



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



File #
Insp #

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

Additional Information

Basic License Data - PSD

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Business Operation Hours

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

Optional Information

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License Relations

RX DPT MGR/COR/POR

	License #
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Assisted Living Facility Requirements

Current Special ALF permit [64B16-28.100(5)(b)6., F.A.C.] [465.019, F.S.]	
Consultant pharmacist of record inspecting monthly and providing written report. [64B16-28.870(3)c, F.A.C.]	
Medication requiring refrigeration is stored in a locked refrigerator. [58A-5.1085(6)(b), F.A.C.]	
Unit dose medication properly labeled. [64B16-28.108(4)(5), F.A.C.]	
Medication is properly labeled and has quantity of the drug placed in the container. [64B16-28.502(1)(h), F.A.C.]	
Adequate sanitation and space to protect the health of the public served. [64B16-28.102(4), F.A.C.]	
Records of destruction of unused controlled substances is documented showing the name and quantity of drug, strength, dosage form, patient's name, prescription number and name of the institution. [64B16-28.301(2), F.A.C.] [64B16-28.870, F.A.C.]	
Destruction of unused controlled substances is witnessed, and documentation is signed by at least two of the following individuals: (a) Consultant Pharmacist, (b) Director of Nursing, (c) Facility Administrator, (d) licensed physician, mid-level practitioner, nurse, or another pharmacist employed or contracted with facility, or (e) a sworn law enforcement officer. [64B16-28.301(2), F.A.C.]	
Documentation is available demonstrating procedure for monitoring the accountability of controlled substances. [64B16-28.870, F.A.C.]	
Continuous Quality Improvement Program described in the pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B 16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.]	

Remarks:

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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.

Inspector Signature

Representative:

Date:

Date: