



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES**



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**ASSISTED LIVING FACILITY - SPECIAL ALF PERMIT**

INSPECTION AUTHORITY - CHAPTER 465.017, CHAPTER 893.09 AND CHAPTER 456, FLORIDA STATUTES

ROUTINE  CHANGE LOC  NEW  CURRENTLY NOT OPERATING  CHANGE OWNER

File # \_\_\_\_\_  
Insp # \_\_\_\_\_

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION
DOING BUSINESS AS				CONSULTANT PHARMACIST
STREET ADDRESS		TELEPHONE #	EXT #	
CITY	COUNTY	STATE/ZIP		LICENSE #

**SATISFACTORY: YES NO**

1	Current Special ALF - Permit [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
2	Current Consultant Pharmacist (board notified in writing) [64B16-28.870,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
3	Medication meets labeling requirement of [64B16-28.502, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
4	Prepackaged medication bears expiration date [64F-12.006(1)(a)5, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
5	Unit dosage medication properly labeled. [64B16-28.108(4)(5), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
6	Customized medication packages properly labeled. [64B16-28.108(6), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
7	Policy and Procedures manual available for inspection. [64B16-28.870, F.A.C.] [64B16-28.800(2), F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy and Procedures for receipt and storage of drugs at permit being followed. [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
9	Policy and Procedures for security of drugs at permit being followed. [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
10	Policy on destruction of controlled substances meets requirements of [64B16-28.870, F.A.C.] [64B16-28.301, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
11	Documents recording destruction of controlled substances properly completed and available for inspection. [64B16-28.301, F.A.C.] and [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
12	Documentation is available demonstrating procedure for monitoring the accountability of controlled substances. [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
13	Consultant Pharmacist of Record is inspecting monthly and providing written report. [64B16-28.870, F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>

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.

PRINT NAME OF RECIPIENT \_\_\_\_\_

ID \_\_\_\_\_

Institutional Representative \_\_\_\_\_

Date \_\_\_\_\_

Investigator/Sr. Pharmacist Signature \_\_\_\_\_

**Save**