



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



File #
Insp # 1

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

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

RX DPT MGR/COR/POR

	License #
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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.]	
Prepackaged and customized medication properly labeled. [64B16-28.108(3)] [61N-1.006 (1)(a) F.A.C.]	
Medication requiring refrigeration stored in a refrigerator. [58A-5.1085(6)(b), F.A.C.]	
Unit dosage 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.]	
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.]	
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 F.A.C.] [64B16-28.870 F.A.C.]	
Destruction of unused controlled substances is witnessed and documentation is signed by at least 2 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.]	

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CQI Policy and Procedures and quarterly meetings. [64B16-27.300 F.A.C.] [766.101 F.S.]	
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.

Inspector Signature:

Representative:

Date:

Date: