STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155325	A. BUILDING 00 B. WING	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MEADOW VIEW HEALTH AND REHABILITATION	900 ANSON ST SALEM, IN 47167

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: February 6, 7, 8, 9, and 10, 2023 Facility number: 000218 Provider number: 155325 AIM number: 100274800 Census Bed Type: SNF/NF: 74 Total: 74 Census Payor Type: Medicare: 4 Medicaid: 47 Other: 23 Total: 74 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 14, 2023.	F 0000	/p> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance	
F 0686 SS=G Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Krista Smith	Executive Director	02/24/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on record review, interview, and observation, the facility failed to ensure a resident's Weekly Skin Assessments were completed and accurate to identify and prevent the development or worsening of a pressure ulcer resulting in an unstageable pressure ulcer worsening to a Stage IV pressure ulcer for 1 of 5 residents reviewed for pressure ulcers. (Resident 62) Findings include: During an observation on 2/6/23 around 9:00 a.m., Resident 62 was sitting in his room in a wheelchair. The clinical record for Resident 62 was reviewed on 2/9/23 at 9:25 a.m. The diagnoses included, but were not limited to, a fracture of the right femur, joint replacement surgery, nondisplaced fracture of the surgical neck of the left humerus, muscle weakness, and abnormalities of gait and mobility. The Significant Change in Status MDS (Minimum Data Set) assessment, dated 12/7/22, indicated the resident was moderately cognitively impaired. He required extensive assistance of two staff members for bed mobility and toilet use. He required total dependence of two staff members for transfer and one staff member for bathing. The care plan, dated 2/9/22 and last revised on 2/6/23, indicated the resident was at risk for skin breakdown due to slightly limited sensory ability, spending a majority of the shift in a wheelchair or	F 0686	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: · Resident #62 was assessed and treated for wound care. · Resident #62's identified Weekly Skin and Vitals Assessments were reviewed by IDT to ensure appropriate measures are in place per policy. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** ·All residents have the potential to be affected by the alleged deficient practice. ·All residents with potential to develop pressure wounds will have IDT review of Weekly Skin and Vitals Assessments for completion and accuracy to identify and prevent development of pressure ulcers. ·100% audit of skin sweeps was completed to ensure any resident with the risk for development of pressure ulcers have Weekly Skin and Vitals Assessments to identify and prevent the development or worsening of a pressure ulcer. **What measures will be put into**	03/02/2023

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	bed, slightly limited ability to move in bed independently, required maximal assistance with bed mobility, a fall at home which resulted in a right femur fracture that needed a right total hip replacement with surgical incision to the right hip. The interventions, dated 2/6/23, indicated staff were to notify the physician of worsening or no change in the wound, signs or symptoms of infection; dated 1/12/23, staff were to assess for signs of infection, assess and document skin condition weekly and as needed; dated 2/11/22, staff were to apply a pressure reducing or redistribution cushion in his chair or wheelchair, and treatment as ordered; dated 2/9/22, staff were to encourage the resident to turn and reposition at least every 2 hours, provide assistance as needed, apply a house barrier cream at the bedside and use as needed, a pressure reducing or redistribution mattress, and a low air loss mattress. The nurse's note, dated 12/1/22 at 12:38 a.m., indicated the resident refused to turn and reposition other than for incontinence care. The resident's sacrum was reddened and blanchable. The clinical record lacked documentation of the physician's notification of the resident's new area to the coccyx identified on 12/2/22 until 12/13/22. The Weekly Skin and Vital Sign Assessment, dated 12/2/22, lacked documentation of any resident refusal of care. The clinical record lacked documentation of the weekly skin assessment being conducted on 12/9/22. The care plan, dated 12/13/22 and last revised on 2/03/23, indicated the resident had impaired skin		**place and what systemic changes will be made to ensure that the deficient practice does not recur:** · All Licensed nurses were in-serviced by the DNS/Designee to ensure that residents have Weekly Skin and Vital Sign Assessment to identify and prevent the development or worsening of a pressure ulcer. · Unit Managers/Designee will complete daily audits per the schedule for Weekly Skin and Vital Sign Assessment completion and accuracy. DNS/Designee will review Facility Activity Report to identify any acute change in condition that would require an additional skin assessment. · IDT will complete a comprehensive secondary audit of the Weekly Skin and Vital Sign Assessment per schedule daily **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie. what quality assurance program will be put into place:** DNS/designee will conduct audits using Skin Management Program: Weekly Skin Assessment QAPI tool weekly x 4 weeks, monthly x 6 months and quarterly x 2 quarters. Audit tool results to be reviewed Monthly at QAPI meeting. If 95% compliance is not	

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	integrity with a pressure area to the coccyx. The interventions, dated 1/12/23, indicated to use a house barrier cream as needed, to provide incontinent care as needed, apply a low air loss mattress, and to provide supplements as ordered; dated 12/13/22, staff were to assess the resident for pain, treat as ordered, notify the physician of unrelieved or worsening pain, assess the wound weekly, documenting measurements and description, encourage the resident to eat at least 75% of meals, notify the physician of worsening or no change in the wound and signs of infection, observe for signs of infection, pressure reducing or redistribution cushion in his chair, treatment as ordered, turn and reposition every 2 hours, wound healing vitamins as ordered, and treatment as ordered. The nurse's note, dated 12/15/22 at 1:11 a.m., indicated an open area was observed to the resident's coccyx. The area measured 1 cm long by 1 cm wide by 0.5 cm deep. The area was cleansed with normal saline, patted dry, a skin prep was applied to the periwound, and a gentle foam border dressing was applied. The order was discontinued on 12/16/22. The wound management note, dated 12/15/22 at 1:12 a.m., indicated a pressure ulcer to the resident's coccyx was observed. The wound measured 1.5 cm long by 1.4 cm wide by 0.5 cm deep. There was a moderate amount of seropurulent exudate with an odor. The IDT note, dated 12/16/22 at 6:06 p.m., indicated the unstageable pressure ulcer to the coccyx measured 1.5 cm long by 1.4 cm wide by 0.5 cm deep with full thickness, and 100% slough. There was a moderate amount of seropurulent drainage with an odor present and the periwound		achieved, an action plan will be implemented. **By what date the systemic changes will be completed: 3.2.2023**	

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	was red, but blanchable. Signs and symptoms of infection were present. A new order was obtained to pack the wound with a Dakin's soaked gauze. The interventions were to encourage and assist the resident to turn and reposition every 2 hours while in bed, the root-cause determination was the resident's refusal of turn and reposition every 2 hours while in bed, a recent surgical repair of the left shoulder fracture, and recently recovered from covid. The new interventions initiated was a low air loss mattress, Pro-stat liquid supplement 30 mL(milliliters) twice daily, and a Thera M vitamin daily. The current treatment order indicated to cleanse the area with a wound wash or normal saline, pat dry, apply skin prep to the periwound, pack the wound with a Dakin's soaked gauze and cover with a dry dressing every shift and as needed. The nurse's note, dated 12/23/22 at 2:13 p.m., indicated the coccyx wound had a dark necrotic wound bed with dark edges. He refused to get out of bed. The air mattress was inflated and functioning properly. The nurse's note, dated 12/25/22 at 1:52 p.m., indicated the treatment was continued as ordered to the coccyx with a slight odor to the old dressing. The nurse's note, dated 12/26/22 at 3:49 a.m., indicated the dressing change was completed to the coccyx. The wound bed appeared black in color. There was serous drainage to the brief due to the old dressing dislodgement. The edges of wound appeared macerated. The nurse's note, dated 12/26/22 at 4:14 p.m., indicated the coccyx wound had yellow slough to the wound bed. The surrounding tissue was pink			

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	in color. No odor or drainage was observed. The Weekly Skin and Vital Sign Assessment, dated 12/26/22, lacked documentation of any wound areas or the use of a low air loss mattress. The wound management note, dated 12/29/22 at 3:33 p.m., indicated the pressure ulcer was now a stage IV to the coccyx. The wound measured 2 cm long by 2 cm wide by 1 cm deep. There was a moderate amount of serosanguineous exudate with 75% granulation tissue and 25% eschar tissue. The current treatment was to be continued with weekly rounds. The nurse's note, dated 1/3/23 at 3:31 a.m., indicated the coccyx wound had a moderate amount of brown drainage to the old dressing. No foul odor was observed. The wound bed was black in color. The nurse's note, dated 1/4/23 at 6:32 p.m., indicated the area to the coccyx was a medium red in color with a moderate odor observed with the cleansing. The left heel area was resolving. The skin was intact, dull tan in color, with a rough texture. The Weekly Skin and Vital Sign Assessment, dated 1/6/23, lacked documentation of any wounds. The nurse's note, dated 1/9/23 at 3:09 a.m., indicated the wound to the coccyx had a moderate amount of grey drainage to the old dressing. The wound bed was covered in slough. No foul odor was observed. The nurse's note, dated 1/15/23 at 5:26 p.m., indicated the wound to the coccyx was a medium			

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	pink in color with white waxy edges. A moderate amount of yellow-green drainage was observed on the old dressing. The nurse's note, dated 1/17/23 at 3:22 a.m., indicated the wound to the coccyx had bright red drainage. The old dressing was saturated with brown drainage. No foul odor was observed. The wound management note, dated 1/19/23 at 2:29 p.m., indicated the stage IV pressure ulcer to the coccyx measured 1.2 cm long by 1.2 cm wide by 0.5 cm deep with full thickness, a small amount of serosanguineous exudate, and 100% granulation tissue. The Weekly Skin and Vital Sign Assessment, dated 1/20/23 and 1/28/23, lacked documentation of any wounds. The nurse's note, dated 1/29/23 at 12:48 a.m., indicated the treatment was continued per order to the coccyx. The wound bed had light yellow slough with a small dime sized amount of light-yellow drainage on the old dressing. The nurse's note, dated 2/1/23 at 4:20 p.m., indicated the treatment was performed for the wound to the coccyx. The area had a medium red color with gray-white edges. There was quarter sized yellow-green drainage to the old dressing and no drainage with cleansing. The wound management note, dated 2/2/23 at 2:27 p.m., indicated the stage IV to the coccyx measured 0.8 cm long by 0.8 cm wide by 0.5 cm deep with full thickness, 100% granulation tissue, and a small amount of serosanguineous drainage. The nurse's note, dated 2/9/23 at 12:48 a.m.,			

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	indicated the wound to the coccyx had a red wound bed. The edges were intact and white in color. The surrounding skin peri-wound was pink with a small amount of light-yellow drainage on the old dressing. During an interview on 2/9/23 at 12:46 p.m., the DON (Director of Nursing) indicated she did not think a wound culture had been performed on the wound to the coccyx. During an interview on 2/10/23 at 8:10 a.m., the DON indicated the wound nurse informed her the pressure ulcer did not have any signs or symptoms of an infection or osteomyelitis. During an interview on 2/10/23 at 8:23 a.m., the Wound Nurse indicated the interventions to prevent pressure ulcers were for a regular pressure reducing mattress, pro stat supplement, a multivitamin, and to turn and reposition. She was not sure if he would turn and reposition. He was on his side one time when she performed an assessment. He was on his back in bed most of the time. He would get up to his wheelchair before his fall, but then stopped because of his fear of falling or he just didn't feel like it. He was better about getting up to his wheelchair now. The low air loss mattress was good for people who would not turn. A wedge was good for those residents. He wouldn't use the wedge. She wasn't sure if he would us a pillow. She and the wound NP (Nurse Practitioner) would tell the resident about the healing process and the need for turning and repositioning. He had the possibility of the need for antibiotics if he developed an infection. She did not believe it was an infection of the wound to the coccyx. He had more drainage at one point, and they discussed a wound culture. He had drainage from the start, but the increased drainage			

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	lasted only a few days, then it stopped. The order was to pack the wound with a Dakins soaked gauze and that could what made it look like drainage. She felt it would be healed soon. She conducted the wound assessments, but the nurse conducted the Weekly Skin Assessments. If the nurse observed a new wound, she would put in a new Skin Event and that told her to perform wound care. If the Weekly Skin Assessment wasn't conducted, then the nurse would not know to inform her of a new area. During an interview on 2/10/23 at 9:03 a.m., the DON indicated the low air loss mattress was ordered the day the wound to the coccyx was found. The resident received his low air loss mattress the day after that. The cushion to the wheelchair was obtained on admission. The resident was up for smoke break since admission and she didn't feel he would develop a pressure ulcer to the coccyx, so the low air loss mattress would not have been needed. During an interview on 2/10/23 at 9:17 a.m., RN 4 indicated the skin assessments would be conducted during his shower days. The management would also do monthly skin sweeps. The wound to the coccyx should have been found before it got to an unstageable area, when it was found. The wound was in the folds of the buttocks of the coccyx, which may have made it hard to discover. He had a cushion on his wheelchair, the resident was encouraged to turn and reposition, and she tried to educate him on that need. The Skin Management Program policy, dated May 2022, was provided by the Executive Director on 2/9/23 at 3:06 p.m. The policy included, but was not limited to, "... Purpose... prevent development			

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	of additional pressure ulcer/injury... implement interventions that are consistent with resident needs ... monitor and evaluate the impact of the interventions; or revise the interventions as appropriate ... 3. Interventions to prevent wounds from developing and/or promote healing will be initiated based upon the individual's risk factors to include but not limited to the following ... Redistribute pressure ..." 3.1-40(a)(1) 3.1-40(a)(2)			
F 0761 SS=E Bldg. 00	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. §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. §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, except when the facility uses single unit package drug distribution systems in which			

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	the quantity stored is minimal and a missing dose can be readily detected. Based on observation, record review, and interview, the facility failed to ensure appropriate labeling and storage of medications for 4 of 5 medication carts and 1 of 2 medication rooms observed. (Annex Right Medication Cart, Annex Left Medication Cart, North Hall Left Medication Cart, North Hall Medication Room, and North Hall Right Medication Cart) Findings include: 1. During an interview and observation of the Annex Right medication cart with Unit Manager 5 on 2/8/23 at 10:59 a.m., the following concerns were observed: - An unlabeled insulin glargine 100 unit/mL (milliliter) pen had an open date written on it in black permanent marker, which was dated 1/6/23. There was no pharmacy labeling or packaging for the medication. Unit Manager 5 indicated the medication belonged to Resident 61. It should have had a bag or a label, but it might have gotten knocked off. The medication should have been discarded, as it was only good for 28 days after opening. - Resident 65's budesonide and formiterik fumarate dihydrate 106/4.5 mcg/act (micrograms per actuation) inhaler, was stored lying on its side in the top right hand drawer of the cart. The packaging to the medication indicated it was supposed to be stored upright. 2. During an observation of the Annex Left medication cart with Unit Manager 5 on 2/8/23 at 11:05 a.m., the following concerns were observed: - Resident 68's diclofenac sodium 1% (Voltaren)	F 0761	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** · Residents did not have ill effects related to this alleged deficient practice. · Medications were immediately removed or discarded **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** All residents have the potential to be affected by the alleged deficient practice. · IIDT audited medication carts and medication rooms on North and Annex Halls for appropriate labelling and storage of medications as well as refrigerator temperatures. · Labels for resident medications available in Face Sheet Binder **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:** · All Licensed nurses in-serviced by the DNS/Designee to ensure that appropriate labelling and storage of medications is per policy.	03/02/2023

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	topical gel was located in the drawer with Resident 13's Pro-Stat oral supplement. Both medications had been previously opened. Unit Manager 5 indicated they kept the Voltaren in the drawer because Resident 68 received it routinely. - Resident 279's opened bottle of nystatin 100,000 units/gram powder was located in the same drawer as her oral medications, which included glimepiride 4 mg (milligrams) tablet, potassium chloride 10 meq (milliequivalents) ER (extended release) capsule, metformin 500 mg tablets, lasix 40 mg, hydrochlorothiazide 12.5 mg capsule, lisinopril 10 mg tablets, 4 cards of omeprazole 40 mg capsules, zoloft 100 mg tablets, sotalol 80 mg tablet, 2 cards of plavix 75 mg tablets, and phenergan 25 mg tablet. 3. During an observation of the North Left medication cart with LPN (Licensed Practical Nurse) 6 on 2/8/23 at 11:16 a.m., the following concerns were observed: - Residents 52 and 2's Symbicort (budesonide-formoterol) 160/4.5 mcg/act inhalers were located in the top drawer lying on their sides. The packages indicated to store the medication upright. - Resident 29's biofreeze 4% menthol gel was located in the same drawer as oral medications for multiple residents on the North Hallway. The bottle had been opened and did appear used. - Residents 6 and 52's diclofenac sodium 1 % topical gel and Residents 29 and 53's biofreeze 4% menthol topical gel were located in the same drawer as Resident 6, 29, and 25's polyethylene glycol 3350 powder 17 gram/dose oral medication. The topical medications appeared to be opened and partially used. 4. During an observation of the North Hall		· DNS/Designee will conduct audits each shift to ensure accurate labelling and storage of medications per policy. · Unit Managers/Designee will conduct daily audits for twice daily refrigerator temps per policy **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie. what quality assurance program will be put into place:** DNS/designee will conduct audits using Medication, Labelling and Storage Review QA audit tool daily x 4 weeks, weekly x 4 weeks, monthly x 6 months and quarterly x 2 quarters. Audit tool results to be reviewed Monthly at the QAPI meeting. If 95% compliance is not achieved an action plan will be developed. **By what date the systemic changes will be completed:** **3.2.2023**	

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	155325	A. BUILDING 00 B. WING	02/10/2023

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	Medication Storage Room with LPN 6 on 2/9/23 at 10:01 a.m., the medication refrigerator indicated the temperature was 46 degrees Fahrenheit. The temperature log for the month was lacking documentation of the temperature having been checked on the night prior, 2/8/23. The refrigerator contained several resident's insulin pens, suppositories, a vial of tuberculin, and an emergency drug kit (EDK). During an observation of the North Hall Medication Storage Room with LPN 6 on 2/9/23 at 10:08 a.m., LPN 6 indicated the thermometer was reading 50 degrees Fahrenheit and she would obtain another thermometer and recheck it. The temperature was supposed to be checked every night by the night shift staff. LPN 6 obtained a new thermometer and placed it in the refrigerator and closed the door. During an observation of the North Hall Medication Storage Room with LPN 6 on 2/9/23 at 10:19 a.m., she indicated the new thermometer was registering the temperature of the refrigerator at 52 degrees Fahrenheit and she needed to adjust the temperature setting to a lower temperature. During an observation on 2/9/23 at 2:23 p.m., several medications were observed to have been relocated to the Education Room Medication Storage refrigerator. The DON indicated they were all the medications that had been located in the North Hall Medication Storage refrigerator. The medications included 5 insulin lispro 100 unit/mL pens belonging to Resident 76, 2 lantus solostar 100 unit/mL pens belonging to Resident 52, 7 novolog 100 unit/mL pens belonging to Resident 2, 1 vial of novolog 100 unit/mL and 2 levemir 100 unit/mL pens belonging to Resident 7, 1 box containing 2 pens of Repatha 140 mg/mL			

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	belonging to Resident 34, 4 insulin glargine 100 unit/mL pens and 9 novolog 100 unit/mL pens belonging to Resident 18, 9 bisacodyl 10 mg suppositories belonging to Resident 4, 10 bisacodyl 10 mg suppositories belonging to Resident 26, and 1 unopened EDK which contained 2 acetaminophen 650 mg suppositories, 2 mL lorazepam 2 mg/ml (milligrams per mL) vials, 2 prochlorperazine 25 mg suppository, 2 promethazine 25 mg suppository, 3 vials of humalin 70/30, 1 3 mL insulin lispro pen, 1 3 mL insulin glargine pen, 1 3 mL levemir flex touch pen, and 1 30 ml lorazepam intensol 2 mg/ml vial. 5. During an interview and observation of the North Hall Right Medication cart with Unit Manager 5 on 2/9/23 at 10:29 a.m., Resident 46's Symbicort 160/4.5 mg/act was located in the top drawer lying on its side. The medication did not have any pharmacy labeling and was only identified as the resident's by his name being written on the plastic bag in black permanent marker. Unit Manager 5 indicated she did not see a pharmacy sticker on the medication and she was not aware Symbicort inhalers needed to be stored upright. During an interview on 2/9/23 at 10:36 a.m., the Director of Nursing (DON) indicated she had contacted the pharmacy and they had instructed her to move all medications from the refrigerator to another refrigerator until the temperature came back down to a normal range. During an interview on 2/9/23 at 2:41 p.m., LPN 7 indicated she was not aware they were not supposed to store topical medications with oral medication, or that Symbicort needed to be stored upright.			

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	The Storage and Expiration of Medications, Biologicals, Syringes, and Needles policy, last revised on 10/31/16, was provided on 2/9/23 at 9:55 a.m. by the DON. The policy included, but was not limited to, "... 3. General Storage Precautions... 3.2 Facility should ensure that external use medications and biologicals are stored separately from internal use medications and biologicals... 3.5 Topical (external) use medications or other medications should be stored separately from oral medications when infection control issues may be a consideration... 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened... 6... Facility should destroy and reorder medications and biologicals with... incomplete, damaged or missing labels... 7. Facility should store all medications and biologicals requiring special containers for stability in accordance with manufacturer/supplier specifications... 11. Facility should ensure that medications and biologicals are stored at their appropriate temperatures according to the Unites States Pharmacopeia guidelines for temperature ranges. Facility Staff should monitor the temperature of vaccines twice a day... 11.2 Refrigeration 36° - 46° F..." The budesonide and formoterol fumarate dihydrate inhalation aerosol 80 mcg/4.5 mcg and 160 mcg/4.5 mcg package insert was provided on 2/10/23 at 8:00 a.m. by the DON. The package insert included, but was not limited to, "... 16... storage and handling... Store the inhaler with the mouth piece down..."			

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	The drug information sheet for insulin glargine solostar U100 (common brand names including Basaglar and Lantus) was provided by the DON on 2/10/23 at 8:00 a.m. The information sheet included, but was not limited to, "Discard all containers in use after 28 days, even if there is insulin left..." 3.1-25(j) 3.1-25(k) 3.1-25(k)(1) 3.1-25(k)(2) 3.1-25(k)(3) 3.1-25(k)(5) 3.1-25(k)(6) 3.1-25(k)(7) 3.1-25(o)			