



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

**Florida
HEALTH**

WWW.DOH.STATE.FL.US

SPECIAL PHARMACY - ESRD

File # _____

ROUTINE CHANGE LOC NEW CURRENTLY NOT OPERATING CHANGE OWNER

Insp # _____

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

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION	
DOING BUSINESS AS		24 HOUR/ON CALL TELEPHONE #		CONSULTANT PHARMICIST	
STREET ADDRESS		TELEPHONE #	EXT #		
CITY	COUNTY	STATE/ZIP		LICENSE #	

PRESCRIPTION DEPARTMENT HOURS							REGISTERED PHARMACIST/INTERN/TECHNICIAN		LICENSE #
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	1.	
Open								2.	
Close								3.	

	SATISFACTORY	
	YES	NO
1 Facility licensed as Special-ESRD Pharmacy and license displayed. [64B16-28.850(1)(2)(12)(a),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
2 Facility under supervision of licensed consultant pharmacist. [64B16-28.850(14),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
3 Consultant pharmacist on site at least monthly. [64B16-28.850(16),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
4 Drugs stocked by pharmacy are on approved formulary. [64B16-28.850(3)(4),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
5 Drugs stocked by pharmacy are unexpired. [64B16-28.110,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
6 Drugs for delivery to patients have at least three months remaining prior to labeled expiration. [64B16-28.850(8)(b),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
7 Drugs for delivery to patients are labeled with "USE AS DIRECTED" statement. [64B16-28.850(8)(c)1,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
8 Drugs for delivery to patients are labeled with name and address of patient. [64B16-28.850(8)(c)2,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
9 Drugs for delivery to patients are labeled with name of prescribing practitioner. [64B16-28.850(8)(c)3,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
10 Drugs for delivery to patients are labeled with name and address of pharmacy. [64B16-28.850(8)(c)4,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
11 Drugs for delivery to patients are labeled with prescription number. [64B16-28.850(8)(c)5,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
12 Drugs for delivery to patients are labeled with notation "DISCARD AFTER (date)" or Manufacturer's Expiration Date. [64B16-28.850(8)(c)7,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
13 Each order certified for compliance by consultant pharmacist, or independently by two ESRD pharmacy employees. [64B16-28.850(8)(d),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
14 Drugs delivered by ESRD pharmacy or authorized carrier. [64B16-28.850(10),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
15 Delivery record includes confirmation of receipt by patient or patient's agent. [64B16-28.850(11),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
16 Hours of operation posted. [64B16-28.850(12)(c),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
17 Twenty-four (24) hour emergency service. [64B16-28.850(12)(c),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
18 Compliance with patient records requirements. [64B16-27.800,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
19 Current copy of laws and rules on site. [64B16-28.850(12)(f),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
20 Compliance with patient counseling requirements. [64B16-27.820,F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
21 Policy and procedures manual available. [64B16-28.850(17),F.A.C.]	<input type="checkbox"/>	<input type="checkbox"/>
22 CQI Policy and Procedures and proof of quarterly meetings protected under [766.101,F.S.] [64B16-27.300, 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. I have received a copy of the Licensee Bill of Rights.

PRINT NAME _____

ID _____

Institutional Representative _____

Date _____

Investigator/Sr. Pharmacist Signature _____