

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>ROCKVILLE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>768 N US HWY 41</b> <b>ROCKVILLE, IN 47872</b>	
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 25, 26, 27, and 30, 2018.</p> <p>Facility number: 000492 Provider number: 155464 AIM number: 100291360</p> <p>Census Bed Type: SNF/NF: 27 Total: 27</p> <p>Census Payor Type: Medicare: 5 Medicaid: 18 Other: 4 Total: 27</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 7, 2018.</p>		F 0000	<p>Preparation and/ or execution of this plan of correction in general, or any corrective actions set forth herein, in particular, does not constitute an admission or agreement by Rockville Nursing and Rehabilitation Center of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws.</p> <p>Rockville Nursing and Rehabilitation Center desires this plan of correction to be considered the facility's allegation of compliance effective 5/30/2018.</p>
F 0580  SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status</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 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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	<p>(that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on record review and interview, the facility</p>		F 0580	F580	05/30/2018

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	<p>failed to ensure the physician was notified of abnormal lab results and a potential drug interaction in a timely manner for 1 of 5 residents reviewed for unnecessary medications (Resident 22).</p> <p>Findings include:</p> <p>Resident 22's record was reviewed on 4/26/18 at 9:03 a.m. The resident's profile included, but was not limited to, diagnosis of UTI (Urinary Tract Infection).</p> <p>A lab report, dated 3/23/18, indicated Resident 22's urine culture result was &gt;1000,000 milliliters (ml) klebsiella pneumoniae (gram-negative bacteria that can cause different types of infections) other multiple organisms were present and may represent contamination from non-urinary sources. The report indicated the bacteria was sensitive to levofloxacin (antibiotic).</p> <p>A review of progress notes, dated 3/23/18 to 3/25/18, lacked documentation of physician notification of abnormal lab results.</p> <p>A physician's order, dated 3/27/18, indicated Levaquin (antibiotic) 500 milligrams (mg), give 1 tablet by mouth one time day for UTI and discontinued on 3/29/18. The MAR (Medication Administration Record) indicated the medication was not given on 3/27/18, 3/28/18, and 3/29/18.</p> <p>A review of pharmacy notes, dated 3/29/18, indicated Levaquin 500 mg tablet was discontinued due to a drug interaction warning.</p> <p>A review of progress notes, dated 3/26/18 to 3/28/18, lacked documentation the physician was notified of a potential drug interaction warning to</p>			<p>It is the standard of this facility to notify the resident physician when there is a significant change in the resident's physical, mental, or psychosocial status...</p> <p>Resident 22's course of treatment had been completed prior to survey. Resident 22 now has abnormal lab results and potential drug reactions reported to the physician in a timely manner (i.e. when discovered/reported).</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>The DON reviewed all nurse' notes, lab results and pharmacy recommendations on current residents for the past 90 days to ensure appropriate notification. Concerns found were corrected immediately.</p> <p>The nursing staff was in serviced on 5/8/2018 by the DON regarding notification requirements upon a resident's change of condition. A new order tracking log has been implemented so nurses check each step required when a new order is received, including notification requirements.</p> <p>An audit tool has been created that monitors the 24 hr. report and focus charting to assure proper notifications are made to resident's physician when a resident change of condition occurs. DON or designee will be responsible for auditing the above daily while on duty for 4 weeks, bi</p>

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	<p>Levaquin.</p> <p>A physician's order, dated 3/30/18, indicated Levaquin 500 mg, give 500 mg by mouth one time a day for UTI until 4/8/18.</p> <p>During an interview, on 4/30/18 at 9:47 a.m., the Pharmacist indicated it was the responsibility of the facility to notify the physician of a drug interaction. A drug interaction for Levaquin was noted on 3/26/18, the order was clarified to continue on 3/29/18.</p> <p>During an interview, on 4/30/18 at 10:30 a.m., the DON indicated it was the responsibility of the nurse to notify the physician of a potential drug interaction reported by pharmacy, and of abnormal lab results.</p> <p>During an interview, on 4/30/18 at 11:01 a.m., the Physician indicated it was the facilities responsibility to notify the physician with abnormal lab results.</p> <p>During an interview, on 4/30/18 at 11:06 a.m., the Minimum Data Set (MDS) Coordinator indicated the physician should be notified of abnormal labs.</p> <p>On 4/27/18 at 10:26 a.m., the Director of Nursing (DON) provided an updated document titled, "Change in a Resident's Condition or Status," and indicated it was the policy currently used by the facility. The policy indicated, "Policy Statement: Our facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status... The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician where has been: ... abnormal lab results that</p>			weekly for the next 4 weeks, and weekly thereafter until 100% compliance is achieved. Results will be shared monthly with the facility QAPI committee for additional recommendations. Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.

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F 0641 SS=D Bldg. 00	<p>require physician intervention...."</p> <p>3.1-5(a)(3)</p> <p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately coded for diagnosis (Resident 21), and dental assessment (Resident 24), for 2 of 12 MDS assessments reviewed.</p> <p>Findings include:</p> <p>1. Resident 21's record was reviewed on 4/26/18 at 11:30 a.m. The resident's profile indicated diagnoses which included, but were not limited to, cerebral infarct (an area of necrotic tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain), hemiparesis (weakness of one entire side of the body)/ hemiplegia (complete paralysis of half of the body), chronic obstructive pulmonary disease (copd), and heart failure.</p> <p>The Medication Administration Record (MAR), dated April 2018, indicated the resident received sertraline (antidepressant) 100 milligrams (mg), one by mouth at bedtime for diagnosis of depression.</p> <p>A significant change MDS assessment, dated 10/27/17, indicated the resident had moderate cognitive deficit and had received medication which included, but were not limited to, an</p>		F 0641	<p>F641 It is the standard of this facility to complete assessments that accurately reflect the resident's status.</p> <p>After the survey team identifying the concerns about R. #21's &amp; R. #24's MDS assessment, they were corrected and resubmitted. Neither assessment correction affected the resident's RUG (Resource Utilization Group). All residents have the potential to be affected by this alleged deficient practice.</p> <p>The MDS coordinator was in serviced on 5/9/2018 by the MDS Regional Consultant regarding reviewing the resident's medical record to ensure correct coding. An audit tool has been created that monitors MSD coding. DON or designee will be responsible for auditing a random sample of 5 residents monthly for 6 months and quarterly thereafter until 100% compliance is achieved. Results will be shared monthly with the facility QAPI committee for additional recommendations.</p> <p>Rockville Nursing &amp; Rehab would</p>	05/30/2018

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	<p>antidepressant medication, during the look-back period. No documented diagnosis of depression was observed in the active diagnoses section of the MDS (section I).</p> <p>A quarterly MDS assessment, dated 3/30/18, indicated the resident had received medication which included, but were not limited to, an antidepressant medication, during the look-back period. No documented diagnosis of depression was observed in the active diagnoses section of the MDS (section I).</p> <p>During an interview, on 4/26/18 at 1:51 p.m., the MDS Coordinator, indicated the depression diagnosis had not been documented on the resident's MDS assessments. The diagnosis must have been missed.</p> <p>On 4/26/18 at 3:08 p.m., the MDS Coordinator provided a document titled, "CMS (Centers for Medicaid and Medicare Services) RAI (Resident Assessment Instrument) Version 3.0 Manual," dated October 2017, and indicated it was the policy currently being used by the facility. The policy indicated, "I: Active Diagnoses...Steps of Assessment...1. Identify diagnoses: The disease conditions in this section require a physician-documented diagnosis...in the last 60 days. Medical record sources for physician diagnoses include...diagnosis/problem list, and other resources as available...Determine whether diagnoses are active: ...Active diagnoses are diagnoses that have a direct relationship to the resident's...medical treatments, nursing monitoring...during the 7-day look back period...."</p> <p>2. On 4/25/18 at 11:45 a.m., Resident 24 was observed with her own teeth on the bottom. No teeth on the top.</p>			like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.

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	<p>Resident 24's record was reviewed on 4/27/18 at 1:33 p.m. An admission Minimum Data Set (MDS) assessment, dated 9/9/17, indicated Resident 24 was edentulous (no natural teeth or tooth fragments).</p> <p>A care plan, dated 9/18/17, indicated Resident 24 was edentulous.</p> <p>A nursing weekly summary note, dated 12/28/17, indicated Resident 24 had her own teeth.</p> <p>A nursing weekly summary note, dated 1/4/18, indicated Resident 24 was both edentulous and had her own teeth.</p> <p>A nursing admission assessment, dated 4/2/17, indicated Resident 24's dentures were not at the facility. Resident 24 had natural teeth/missing teeth on the bottom.</p> <p>A nursing admission assessment, dated 4/2/17, indicated Resident 24 was edentulous.</p> <p>During an interview, on 4/25/18 at 11:45 a.m., Resident 24 indicated she had her own teeth on the bottom. She thought there was a tooth on the bottom that needed pulled.</p> <p>During an interview, on 4/27/18 at 2:26 p.m., Resident 24 indicated she had her own teeth on the bottom. She did not have any teeth on the top. She did not have dentures.</p> <p>During an interview, on 4/27/18 at 2:52 p.m., the Director of Nursing (DON) indicated Resident 24 had her own teeth on the bottom and no teeth on the top.</p> <p>During an interview, on 4/27/18, at 2:55 p.m., the</p>				

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F 0758 SS=D Bldg. 00	<p>MDS coordinator indicated Resident 24 had her own teeth on the bottom and no teeth on the top. The comprehensive MDS assessment should not have indicated Resident 24 was edentulous. It was an error. The care plan was incorrect because the MDS assessment was incorrect.</p> <p>A copy of Section L of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, was provided by the MDS coordinator on 4/27/18 at 3:02 p.m. The manual indicated, "...L0200: Dental...Definitions...EDENTULOUS: Having no natural permanent teeth in the mouth. Complete tooth loss...Coding Instructions...Check L0200B, no natural teeth or tooth fragment(s) (edentulous): if the resident is edentulous/lacks all natural teeth or parts of teeth...."</p> <p>3.1-31(c)(1) 3.1-31(c)(9)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used</p>			

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	<p>psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on record review and interview, the facility failed to ensure a proper assessment and non-pharmacological (medication) interventions prior to the administration of an as needed (PRN) anti-anxiety medication and the proper length of an order for a PRN anti-anxiety medication for 1 of 5 residents reviewed for psychotropic medications</p>		F 0758	F758 It is the standard of this facility that all residents receiving psychotropic medications are on the lowest maintenance dose and PRN psychotropic medications are scheduled by day 14 unless otherwise indicated by the	05/30/2018

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	<p>(Resident 13).</p> <p>Findings include:</p> <p>Resident 13's record was reviewed on 4/29/18 at 9:24 a.m. An admission Minimum Data Set (MDS) assessment, dated 1/18/18, indicated Resident 13 received an anti-anxiety medication four days of the look back period.</p> <p>Diagnoses in Resident 13's profile included, but were not limited to, anxiety disorder unspecified and obsessive compulsive disorder unspecified.</p> <p>A physician's order, dated 1/11/18, and discontinued on 2/16/18, indicated lorazepam (an anti-anxiety medication) 0.5 milligrams (mg) by mouth every 12 hours PRN for anxiety.</p> <p>A Medication Administration Record (MAR), dated January 2018, indicated Resident 13 received lorazepam 0.5 mg PRN, one dose on 1/12/18, 1/13/18, 1/15/18, 1/16/18, 1/19/18, 1/21/18, 1/23/18, 1/24/18, 1/25/18, 1/28/18, and 1/31/18. Each dose was effective. There was no documentation of why the medication was administered or what non-pharmacological interventions were attempted prior to the administration of the medication.</p> <p>A MAR, dated February 2018, indicated Resident 13 received lorazepam 0.5 mg PRN, one dose on 2/1/18, 2/2/18, 2/3/18, 2/5/18, 2/6/18, 2/7/18, 2/10/18, 2/11/18, 2/12/18, 2/15/18, and 2/16/18. The dose on 2/12/18 was not effective. All of the other doses were effective. There was no documentation of why the medication was administered or what non-pharmacological interventions were attempted prior to the administration of the medication.</p>			<p>physician.</p> <p>Resident 13's 0.5 mg Ativan was changed from PRN to a scheduled medication on 2/17/18 due to medical necessity related to her increased anxiety. R was then scheduled Lexapro 5 mg on 2/17/18 and increased to 10 mg on 2/26/18 related to OCD exacerbations not effectively managed by the Ativan. This resident will have no PRN psychotropic medications ordered longer than 14 days OR will have a documented rationale if the order is greater than 14 days.</p> <p>All residents with PRN psychotropic medication orders have the potential to be affected by this alleged deficient practice. An audit was completed on 5/1/18, no other residents were ordered PRN psychotropic medications. No adverse reactions noted related to Resident 13's PRN Ativan usage.</p> <p>The SSD and DON were reeducated on the behavior management policy and procedures for PRN psychotropic medication usage by The Regional Director of Clinical Operations on 5/17/2018. Nursing staff will be in serviced on the behavior management policy and procedures for PRN psychotropic medication usage the week of 5/21/2018.</p> <p>The facility will evaluate psychotropic medications upon</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>ROCKVILLE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>768 N US HWY 41</b> <b>ROCKVILLE, IN 47872</b>	
(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)
	<p>A physician's order, dated 2/17/18, indicated lorazepam 0.5 mg by mouth daily at bedtime for anxiety.</p> <p>An undated intervention flow sheet indicated, "To be kept in the Behavior Monitoring Binder located at each Nurse's Station. List any and all interventions attempted to redirect behaviors prior to administering PRN psychotropic medication(s). The following is a guideline of interventions to redirect behaviors-utilize as many as necessary prior to medicating residents and indicate by number which interventions were used and their effectiveness...."</p> <p>An undated behavior management record indicated psychotropic medication was ordered for Resident 13. Behaviors Resident 13 was known to exhibit included repeated health concerns, worried, obsessive concerns with bowel movement and medications, and hallucinations. A behavior, dated 4/11/18, indicated Resident 13 was concerned about the air conditioning unit. Interventions were provided and no PRN psychotropic medication was administered. There were no other behaviors documented.</p> <p>A care plan, dated 1/17/18, indicated Resident 13 used anti-anxiety medications.</p> <p>Physician's progress notes, from 1/11/18 to 4/11/18, did not indicate any documentation of why the PRN lorazepam was ordered longer than two weeks.</p> <p>Nursing progress notes, from 1/11/18 to 4/10/18, did not indicate any documentation of why the PRN lorazepam was administered or any non-pharmacological interventions attempted</p>			<p>resident's admission in daily (M-F) clinical meeting. Residents with PRN psychotropic orders will be placed on focus charting for monitoring and adequately report necessity to the physician for the duration of PRN usage. All resident orders will be reviewed in daily (M-F) clinical meeting. The facility will continue to hold monthly behavior meetings with the medical director, psychologist, DON, MDS, Admin, SSD to ensure appropriate doses and usages are utilized for resident's highest quality of life. The facility will continue to follow GDR protocol as recommended to ensure lowest maintenance dose. An audit tool called Psychotropic Medications has been created. The SSD or designee will track new admissions and current residents with new psychotropic orders daily (M-F) for 6 months and quarterly thereafter until compliance is achieved. Results will be shared monthly with the facility QAPI committee for additional recommendations. Rockville Nursing &amp; Rehab would like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>

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	<p>prior to the administration of the medication.</p> <p>During an interview, on 4/26/18 at 12:03 p.m., the Director of Nursing (DON) indicated they tried to get PRN anti-anxiety medications discontinued or made routine within 7 to 14 days. The physician should have documented a rationale for why the PRN lorazepam was to continue longer than 14 days. The nurses should have documented about the PRN lorazepam administration in the behavior book, including the behavior and non-pharmacological interventions attempted prior to the administration of the medication.</p> <p>During an interview, on 4/26/18 at 2:40 p.m., the Social Services Director (SSD) indicated if a PRN anti-anxiety medication was given the nurse should have documented why they had given it and what non-pharmacological interventions were attempted prior to the administration of the medication. The information should have been documented in the nurse's notes or the behavior book. The specific interventions for Resident 13 were located on the intervention flow sheet. If a PRN anti-anxiety medication was to be in place longer than 14 days, the physician should have seen the resident and made a note for justification of the medication.</p> <p>During an interview, on 4/26/18 at 2:54 p.m., the DON indicated she had reviewed the behavior documentation for Resident 13, and there was no documentation to support the administration of the PRN lorazepam.</p> <p>During an interview, on 4/27/18 at 9:12 a.m., the MDS coordinator indicated there was no more behavior documentation for Resident 13. There was the intervention flow sheet, which showed what interventions to try, but no behaviors had</p>			

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	<p>been documented.</p> <p>During an interview, on 4/27/18 at 9:48 a.m., the DON indicated the nurses were expected to try non-pharmacological interventions prior to the administration of a PRN anti-anxiety medication. The specific behavior that the PRN anti-anxiety medication was administered for should have been documented on the behavior flow sheet. There was not a policy for how long a PRN anti-anxiety medication could be ordered. The verbal policy was a PRN anti-anxiety medication should not have been in place longer than 14 days. The physician should have documented a rationale if the PRN anti-anxiety medication was ordered longer than 14 days.</p> <p>During an interview, on 4/27/18 at 10:03 a.m., Qualified Medication Aide (QMA) 6 indicated if a PRN anti-anxiety medication was administered the nurse should have documented what behavior it was administered for, interventions that were tried before the administration, and if the medication was effective, in the behavior book.</p> <p>On 4/27/18 at 9:20 a.m., the Administrator provided a documented titled, "Behavior Management," and indicated it was the policy currently being used by the facility. The policy indicated, "...General Plan: A behavior management form for each resident with identified behaviors and/or receiving a hypnotic, anitpsychotic, or anxiolytic drug, either routinely or PRN...Behaviors including agitation, resisting care, and wandering, can become a problem, which needs thoughtful intervention by the nursing staff. The staff must first assess resident's physical status...to rule out physical changes. Staff should then consider and apply the following as needed: ...PRN medications should</p>			

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	<p>be offered only when non-pharmacological interventions have been attempted and behavior cannot be redirected...."</p> <p>3.1-48(a)(2) 3.1-48(a)(3)</p>			