

Georgia Drugs and Narcotics Agency  
254 Washington Street SW - G2000  
Atlanta, Georgia 30334

## OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: 404-651-8000  
Board Fax: 470-386-6137  
GDNA Office: 404-656-5100  
GDNA Fax: 404-651-8210  
GDNA Toll Free: 800-656-6566

Pharmacy Information			
Inspection Type	New Facility	Approval Pending	Application#: 1939872
Name: HealthQwest Frontiers, LLC		County: Cherokee	
DCH Narcotic Treatment Programs Permit #: NTP001115		Date: 18 May 22	
Permit #: Pending	Exp: N/A	DEA Registration #: Pending	Exp: N/A
Street Address: 230 Riverstone Pkwy Ste C			
City: Canton	State: GA	ZIP Code: 30114	Website: pinnacletreatment.com
Phone: 470-863-6370	Fax: 856-780-5153	Administrator: Lisa Veronica Monath	
Pharmacy Hours: Wed, Thur, Fri 0800-1200		Clinic Hours: M-F 0545-1200, Sat 0730-0930	
Director of Pharmacy: Loretta English Dunford		License #: RPH021322	Exp: 12/24 Full Time <input type="checkbox"/> Part Time <input checked="" type="checkbox"/>
PIC Email: loretta.dunford@pinnacletreatmentcenter.com		PIC Cell: 478-972-1630	PIC Alternate Phone: N/A
Medical Director: Jeffrey Alan Bradley		GA License #: 36345	Exp Date: 9/30/2024
Medical Director's DEA Registration# BB1929996/XB1929996		Exp Date: 7/31/2025	
<small>Other Pharmacists, Interns, Technicians, Nurses:</small>			
Name: Joanne Mary Deutsch		License/Registration #: RPH017003	Exp: 12/31/2024
Name: Lisa Veronica Monath		License/Registration #: PHTC069694	Exp: 6/30/2023
Name: Regina Cobb Carr		License/Registration #: RPH020827	Exp: 12/31/2024
Name:		License/Registration #:	Exp:
Name:		License/Registration #:	Exp:
Name:		License/Registration #:	Exp:
Name:		License/Registration #:	Exp:
Name:		License/Registration #:	Exp:
Last GDNA Inspection Date: N/A		Inspected by: N/A	
DEA Biennial Inventory Date: N/A		DEA Biennial Inv conducted at the: <input type="checkbox"/> Beginning of Business <input type="checkbox"/> Close of Business	
List of drug suppliers and reverse distributors: VistaPharm Inc (PHWH004064); Triumvirate Environmental Services (PHRD000049)			
<b>480-18-.03 Personnel</b>			<b>Satisfactory</b>
1. The pharmacy has a sufficient number of trained supportive personnel (b)			1. N/A
2. Supportive personnel are properly supervised (c)			2. N/A

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<b>480-18-.04 Absence of a Pharmacist</b>		Satisfactory
3. Only specifically authorized, licensed medical personnel, have access to drugs in the absence of the pharmacist (1)		3. N/A
4. Emergency Kits / Crash Carts (3):		
a. Sealed and stored in a limited access area		4a. N/A
b. Properly labeled for both interior and exterior		4b. N/A
c. Removed pursuant to a valid physician's order or by a pharmacist		4c. N/A
d. The pharmacy is properly notified when an emergency kit is used		4d. N/A
e. Emergency kits are inspected at least once every ninety (90) days		4e. N/A
5. After-hours access to the pharmacy (4)		
a. Only licensed healthcare professionals have after-hours access to the pharmacy		5a. N/A
b. The licensed healthcare professionals have been trained		5b. N/A
c. Required documentation is performed for drugs removed from the pharmacy		5c. N/A
d. A pharmacist promptly reviews drugs removed from the pharmacy		5d. N/A
<b>480-18-.05 Physical Requirements and Equipment</b>		Satisfactory
6. The pharmacy has sufficient space - a minimum of 150 ft <sup>2</sup> (1)		6. Yes
7. The pharmacy has access to current reference materials related to OTP (2)(a)		7. Yes
8. Current antidote information and the poison control phone number are readily available(2)(b)		8. Yes
9. The pharmacy has access to O.C.G.A. 26-4; 26-3; 16-3; and the official rules of the GA Georgia State Board of Pharmacy (2)(c)		9. Yes
The pharmacy has the minimum equipment required (2)(d-e)		10. Yes
11. Approved variances are posted (if applicable) (3)		11. N/A
<b>480-18-.06 Drug Distribution and Control</b>		Satisfactory
12. No drugs are dispensed or administered without a physician's written medication drug order (1)		12. N/A
13. Drugs are identified up to the point of administration (2)(a)(1)		13. N/A
14. The pharmacy receives a valid drug order prior to dispensing the first dose (2)(a)(2)		14. N/A
15. The pharmacy maintains a patient profile for each OTP clinic patient (2)(a)(3)		15. N/A
16. All drug invoices are attached to their accompanying DEA form 222 order form and filed separately from all other drug records - computerized records may meet these requirements (2)(a)(5-6)		16. N/A
17. The pharmacy participates in the patient care evaluation program (2)(d)		17. N/A
18. Records of all transactions of the OTP clinic are maintained for two (2) years (2)(b)		18. N/A
19. For use inside the clinic, all drugs dispensed by an OTP clinic pharmacy, including those for use an an after-hours safe or emergency kit are labeled with the following at a minimum (3)(a):		19a. Yes
a. Brand name or generic name of the drug		19b. Yes
b. Drug strength		19c. Yes
c. Lot number		19d. Yes
d. Expiration date		
20. Any drug dispensed by the pharmacy for take-home use by an OTP clinic patient is labeled the following at a minimum (3)(b):		20a. Yes
a. Patient name		20b. Yes
b. Name of physician		20c. Yes
c. Name, address, and telephone number of the OTP clinic pharmacy		20d. Yes
d. Drug name		20e. Yes
e. Drug strength		20f. Yes
f. Date of dispensing		20g. Yes
g. Expiration date		20h. Yes
h. "Federal Caution" for controlled substances		20i. Yes
i. Clinic pharmacy serial number		20l. Yes

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## Recommendations / Comments (continued)

Pharmacy Software: Methasoft

Reviewed application details with Gina Carr, Corporate Pharmacist.

Facility meets minimum space and security requirements to recommend approval.

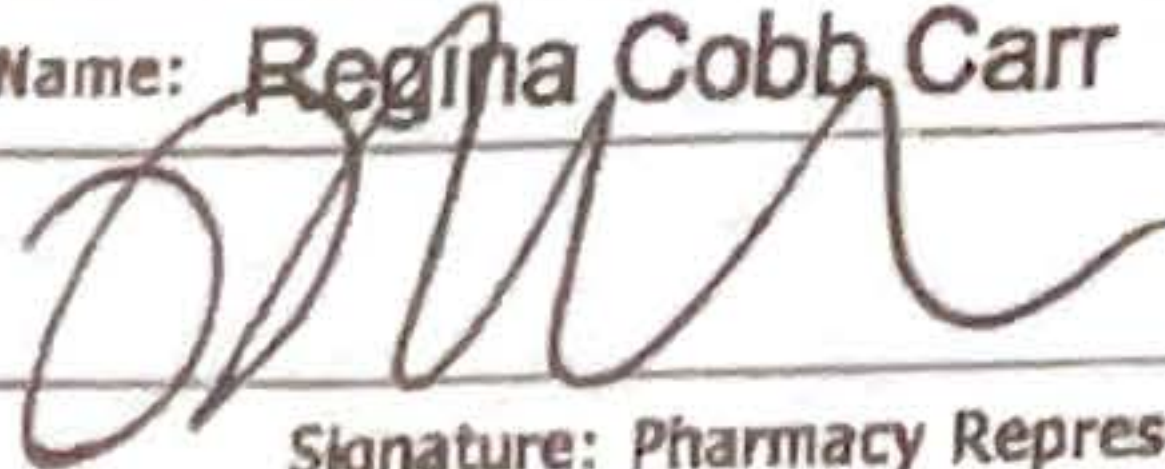
No drugs until pharmacy license issued; no Controlled Substances until DEA permit issued.

Inspection done  
5/18/23  
NOT 5/18/20.

SIGNATURE

This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Printed Name: Regina Cobb Carr



Signature: Pharmacy Representative

Printed Name: Kim Kaptain



Special Agent, Georgia Drugs and Narcotics Agency



Day's Date 18 May 22

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant.