., Resident B indicated prior to her admission to the facility she had gone to AA meetings and gotten clean on her own. She had not received any support services like AA or NA while a resident in the facility.</p> <p>3. The clinical record for Resident D was reviewed on 3/10/22 at 1:09 p.m. The diagnoses included but were not limited to, nicotine dependence, psychoactive substance abuse, and schizoaffective disorder.</p>			

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	<p>An Annual MDS assessment, dated 1/8/22, indicated Resident D was cognitively intact, had adequate hearing and vision, clear speech, was understood, and understands others. She required two physical staff extensive assistance for mobility, total dependent for transfer and ADLs.</p> <p>A Progress Note dated 2/12/22 at 3:57 p.m., indicated the nurse entered Resident D's room to give her routine scheduled medicine. Resident D was asleep and difficult to arouse. Once the nurse was able to wake the resident up with a stern sternal rub, the resident was unable to keep her eyes open for a long period of time. Resident D's speech was slurred, and her pupils were dilated. The Resident then began to tell the CNA and nurse, that her visitor from last night, who fixed her wheelchair battery, had brought her a gram of meth and she smoked it in a chicken bowl or bone. Resident D was unable to state her name and was unable to follow simple commands.</p> <p>A Progress Note, dated 2/12/22 at 4:16 p.m., indicated the resident was slurring her words and not acting like her baseline.</p> <p>A Progress Note, dated 2/12/22 at 4:45 p.m., indicated EMS was contacted. The hospital was contacted and a report was given, EMS arrived to transport the resident. Resident D refused to go. Resident D was placed on 15-minute checks. Scheduled narcotics were held for the remainder of the shift due to sedation and lethargy.</p> <p>A Progress Note, dated 2/15/22 at 4:00 p.m., indicated Resident D was asleep, respirations were even and labored, with use of accessory muscles observed. X-ray results show new right parahilar and left basilar infiltrates. NP was notified, an order was received to send the</p>			

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	<p>resident to hospital for evaluation and treatment related to respiratory distress.</p> <p>A SS Note dated 2/16/22 at 4:39 p.m., indicated SS followed up with Resident D after a recent ER visit due to altered mental status. Resident D was reeducated and reviewed illicit drug policy for the facility.</p> <p>A Care Plan, with an initial date of 6/24/21, indicated Resident D had suicidal ideation's and would verbalize intentions to abuse drugs in order to inflict self-harm. The interventions included, but were not limited to, Behavioral Health consults as needed, consult with pastoral care, psych services, and/or support groups.</p> <p>A Psychotherapy Note, dated 1/27/21, indicated Resident D had a long history of drug abuse treatment. She had also been in treatment several times for opium addiction. Her addiction resulted in several medical issues and her quadriplegia.</p> <p>A Psychotherapy Note, dated 2/18/21, indicated Resident D had recently become a paraplegic after osteomyelitis due to IV drug use.</p> <p>A Psychotherapy Note, dated 7/2/21, indicated Resident D had reported that the primary care physician had lowered pain and anxiety medication due to increased lethargy reported by the nurse.</p> <p>A Psychotherapy Note, dated 7/7/21, indicated Resident D was upset that her pain medications and anxiety medications had been decreased, and was somewhat medication seeking.</p> <p>A Psychotherapy Note, dated 10/11/21, indicated Resident D had a history of IV drug addiction and</p>			

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	<p>of using heroin for five years. The report indicated the resident had disorganized thoughts.</p> <p>A Psychotherapy Note, dated 2/18/22, indicated staff had a recent concern that Resident D had used illicit drugs.</p> <p>A Psychotherapy Note, dated 2/23/22, indicated there was a concern Resident D may have been doing illegal drugs but refused to take a drug screen. The report indicated Resident D did not seem concerned about consequences of her actions despite the things that her drug use had caused her.</p> <p>During an interview on 3/11/22 at 1:23 p.m., the Administrator, RCSN, and DON indicated Residents D had no care plan for drug abuse prior to the event on 2/16/22.</p> <p>During an interview on 3/11/22 at 2:14 p.m., the NP indicated Resident D had a drug abuse history documented on admission. The NP indicated Resident D had a recent incident of talking out of her head, was lethargic, but had refused a drug screen. She did later agree to one, but it was past the point of detection so it was not completed.</p> <p>During an interview on 3/14/22 at 10:07 a.m., the Psychotherapist indicated he did see Resident D in the facility. He indicated he did not treat her for drug addiction. They had talked about her past addiction and her alleged use of illicit drugs in the facility, and she became angry. She had underlying issues and he allowed the resident to direct their focus and they were working on her self-esteem.</p> <p>During an interview on 3/14/22 at 12:10 p.m., Resident D indicated she had gone to a seven-day</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2022
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NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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	<p>rehab in 2018. She had gone into a more intense rehab program in 2019 and had received vivitrol. In July 2020 she had almost died and was paralyzed from the neck down. She had been clean for about two and a half years.</p> <p>During an interview and record review on 3/10/22 at 2:53 p.m., the DON provided text messages between staff. The text message indicated Staff 3 was ask if she had ever gone to the building when she wasn't scheduled to work and she replied yes and said there are days she will work a full shift and not realize she wasn't on the schedule until the end of day.</p> <p>The current facility policy "Policy for Resident Substance Abuse in Facility" was provided by the DON on 3/10/22 at 2:53 p.m. The Policy indicated, Definitions: Abused substances: ...is meant to imply drugs consumed by any route that have no medical use or drugs that are prescribed ...may also include alcohol ...Drug Paraphernalia: ...any equipment, product, or material that is used ...for making, using or concealing drugs, typically for recreation purposes ...Illicit drug: ...a drug that is potentially dangerous, has a high potential for abuse and has no currently accepted medical use ...Policy: ...to provide guidance to the staff when substance abuse is confirmed or suspected in a resident ...Procedure: ...I. a. inform resident ...of this substance abuse policy upon admission ...II. Management of Acute Episodes ...iv. For suspected illicit or illegal drug use, administer naloxone per instructions on the label ...IV. b. Care plan and education ...i. provide options for treatment available to resident including but not limited to: 1. Psychological evaluation and/or counseling ...2. Medical evaluation and/or counseling ...ii. Care plan resident specific triggers for abusing drugs ...</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/08/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2022
NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD HWY # 60 SELLERSBURG, IN 47172		
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	<p>The Past noncompliance Immediate Jeopardy began on 2/9/22. The Immediate Jeopardy was removed and the deficient practice corrected by 2/16/22 after the facility implemented a systemic plan that included the following actions: The facility reviewed all residents with a history of substance abuse for specific treatment/counseling options (2/16/22); All staff were interviewed to identify any other concerns with staff or resident solicitation, use of alcohol, or illegal substances (2/16/22); All staff were educated on Resident Substance Abuse policy and Abuse, Neglect and Misappropriation of Resident Property (2/16/22); and implementation of a screening process, upon admission, for residents with a past medical history of drug/alcohol abuse to be offered specific abuse treatment or counseling that meets the specific needs of the resident (2/16/22).</p> <p>This Federal tag relates to Complaint IN00373354</p> <p>3.1-37</p>				