

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: 800-656-6568

Pharmacy Information			
Inspection Type	Routine		
Name: Consecrated Care Inc.		County: Clayton	
DCH Narcotic Treatment Programs Permit #: NTP001026		Date: 04/17/2023	
Permit #: PHOP000028	Exp: 06/30/2023	DEA Registration #: RH0317619	Exp: 08/31/2023
Street Address: 217 Arrowhead Blvd Ste B-1			
City: Jonesboro	State: GA	ZIP Code: 30236	Website: n/a
Phone: 770-472-9110	Fax: 770-472-9717	Administrator: Lukethia Ogoe	
Pharmacy Hours: M-W-F:5:30-11		Clinic Hours: M-F:5:30-12:30 SA:9-11	
Director of Pharmacy: Demetria L Taylor		License #: RPH02658	Exp: 12/31/2024 Full Time <input type="checkbox"/> Part Time <input checked="" type="checkbox"/>
PIC Email: n/a	PIC Cell: n/a	PIC Alternate Phone n/a	
Medical Director: Errol George Duncan		GA License #: 39329	Exp Date: 10/31/2023
Medical Director's DEA Registration# BD0148696		Exp Date: 06/30/2023	
Other Pharmacists, Interns, Technicians, Nurses:			
Name: Joan Wallace	License/Registration #: RN154151		Exp: 01/31/2025
Name:	License/Registration #:		Exp:
Name:	License/Registration #:		Exp:
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: 02/22/2022		DEA Biennial Inv conducted at the: <input checked="" type="checkbox"/> Beginning of Business <input type="checkbox"/> Close of Business	
List of drug suppliers and reverse distributors: Hikma			
480-18-.03 Personnel			
			Satisfactory
1. The pharmacy has a sufficient number of trained supportive personnel (b)			1. Yes
2. Supportive personnel are properly supervised (c)			2. Yes

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480-18-.04 Absence of a Pharmacist		Satisfactory
3. Only specifically authorized, licensed medical personnel, have access to drugs in the absence of the pharmacist (1)	3. Yes	
4. Emergency Kits / Crash Carts (3):	4a. Yes	
a. Sealed and stored in a limited access area	4b. No	
b. Properly labeled for both interior and exterior	4c. Yes	
c. Removed pursuant to a valid physician's order or by a pharmacist	4d. Yes	
d. The pharmacy is properly notified when an emergency kit is used	4e. Yes	
e. Emergency kits are inspected at least once every ninety (90) days		
5. After-hours access to the pharmacy (4)	5a. Yes	
a. Only licensed healthcare professionals have after-hours access to the pharmacy	5b. Yes	
b. The licensed healthcare professionals have been trained	5c. Yes	
c. Required documentation is performed for drugs removed from the pharmacy	5d. Yes	
d. A pharmacist promptly reviews drugs removed from the pharmacy		
480-18-.05 Physical Requirements and Equipment		Satisfactory
6. The pharmacy has sufficient space - a minimum of 150 ft ² (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	
10. The pharmacy has the minimum equipment required (2)(d-e)	10. Yes	
11. Approved variances are posted (if applicable) (3)	11. Yes	
480-18-.06 Drug Distribution and Control		Satisfactory
12. No drugs are dispensed or administered without a physician's written medication drug order (1)	12. Yes	
13. Drugs are identified up to the point of administration (2)(a)(1)	13. Yes	
14. The pharmacy receives a valid drug order prior to dispensing the first dose (2)(a)(2)	14. Yes	
15. The pharmacy maintains a patient profile for each OTP clinic patient (2)(a)(3)	15. Yes	
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. Yes	
17. The pharmacy participates in the patient care evaluation program (2)(d)	17. Yes	
18. Records of all transactions of the OTP clinic are maintained for two (2) years (2)(b)	18. Yes	
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		

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21. The pharmacy maintains a proof of use for controlled substances and other specified drugs (5)	21. Yes
22. On-premises drug destruction is for small quantities of controlled substances that are <u>both</u> the remainder of a single-dose unit and prepared to the nearest possible size to the ordered dose (6)	22. N/A
23. The pharmacy maintains a perpetual inventory of all Schedule II medications (7)	23. Yes
24. Suspected adverse drug reactions are reported to the ordering practitioner, the pharmacy and recorded in the patient's record. (9)	24. Yes
25. Drug storage areas are locked or otherwise secured when licensed health care professionals are not present (10)	25. Yes
26. Required records & reports are maintained for 2 years and are readily available during inspection (11)	26. Yes

480-18-.07 Delivery of Drugs, General		Satisfactory
27. Drugs are dispensed or administered upon receipt of a medication drug order (1):	27a. Yes	
a. A practitioner must write an initial dosing medication order for each patient prior to dispensing	27b. Yes	
b. In emergency situations a 72 hour supply verbal order is permitted which is signed within 72 hours	27c. Yes	
c. Any adjustment to a patient dosage regimen is considered a new medication order and shall be written and signed by the medical director within 72 hours.		
28. The pharmacist-in-charge or designee conducts and documents inspections, no less than once per month. These inspections shall, at a minimum, verify items found in 480-18-.09(2)(a-f).	28. No	
29. The BOP and GDNA are notified of patients that improperly utilize more than one OTP at the same time (480-18-.10)	29. Yes	

Required Policies and Procedures

The following items are required to be included as part of a policy and procedure manual for an Opioid Treatment Clinic Pharmacy. By signing below the pharmacist is confirming this pharmacy has a policy and procedure that addresses each item listed here, and pharmacy personnel adhere to these policies and procedures.

• Training supportive personnel 480-18-.03(d)(4)	• Access to drugs in the absence of the pharmacist 480-18-.04(2)
• Emergency Kits 480-18-.04(1)(e)	• Distribution of medications 480-18-.06(2)(a)
• Drug recalls 480-18-.08	• Drugs from outside sources 480-18-.08
• Discontinued Drugs 480-18-.06(4)	• Recalls of prescription medication 480-18-.06(8)
• After-hours access to the pharmacy 480-18-.04(e)	• Drug administration 480-18-.07

Date of last policy and procedure manual revision: 08/30/2022

ADDITIONAL INFORMATION

- Licenses shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-18-.02(5))
- Licenses are renewed for two years and expire on June 30th of each odd numbered year. (480-18-.02(3)(d))
- Any discrepancies or deficiencies noted shall be corrected within 30 days of this inspection. Written notice of such corrections shall be filed with GDNA within thirty (30) days after receipt of the inspection report. (480-18-.02(6))
- Georgia State Board of Pharmacy Website: WWW.GBP.Georgia.GOV;
- Georgia Drugs & Narcotics Agency Website: WWW.GDNA.Georgia.GOV

Recommendations / Comments

- 4b) Emergency Kit was not clearly labeled and did not have the exterior labeling requirements. Review Board Rule 480-18-.04(3)(c)
- 28) Facility unable to produce monthly inspections. Review Board rule 480-18-.09(2)(a-f).

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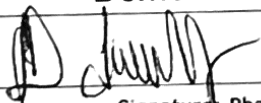
Recommendations / Comments (continued)

SIGNATURE

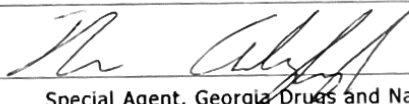
This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information 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: **Demetria L Taylor**

Printed Name: **Nick Aderibigbe**



Signature: Pharmacy Representative



Special Agent, Georgia Drugs and Narcotics Agency

Today's Date 04/17/2023