

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

PRINTED: 06/26/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/05/2024	
NAME OF PROVIDER OR SUPPLIER SALEM CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000 Bldg. 00	<p>This visit was for the Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00434223 and IN00434385.</p> <p>Complaint IN00434223 - No deficiencies related to the allegation are cited.</p> <p>Complaint IN00434385 - Federal/State deficiency related to the allegation is cited at F677.</p> <p>Survey dates: May 30, 31, June 3, 4, and 5, 2024</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 4 Medicaid: 61 Other: 19 Total: 84</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 7, 2024.</p>			F 0000	<p>Please find the enclosed plan of correction for the survey ending June 5, 2024.</p> <p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p> <p>Please find sufficient documentation providing evidence of compliance with the plan of correction.</p> <p>The documentation serves to confirm the facility's allegation of compliance.</p>		
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the						

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

TITLE

(X6) DATE

Holly Thompson

Executive Director

06/17/2024

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>necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation and interview, the facility failed to ensure staff provided the necessary care and services in a timely manner for 2 of 4 residents observed for Activities of Daily care. (Residents D and E)</p> <p>Findings include:</p> <p>1. During an observation on 5/30/24 at 9:40 a.m., Resident D's bed sheet had a 2-foot diameter area of urine with a brown ring around the edges that appeared wet. There were multiple brown dotted areas within the ring.</p> <p>During an observation on 5/30/24 at 10:00 a.m., Resident D's bed sheet still had a circular 2-foot diameter area of urine with a brown ring that appeared to be wet. There were multiple brown spots dotted within the ring.</p> <p>During an observation and interview on 5/30/24 at 12:47 p.m., Resident D indicated she changed her own brief and once weekly the bedding was changed by staff. The bedding still had a 2-foot diameter area with a brown ring around the edges. The area appeared drier.</p> <p>During an observation on 05/31/24 at 9:05 a.m., Resident D was lying in bed with a bedspread pulled up over her body. There was a strong smell of urine in her area of the room. The resident indicated she was not wet.</p> <p>During an observation on 5/31/24 at 9:07 a.m., the MDS (Minimum Data Set) Coordinator entered Resident D's room. The MDS Coordinator asked the resident if she wanted to be changed and</p>			F 0677	<p>1 Incontinence care was completed per policy for resident's D and E. C.N.A.'s in-serviced on the C.N.A. Job Description and Bowel and Bladder Policy.</p> <p>2 All residents with incontinence have the potential to be affected. C.N.A.'s in-serviced on the C.N.A. Job Description and Bowel and Bladder Policy.</p> <p>3 The C.N.A. Job Description and Bowel and Bladder Policy were reviewed with no changes made (See Attachment A and B). The Job Description and Policy will be in-serviced with all nurses and C.N.A.'s/ NA's/ NAIT's by the CEN or designee by 6-14-24. DNS/Charge Nurse/Designee will round each shift to ensure residents are changed as needed due to incontinence.</p> <p>4 The DNS or designee will complete a Nursing Monitoring Tool (See Attachment C) weekly times 4 weeks, then monthly times 6 months, then quarterly for at least 6 months. The audits will be reviewed during the facility's QAPI meeting and issues will be addressed and the above plan will be altered accordingly if 100% is not achieved.</p>		06/14/2024

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	<p>dressed. The resident indicated she did not want to be dressed and pulled the bedspread up tighter to her body. The MDS Coordinator indicated the resident was supposed to receive assistance to be checked and changed. The MDS Coordinator left the room to get assistance from a CNA (Certified Nurse Aide).</p> <p>During an observation and interview on 5/31/24 at 9:15 a.m., CNA 4 joined the MDS Coordinator in Resident D's room to check and change the resident. The resident indicated she had already been dressed. The MDS Coordinator asked the resident if she could check her brief to see if it was wet. The brief and sheets were dry, but the odor of urine was still observed. The resident was wearing a night gown. CNA 4 indicated she checked and changed the resident every 2 hours. The last time she had checked Resident D was around 6:30 a.m. It was maybe a little longer than the 2 hours then. The resident was not a heavy wetter, but resident would have some days that were worse than others.</p> <p>The record for Resident D was reviewed on 6/3/24 at 2:09 p.m. The diagnoses included, but were not limited to, acute cystitis without hematuria, severe dementia with psychotic disturbance, delusions, hallucinations, functional urinary incontinence, unsteadiness on feet, abnormalities of gait and mobility, and muscle weakness.</p> <p>The care plan, dated 9/23/22, indicated the resident required assistance with toileting and incontinence care due to acute cystitis, dementia, and urinary incontinence. The interventions, dated 9/23/22, included but were not limited to, assess and document skin condition weekly and as needed, assist with incontinent care as needed, and check every 2 hours for incontinence.</p>						

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	<p>The Quarterly MDS assessment, dated 3/18/24, indicated the resident was severely cognitively impaired. She required supervision for toileting and hygiene and was frequently incontinent of bladder and bowel. The resident required limited assistance of one staff for transfer, bed mobility, and walking in her room.</p> <p>The nurse's note, dated 3/21/24 at 5:38 p.m., indicated the resident was alert and oriented to self and room environment. The resident was incontinent and continent at times. Staff were to check and change the resident every 2 hours and PRN (as needed), with perineal care completed at this time also. Provide one person assistance with the use of a gait belt for the resident.</p> <p>During an interview on 6/4/24 at 9:30 am., NA (Nurse Aide) 5 indicated she provided perineal care, feeding, bathing, and interactions with residents when she was rounding. She rounded every 2 hours. A heavy wetter would be checked hourly. When a resident took diuretics, staff would check the resident every 30 minutes. Resident D would be checked, and the NA would ask the resident for permission to provide one person assistance to the bathroom. Staff typically wouldn't let the resident go by herself, due to her falls. The resident's bedding was changed at shower time, if it was dirty or if a resident was a heavy wetter. If she smelled the odor of urine on the resident, she would make sure the resident didn't have a wet bed, and if not, she would let the nurse know because the resident most likely had a UTI (urinary tract infection).</p> <p>During an interview on 6/4/24 at 11:09 a.m., CNA 6 indicated when she entered the building for her shift, she would do walking rounds with the</p>						

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	<p>outgoing CNA from the night shift. The walking rounds consisted of checking the residents to see if they were wet and doing bed checks. She would then check the residents' briefs every 2 hours. If she observed an odor of urine in a resident room, she would check the resident's brief to see if they were wet. If they were, she would change them. If they weren't wet, she would check back later and leave them be.</p> <p>During an interview on 6/4/24 at 1:15 p.m., CNA 7 indicated she had on occasion found the draw sheets to be wet on heavy wetting residents' beds when she entered for her shift. She would check the residents every 2 hours for the need to change their briefs.</p> <p>During an interview on 6/4/24 at 1:16 p.m., CNA 8 indicated when she entered the building for the start of her shift, she would get a report from the night shift CNA. She would start with bed checks and change the residents if they needed it.</p> <p>2. During an observation, on 5/30/24 at 12:10 p.m., Resident E was laying in her bed. The CNA took her lunch tray to her and explained to the resident her lunch was ready. The resident was in a wet brief and her bed was wet with urine. The resident's top sheet was wet, and the resident was uncovered. The CNA did not check the resident for bladder incontinence, and she did not cover the resident up. The CNA rolled up the head of the resident's bed and sat her lunch tray in front of her. She proceeded to pass the other residents' trays without providing incontinent care.</p> <p>The record for Resident E was reviewed on 6/5/24 at 10:24 a.m. The resident's diagnoses included, but were not limited to, weakness, kidney failure, arthritis and dementia.</p>						

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	<p>The Quarterly MDS (Minimum Data Set) assessment, dated 2/29/24, indicated the resident's cognition was severely impaired. The resident required substantial or maximal staff assistance with her ADL's (activities of daily living).</p> <p>The care plan, dated 5/31/24, indicated Resident E needed assistance with her ADLs including bed mobility, transfers, eating and toilet use. The interventions included, but were not limited to, the resident would participate in ADLs to her maximum potential, a touchpad call light, the resident attempted to self transfer without staff assistance, a Hoyer lift with the assistance of 2 staff for transfers to a wheelchair, assistance with toileting and/or incontinent care as needed. The resident was on a toileting plan program.</p> <p>The nurses note, dated 9/25/23 at 10:14 p.m., indicated the resident was alert to self with staff to anticipate the resident's needs. The resident was incontinent of bowel and bladder and staff were to provide perineal care after each episode.</p> <p>The IDT (Interdisciplinary Team) note, dated 5/30/24 at 12:10 p.m., indicated the resident currently had an intervention to be up in her wheelchair for lunch, however the resident preferred to stay in bed at times for lunch.</p> <p>During an interview on 6/4/24 at 9:50 a.m., CNA 9 indicated the residents were checked and changed every 2 hours. If a resident was incontinent when she took a tray in, she would stop and provide incontinent care before she gave the resident their food tray.</p> <p>The most current Certified Nursing Assistant (CNA) position description, included, but was not limited to, "...Provides direct care to residents to</p>						

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F 0727 SS=E Bldg. 00	<p>improve maintain the resident's abilities according to the resident's plan of care. Assist in activities of daily living including bathing, grooming, dressing, mobility, transferring and feeding of assigned residents by providing set-up assistance, verbal prompts, physical support, or more extensive assistance as more fully described below... Elimination/toileting - Promptly assist resident to bathroom according to toileting schedule or promptly brings clean bedpan or urinal. Opens, removes clothing in preparation, cleans a resident if resident is unable to clean self, adjusts clothing, cleans resident's and own hands. Measures and records output as directed by Unit Charge Nurse and plan of care. Provide catheter care according to facility procedures and infection control policies ..."</p> <p>This citation relates to Complaint IN00434385.</p> <p>3.1-38(a)(3)</p> <p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p>						

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	<p>Based on record review and interview, the facility failed to schedule 8-hour consecutive RN coverage for 4 of 4 months reviewed. (March, April, May, and June, 2024). This had the potential to affect all 84 residents currently residing in the facility.</p> <p>Findings include:</p> <p>The review of the March to June 2024 licensed nursing schedule indicated the following days were short of 8 consecutive hours in a 24 hour day of RN coverage:</p> <p>March</p> <ul style="list-style-type: none"> - On March 9 no RN coverage for 6a to 6p and 6p to 6a - On March 24 no RN coverage for 6a to 6p and 6p to 6a - On March 31 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a <p>April</p> <ul style="list-style-type: none"> - On April 27 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a - On April 28 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a <p>May</p> <ul style="list-style-type: none"> - On May 12 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a - On May 18 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a - On May 25 no RN coverage for 6a to 6p and only 6 hours of RN coverage for 6p to 6a <p>June</p> <ul style="list-style-type: none"> - On June 1 no RN coverage for 6a to 6p and 6 hours of RN coverage for 6p to 6a - On June 2 no RN coverage for 6a to 6p and 6 	F 0727	<p>1 For the days mentioned there was a total of 12 hours RN coverage each day, but they were not consecutive hours.</p> <p>2 All residents have the potential to be affected. The scheduler and DNS will review schedule daily to ensure 8 hours of consecutive RN coverage is provided.</p> <p>3 F727 Registered Nurse regulatory requirements reviewed (See Attachment D). The Executive Director will in-service all nurse managers on the Registered Nurse regulations by 6-14-24. The scheduler and DNS will review schedule daily to ensure 8 hours of consecutive RN coverage is provided.</p> <p>4 The DNS or designee will complete a Nursing Monitoring Tool (See Attachment C) weekly times 4 weeks, then monthly times 6 months, then quarterly for at least 6 months. The audits will be reviewed during the facility's QAPI meeting and issues will be addressed and the above plan will be altered accordingly if 100% is not achieved.</p>	06/14/2024	

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F 0761 SS=E Bldg. 00	<p>hours of RN coverage for 6p to 6a</p> <p>During an interview on 6/4/24 at 9:15 a.m., the Scheduler indicated she agreed there were some days that did not have RN consecutive coverage.</p> <p>During an interview on 6/5/24 at 8:30 a.m., the ED (Executive Director) indicated she thought she had 8 hours of consecutive RN coverage. She was unaware the coverage started at midnight and ended at midnight. The ED agreed the nursing schedule lacked RN coverage on some days.</p> <p>3.1-17(b)(3)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse,</p>						

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	<p>except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review, and interview, the facility failed to ensure appropriate pharmacy labeling for 4 of 13 insulin flexpens observed for medication storage. (Residents 19, 31, 85, and 42)</p> <p>Findings include:</p> <p>1. During an observation of one of the two 100 Hall medication carts on 6/4/24 at 9:55 a.m., Resident 19's lispro flexpen was in a bag marked with her name and the flexpen's open date. There was no pharmacy label. The medication room refrigerator was reviewed with no other lispro flexpens with pharmacy labels for Resident 19.</p> <p>The record for Resident 19 was reviewed on 6/4/24 at 11:00 a.m. The resident's diagnosis included, but was not limited to, type 2 diabetes mellitus with diabetic chronic kidney disease.</p> <p>The physician's order, dated 3/6/24, indicated staff were to administer the resident's lispro per sliding scale subcutaneously three times daily.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 4/24/24, indicated the resident was moderately cognitively impaired. The resident had received 1 injection of insulin during the previous 7 days prior to the assessment.</p> <p>2. During an observation of one of the two 300 Hall medication carts on 6/4/24 at 10:06 a.m., Resident 31's lispro was in a bag marked with her name and the flexpens' open date. There was no pharmacy label. The medication room refrigerator</p>			F 0761	<p>1 Medications for Residents #19, #31, #42, and #85 without proper labeling were destroyed and medication received from pharmacy with proper resident name and labeling.</p> <p>2 All residents have the potential to be affected by this deficient practice. All medications were reviewed to ensure proper labeling and storage by DNS or designee.</p> <p>3 Storage and Expiration Dating of Medications, Biologicals Policy was reviewed with no changes made (See Attachment E). All licensed nursing staff were in-serviced on the above policy by 6-14-24. Nurse Management will observe insulin pen medication labeling areas during GEMBA rounds.</p> <p>4 DNS or designee will complete Nursing Monitoring Tool (See Attachment C) weekly times 4 weeks, then monthly times 6 months, then quarterly for at least 6 months. The audits will be reviewed during the facility's QAPI meeting and issues will be addressed and the above plan will be altered accordingly if 100% is not achieved.</p>		06/14/2024

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	<p>was reviewed with no other lispro flexpens with pharmacy labels for Resident 31.</p> <p>The record for Resident 31 was reviewed on 6/4/24 at 11:08 a.m. The resident's diagnosis included, but was not limited to, type 2 diabetes mellitus.</p> <p>The physician's order, dated 2/5/24, indicated staff were to administer the resident's lispro per sliding scale subcutaneously three times daily.</p> <p>The Quarterly MDS assessment, dated 3/26/24, indicated the resident was cognitively intact. She received 7 injections of insulin during the 7 previous days prior to the assessment.</p> <p>3. During an observation of one of the two 300 Hall medication carts on 6/4/24 at 10:07 a.m., Resident 85's glargine flexpen was in a bag marked with her name and the flexpen's open date. There was no pharmacy label. The medication room refrigerator was reviewed with no other glargine flexpens with a pharmacy label for Resident 85.</p> <p>The record for Resident 85 was reviewed on 6/4/24 at 11:10 a.m. The resident's diagnosis included, but was not limited to, type 2 diabetes mellitus.</p> <p>The physician's orders, dated 4/22/24, indicated the staff were to administer the resident's glargine insulin pen 5 units subcutaneously at bedtime.</p> <p>The Admission MDS assessment, dated 4/29/24, indicated the resident was severely cognitively impaired. She received 6 injections of insulin during the 7 previous days prior to the assessment.</p> <p>4. During an observation of one of the two 400 Hall medication carts on 6/04/24 at 10:30 a.m.,</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155330		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/05/2024	
NAME OF PROVIDER OR SUPPLIER SALEM CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 200 CONNIE AVE SALEM, IN 47167			
(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>Resident 42's Levemir flexpen was in a bag marked with his name the flexpen's open date. There was no pharmacy label. The medication room refrigerator was reviewed with no other Levemir flexpens with a pharmacy label for Resident 42.</p> <p>The record for Resident 42 was reviewed on 6/4/24 at 11:16 a.m. The diagnosis included, but was not limited to, type 2 diabetes mellitus.</p> <p>The physician's order, dated 9/26/22, indicated staff were to administer the resident's Levemir U-100 insulin 10 units subcutaneously for type 2 diabetes mellitus daily.</p> <p>The Quarterly MDS assessment, dated 5/16/24, indicated the resident was moderately cognitively impaired. He received 7 injections of insulin during the 7 previous days prior to the assessment.</p> <p>During an interview on 6/4/24 at 10:26 a.m., LPN (Licensed Practical Nurse) 2 indicated the pharmacy label needed to be with the flexpens for cases of power outages, so that the instructions were present.</p> <p>During an interview on 6/5/24 at 9:57 a.m., the DON (Director of Nursing) indicated they could not locate another policy for pharmacy labeling requirements of medications.</p> <p>The LTC [Long Term Care] Facility's Pharmacy Services and Procedures Manual 5.3 Storage and Expiration Dating of Medications, Biologicals LTC Facilities Receiving Pharmacy Products and Services form Pharmacy, revised on 8/7/23, included, but was not limited to, " ... 6. Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift,</p>						

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NAME OF PROVIDER OR SUPPLIER SALEM CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 200 CONNIE AVE SALEM, IN 47167			
(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
	incomplete, damaged or missing labels or cautionary instructions ... 4/5/19. 19. Facility should request that Pharmacy perform a routine nursing unit inspection for each nursing station in Facility to assist Facility in complying with its obligations pursuant to Applicable Law relating to the proper storage, labeling, security and accountability of medications and biologicals ..." 3.1-25(j)						