



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES**  
INV414 - Assisted Living Facility - Special ALF Permit



File #  
Insp #

<b>NAME</b>	<b>PERMIT NUMBER</b>	<b>DATE OF INSPECTION</b>	
<b>DOING BUSINESS AS</b>			
<b>STREET ADDRESS</b>		<b>TELEPHONE #</b>	<b>EXT</b>
<b>CITY</b>	<b>COUNTY</b>	<b>STATE/ZIP</b>	

**Additional Information**

**Business Operation Hours**

M-T-W-TH-F	Weekly Hours
Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

**Registered Pharmacist / Intern / Tech**

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**ACS Manager**

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**Optional Information**

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**Basic License Data - PSD**

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**License Relations**

**Pharmacy Affiliate**

	License #
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**RX DPT MGR/COR/POR**

	License #
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**INV 414 - Assisted Living Facility - Special ALF Permit**

**Assisted Living Facility Requirements**

Current Special ALF - Permit [64B16-28.870, F.A.C.]	
Current Consultant Pharmacist (board notified in writing) [64B16-28.870,F.A.C.]	
Medication meets labeling requirement of [64B16-28.502, F.A.C.]	
Prepackaged medication bears expiration date [61N-1.006(1)(a)5, F.A.C.]	
Unit dosage medication properly labeled. [64B16-28.108(4)(5), F.A.C.]	
Customized medication packages properly labeled. [64B16-28.108(6), F.A.C.]	
Policy and Procedures manual available for inspection. [64B16-28.870, F.A.C.] [64B16-28.800(2), F.A.C.]	
Policy and Procedures for receipt and storage of drugs at permit being followed. [64B16-28.870, F.A.C.]	
Policy and Procedures for security of drugs at permit being followed. [64B16-28.870, F.A.C.]	
Policy on destruction of controlled substances meets requirements of [64B16-28.870, F.A.C.] [64B16-28.301, F.A.C.]	
Documents recording destruction of controlled substances properly completed and available for inspection.[64B16-28.301, F.A.C.] [64B16-28.870, F.A.C.]	

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Documentation is available demonstrating procedure for monitoring the accountability of controlled substances. [64B16-28.870, F.A.C.]	
Consultant Pharmacist of Record is inspecting monthly and providing written report. [64B16-28.870, F.A.C.]	

**Remarks:**

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature:

Representative:

Date:

Date: