

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	Routine		
Name:	Access Health Treatment Center	County:	Fayette
DCH Narcotic Treatment Programs Permit #:	NTP001082	Date:	05/31/2023
Permit #:	PHOP000080	Exp:	06/30/2023
DEA Registration #:	RA0491162	Exp:	06-30-2024
Street Address:	105-A Bradford Square		
City:	Fayetteville	State:	GA
ZIP Code:	30215	Website:	www.accesshealthtreatmentcenter.com
Phone:	770-742-3846	Fax:	770-742-3855
Administrator:	Shadaye Lewis		
Pharmacy Hours:	Wed/Thur: 5a-8a	Clinic Hours:	M-F:5:30a-10a Sa:6:30a-8:30a Su: closed
Director of Pharmacy:	Akela Fordham	License #:	RP1022087
		Exp:	12/31/2024
		Full Time	<input type="checkbox"/>
		Part Time	<input checked="" type="checkbox"/>
PIC Email:	akelafordham@gmail.com	PIC Cell:	404-376-5223
PIC Alternate Phone	n/a		
Medical Director:	Byron Cotton	GA License #:	41098
		Exp Date:	06/30/2023
Medical Director's DEA Registration#	BC1974814	Exp Date:	08/31/2025
Other Pharmacists, Interns, Technicians, Nurses:			
Name:	Katherine Eason	License/Registration #:	LPN039987
		Exp:	03/31/2025
Name:	Carolyn Carriere	License/Registration #:	LPN100241
		Exp:	03/31/2025
Name:		License/Registration #:	
		Exp:	
Name:		License/Registration #:	
		Exp:	
Name:		License/Registration #:	
		Exp:	
Name:		License/Registration #:	
		Exp:	
Name:		License/Registration #:	
		Exp:	
Last GDNA Inspection Date:	11/03/2017	Inspected by:	n/a
DEA Biennial Inventory Date:	12/28/2022	DEA Biennial Inv conducted at the:	<input type="checkbox"/> Beginning of Business <input checked="" 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):		
a. Sealed and stored in a limited access area		4a. No
b. Properly labeled for both interior and exterior		4b. No
c. Removed pursuant to a valid physician's order or by a pharmacist		4c. No
d. The pharmacy is properly notified when an emergency kit is used		4d. No
e. Emergency kits are inspected at least once every ninety (90) days		4e. No
5. After-hours access to the pharmacy (4)		
a. Only licensed healthcare professionals have after-hours access to the pharmacy		5a. Yes
b. The licensed healthcare professionals have been trained		5b. Yes
c. Required documentation is performed for drugs removed from the pharmacy		5c. Yes
d. A pharmacist promptly reviews drugs removed from the pharmacy		5d. Yes
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. N/A
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 as an after-hours safe or emergency kit are labeled with the following at a minimum (2)(a):		
a. Brand name or generic name of the drug		19a. Yes
b. Drug strength		19b. Yes
c. Lot number		19c. Yes
d. Expiration date		19d. Yes
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):		
a. Patient name		20a. Yes
b. Name of physician		20b. Yes
c. Name, address, and telephone number of the OTP clinic pharmacy		20c. Yes
d. Drug name		20d. Yes
e. Drug strength		20e. Yes
f. Date of dispensing		20f. Yes
g. Expiration date		20g. Yes
h. "Federal Caution" for controlled substances		20h. Yes
i. Clinic pharmacy serial number		20i. No

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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 both the remainder of a single-dose unit and prepared to the nearest possible size to the ordered dose (6)	22. Yes
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 (8):	
a. A practitioner must write an initial dosing medication order for each patient prior to dispensing	27a. Yes
b. In emergency situations a 72 hour supply verbal order is permitted which is signed within 72 hours	27b. 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.	27c. Yes
28. The pharmacist-in-charge or designee conducts and documents inspections, not less than once per month. These inspections shall, at a minimum, verify items found in 480-18-.07(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: 01/04/2023

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 the 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

4) Unable to produce emergency kit. Please see rule 480-18-.04(3)

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Recommendations / Comments (continued)

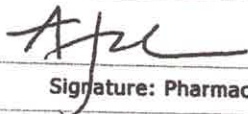
20i) GDNA did not observe serial number on the labels of take home doses of Methadone. Please see rule 480-18-.06 (3)(b)

28) Unable to produce monthly inspections. Please see rule 480-18-.09(2)(a-f)

SIGNATURE

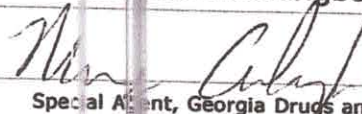
This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information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



Signature: Pharmacy Representative

Printed Name: Nicholas Aderibigbe



Special Agent, Georgia Drugs and Narcotics Agency



Today's Date 05/31/2023

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