

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

PRINTED: 01/02/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155417		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2024	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaints IN00447152 and IN00447339.</p> <p>Complaint IN00447152 - Federal/State deficiencies related to the allegations are cited at F755, F842 and F880.</p> <p>Complaint IN00447339 - Federal/State deficiencies related to the allegations are cited at F755, F842 and F880.</p> <p>Survey dates: December 5 and 6, 2024</p> <p>Facility number: 000421 Provider number: 155417 AIM number: 100288340</p> <p>Census Bed Type: SNF/NF: 30 Total: 30</p> <p>Census Payor Type: Medicare: 1 Medicaid: 24 Other: 5 Total: 30</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 11, 2024.</p>		F 0000	<p>This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of the Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. <u>Hickory Creek of Scottsburg</u> would like to request a desk review. Please feel free to contact Rachel Colwell, if you need any additional information to support the desk review at 812-595-6125. Thank you for your consideration.</p>			
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, interview and record review, the facility failed to ensure physician</p>		F 0755	<p>F755 It is the policy of Hickory Creek at</p>		01/06/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rachel Colwell

Administrator

12/23/2024

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 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 30 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>orders were followed for residents during medication administration for 3 of 5 residents reviewed for pharmacy services. (Resident's B, C, F and G)</p> <p>Findings included:</p> <p>1. The clinical record for Resident B was reviewed on 12/5/24 at 12:12 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic respiratory failure and gastroesophageal reflux disease.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications:</p> <p>- Calcium carbonate (TUMS), 500 mg tablets, give 2 1/2 tabs to equal 1,250 mg</p> <p>- Advair Diskus (COPD) 250-50 mcg (microgram)/dose, one puff via inhalation. Special instructions "rinse mouth after use.</p> <p>During a medication administration observation on 12/6/24 at 9:17 a.m., QMA (Qualified Medication Aide) 4 was observed to remove 2 tablets from the bottle of calcium carbonate rather than 2 1/2 tabs and the QMA did not take the Advair Diskus into the resident's room during the medication administration observation.</p> <p>During an interview on 12/6/24 at 9:55 a.m., the Director of Nursing indicated the resident typically refused the Advair Diskus, however, QMA 4 should have taken the medication to the resident during the medication pass and offered the medication to the resident.</p>				<p>Scottsburg to follow the policies and procedures in place for pharmacy services procedures.</p> <p><u>#1 What corrective action will be accomplished for those residents found to be affected by the deficient practice?</u></p> <p>QMA 4 and all other QMA's and nurses will be in-serviced by the DON/Designee on 12/23/24 regarding the facilities policy for Medication Administration including following physician's orders.</p> <p>Resident B, is offered medications per MD order</p> <p>Resident C and G are offered to rinse mouth and spit after inhalation per MD order</p> <p>-</p> <p><u>#2 How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></p> <p>All residents have the potential to be affected by this practice; however, no residents were affected by this deficiency.</p> <p>All residents who receive medication via inhalation from QMAs and nursing staff were observed by DNS/Designee to ensure MD orders were followed.</p> <p>All QMA's and nurses will be in-serviced by the DON/Designee on 12/23/24 regarding the facilities policy for Medication Administration including following physician's orders.</p>		

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	<p>During an interview on 12/6/24 at 11:26 a.m., LPN (Licensed Practical Nurse) 5 indicated all physician orders were to be followed.</p> <p>2. The clinical record for Resident C was reviewed on 12/5/24 at 12:39 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and diabetes.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications:</p> <ul style="list-style-type: none"> - Breo Ellipta (inhaled medication for COPD) 200-25 mcg/dose, one puff via inhalation. Special instructions: After use rinse mouth and spit. - Incruse Ellipta (COPD) 62.5 mcg, one puff via inhalation. Special Instructions: Rinse mouth after use. <p>On 12/6/24 at 8:55 a.m., during the medication administration observation, QMA 4 did not have the resident rinse out her mouth after the use of both inhalers.</p> <p>3. The clinical record for Resident G was reviewed on 12/6/24 at 10:55 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and iron deficiency anemia.</p> <ul style="list-style-type: none"> - Advair HFA aerosol inhaler (COPD) 115-21 mcg/actuation, 2 puffs via inhalation: Special instructions: Rinse mouth and spit. <p>On 12/6/24 at 7:42 a.m., during the medication administration observation, QMA 4 did not have the resident rinse and spit after the administration of the Advair Diskus.</p>				<p><u>#3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur?</u> The DON/Designee will observe medication administration by each licensed staff member to ensure medication administration is conducted per MD order.</p> <p><u>#4 How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u> The DON/Designee will observe medication administration weekly x 4, monthly x 6, then quarterly thereafter. Observations will be documented on an audit tool. The DON/Designee will review the outcomes of the audits with the QA committee, monthly. IF 100% is not achieved an action plan will be developed and monitoring will continue for 6 months</p> <p>Date of compliance: 01/06/25</p> <p>-</p>		

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F 0842 SS=D Bldg. 00	<p>On 12/6/24 R 9:55 a.m., the Director of Nursing provided a current copy of the document titled "General Dose Preparation and Medication Administration" dated 4/30/24. It included, but was not limited to, "Procedure...Prior to Administration...Facility staff should take all measures required by facility policy and applicable law...Verify each time a medication is administered that is the correct...dose...Follow manufacturer medication administration guidelines...."</p> <p>This Citation relates to Complaints IN00447152 and IN00447339.</p> <p>3.1-25(b)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident D) medication administration record reflected the administration of narcotic medication for 1 of 3 residents reviewed for medical records.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 12/5/24 at 1:29 p.m. The resident's diagnoses included, but were not limited to, irritable bowel syndrome, anxiety and pain.</p> <p>The physician's order, dated 2/8/22, indicated the resident was to receive Xanax (narcotic antianxiety medication) 0.5 mg (milligrams) twice daily for anxiety at 9:00 a.m. and 9:00 p.m.</p> <p>Review of the October 2024 controlled substance</p>		F 0842	<p>F842</p> <p>It is the policy of Hickory Creek at Scottsburg to follow the policies and procedures in place for medication administration records.</p> <p><u>#1 What corrective action will be accomplished for those residents found to be affected by the deficient practice?</u></p> <p>Resident D no longer resides at this facility.</p> <p><u>#2 How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></p> <p>All residents who receive medication have the potential to</p>		01/06/2025	

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	<p>record indicated the resident received the medication on the following dates and times:</p> <ul style="list-style-type: none"> - 10/04/24 at 8:00 p.m. - 10/07/24 at 8:00 p.m. - 10/08/24 at 8:00 p.m. - 10/10/24 at 8:00 a.m. - 10/18/24 at 8:00 p.m. - 10/21/24 at 8:00 p.m. <p>The resident's October 2024 Medication Administration Record lacked documentation of the administration of the medication.</p> <p>The physician's order, dated 3/15/22, indicated the resident was to receive Viberzi 75 mg twice daily for irritable bowel syndrome at 9:00 a.m. and 9:00 p.m.</p> <p>Review of the October 2024 Controlled Substance Record indicated the resident received the medication on the following dates and times:</p> <ul style="list-style-type: none"> - 10/04/24 at 8:00 p.m. - 10/07/24 at 8:00 p.m. - 10/08/24 at 8:00 p.m. - 10/10/24 at 8:00 a.m. - 10/18/24 at 8:00 p.m. - 10/21/24 at 8:00 p.m. <p>The resident's October 2024 Medication Administration Record lacked documentation of the administration of the medication.</p> <p>The physician's order, dated 4/23/24, indicated the resident was to receive hydrocodone-acetaminophen (narcotic) 5-325 mg twice daily for pain at 9:00 a.m. and 9:00 p.m.</p> <p>Review of the October 2024 Controlled Substance</p>				<p>be affected.</p> <p>The DON/Designee audited the medication administration record for the past 10 days for all residents by running the medication administration report and reviewing for deficiencies. Any concerns identified were immediately addressed by the DON/Designee</p> <p><u>#3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur?</u></p> <p>The DON/Designee will reeducate staff regarding the facilities Medication Administration policy for documentation of medications as outlined in the facility policy Medication Administration (Med pass procedure).</p> <p>The DON/Designee will audit the medication administration record daily for all residents by running the medication administration report and reviewing for deficiencies.</p> <p><u>#4 How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u></p> <p>An audit titled "Medication Administration Record Audit Tool" will be conducted by the DON/Designee 5x week x 4 weeks, 2x week x 4 weeks, weekly x 4 weeks, and monthly for 6 months. If 100% is not achieved</p>		

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F 0880 SS=E	<p>Record indicated the resident received the medication on the following dates and times:</p> <ul style="list-style-type: none"> - 10/04/24 at 8:00 p.m. - 10/07/24 at 8:00 p.m. - 10/08/24 at 8:00 p.m. - 10/10/24 at 8:00 a.m. - 10/18/24 at 8:00 p.m. - 10/21/24 at 8:00 p.m. <p>The resident's October 2024 Medication Administration Record lacked documentation of the administration of the medication.</p> <p>During an interview on 12/6/24 at 11:26 a.m., LPN (Licensed Practical Nurse) 5 indicated when a narcotic medication had been administered, the nurse would sign the medication as administered on the medication administration record.</p> <p>On 12/6/24 at 9:55 a.m., the Director of Nursing provided a current copy of the document titled "General Dose Preparation and Medication Administration" dated 4/30/24. It included, but was not limited to "Procedure...Document the administration of controlled substances in accordance with applicable law...After medication administration, facility staff should take all measures required by facility policy and applicable law, including, but not limited to...Document necessary medication administration...."</p> <p>This Citation relates to Complaints IN00447152 and IN00447339</p> <p>3.1-50(a)(2)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p>				<p>an action plan will be developed The DON/Designee will bring the results of the medication administration audits to the monthly QA committee meeting for further review and recommendations.</p> <p>Date of compliance: 01/06/25</p>		

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Bldg. 00	<p>Based on observation, interview and record review, the facility failed to ensure staff hand sanitized during a medication pass and failed to ensure staff did not touch medications prior to medication administration for 6 of 6 residents reviewed for infection control. (Resident's B, C, E, F, G and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 12/5/24 at 12:12 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), chronic respiratory failure and gastroesophageal reflux disease (GERD).</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Anastrozole (cancer medication), Propranolol (hypertension), Folic acid (supplement), Isosorbide mononitrate (hypertension), Pimidone (tremors), Eliquis (blood thinner), Calcium carbonate (TUMS), Advair Diskus (COPD), Omeprazole (GERD), Claritin (allergies), Diltiazem (atrial fibrillation), Preservision (eye vitamin), Zoloft (depression), and Magnesium oxide (supplement).</p> <p>During a continuous medication administration observation on 12/6/24 at 9:17 a.m., QMA (Qualified Medication Aide) 4 was observed to remove 2 tablets from the bottle of calcium carbonate into her bare left hand and place in the medication cup. QMA 4 then removed the 2 tablets from the medication cup and placed in another medication cup with her bare fingers. Prior to this, QMA 4 had removed her medication cart keys from her pocket and unlocked the medication</p>			F 0880	<p>F880</p> <p>It is the policy of Hickory Creek at Scottsburg to follow the policies and procedures in place for infection control, to provide a safe, sanitary and comfortable environment and help prevent the development and transmission of communicable diseases and infections.</p> <p><u>#1 How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>QMA 4 and all other QMA's and nurses will be in-serviced by the DON/Designee on 12/23/24 regarding the facilities policy for Infection Control, medication administration including hand sanitizing and handwashing. Residents B, C, E, F, G and H are receiving medications per protocol</p> <p><u>#2 How will the facility identify other residents having the potential to be affected by the same deficient practice?</u></p> <p>All residents who receive medication have the potential to be affected, however, no residents were affected by this deficiency. All QMA's and nurses will be in-serviced by the DON/Designee on 12/23/24 regarding the facilities policy for Infection Control, medication administration including hand sanitizing and handwashing.</p>		01/06/2025

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	<p>cart. She then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not hand sanitize prior to or after the medication administration to the resident.</p> <p>On 12/6/24 at 9:25 a.m., QMA 4 indicated when passing medications staff were not suppose to touch the medications with their bare hands.</p> <p>During an interview on 12/6/24 at 11:26 a.m., LPN Licensed Practical Nurse) 5 indicated during a medication pass, hands should be sanitized before and after each resident.</p> <p>2. The clinical record for Resident C was reviewed on 12/5/24 at 12:39 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and diabetes.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Myrbetriq (overactive bladder), Breo Ellipta (inhaled medication for COPD), Acetaminophen (pain), Hydroxychloroquine (rheumatoid arthritis), Isosorbide mononitrate (COPD), Levetiracetam (seizure medication), Spironolactone (heart failure), Cymbalta (depression), Paxil (depression), Clonazepam (seizures), Morphine (pain), Incruse Ellipta (COPD), Depakote (schizoaffective disorder), Seroquel (schizoaffective disorder), and Oxybutynin chloride (overactive bladder).</p> <p>During a continuous medication administration observation on 12/6/24 at 8:55 a.m., QMA 4 was observed to remove her medication cart keys from her pocket and unlocked the medication cart. She</p>				<p><u>#3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur?</u> The DON/Designee will observe QMA/nurse medication administration including hand sanitizing/handwashing, to ensure all staff are following the Infection Control policy.</p> <p><u>#4 How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur?</u> Ongoing compliance with this corrective action will be monitored through the facility----- QAPI tool. The DNS/designee will be responsible for completing the QAPI Audit tool weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p> <p>Date of Compliance: 01/06/2025</p> <p>-</p>		

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	<p>then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not hand sanitize prior to or after the medication administration to the resident.</p> <p>3. The clinical record for Resident E was reviewed on 12/6/24 at 10:30 a.m. The resident's diagnoses included, but were not limited to, malignant neoplasm of the pharynx and chronic obstructive pulmonary disease.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Eliquis (blood thinner), Ondansetron (nausea), Docusate Sodium (constipation), Sodium Chloride (hyponatremia), Diphenhydramine (antihistamine), and Tramadol (pain medication).</p> <p>During a continuous medication administration observation on 12/6/24 at 7:29 a.m., QMA 4 was observed to remove her medication cart keys from her pocket and unlocked the medication cart. She then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not hand sanitize after the medication administration to the resident.</p> <p>4. The clinical record for Resident F was reviewed on 12/6/24 at 10:48 a.m. The resident's diagnoses included, but were not limited to, mild dementia with mood disturbance, endometriosis and stage 3 kidney disease.</p>						

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	<p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Vitamin B12 (supplement), Carvedilol (hypertension), Potassium Chloride (supplement), Omeprazole (GERD), and Alprazolam (anxiety).</p> <p>During the continuous medication administration observation on 12/6/24 at 7:35 a.m., QMA 4 entered the resident's room and obtained the resident's blood pressure. QMA 4 then walked back to the medication cart had removed her medication cart keys from her pocket and unlocked the medication cart. She then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not sanitize her hands after she obtained the blood pressure or prior to or after the administration of the resident's medications.</p> <p>5. The clinical record for Resident G was reviewed on 12/6/24 at 10:55 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and iron deficiency anemia.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Advair HFA aerosol inhaler (COPD), Lamotrigine (epilepsy), Fluoxetine (depression), Clozapine (schizoaffective disorder), Polyethylene glycol (constipation), Ferrous Sulfate (anemia), Levetiracetam (epilepsy), Xanax (anxiety), Gemfibrozil (hyperlipidemia), Linzess (constipation), Haloperidol (schizoaffective disorder), Potassium Chloride (supplement), Sucralfate (dyspepsia), Tylenol Extra Strength (pain), and Saline Nasal mist (allergies).</p>						

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

PRINTED: 01/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155417		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2024	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>During the continuous medication administration observation on 12/6/24 at 7:42 a.m., QMA 4 had removed her medication cart keys from her pocket and unlocked the medication cart. She then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not sanitize her hands before or after the administration of the resident's medications.</p> <p>6. The clinical record for Resident H was reviewed on 12/6/24 at 11:03 a.m. The resident's diagnoses included, but were not limited to, end stage liver disease and depression.</p> <p>The December 2024 physician's orders indicated the resident was to receive the following morning medications: Escitalopram oxalate (depression), Folic acid (supplement), Spironolactone (diuretic), Thiamine (supplement), Xifaxan (irritable bowel), Zinc sulfate (supplement), and Omeprazole (GERD).</p> <p>During a continuous medication administration observation on 12/6/24 at 8:50 a.m., QMA 4 was observed to remove her medication cart keys from her pocket and unlocked the medication cart. She then opened the medication cart drawer with her right hand. She removed the medications from individualized package cards and touched her computer mouse after the removal of each medication from the cart. QMA 4 did not hand sanitize after the medication administration to the resident.</p> <p>On 12/6/24 at 9:55 a.m., the Director of Nursing provided a current copy of the document titled</p>						

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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>"General Dose Preparation and Medication Administration" dated 4/30/24. It included, but was not limited to, "Procedure...Appropriate hand hygiene should be performed before and after direct resident contact...Medications should not come into contact with any surface except for the medication cup...Facility staff should avoid touching the medication with bare hands...."</p> <p>This Citation relates to Complaints IN00447152 and IN00447339.</p> <p>3.1-18(a)</p>						