

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:	GPA Treatment Inc		County: Dekalb
DCH Narcotic Treatment Programs Permit #:	GA-10059-M		Date: 04/17/2023
Permit #:	PHOP000005	Exp: 6/30/2023	DEA Registration #: RG0371409 Exp: 09/30/2023
Street Address: 4255 Chamblee-Tucker Road			
City: Doraville	State: GA	ZIP Code: 30340	Website: www.gpatreatment.com
Phone: 770-493-1922	Fax:	Administrator: Onuzulike Nwizu	
Pharmacy Hours: M-F:6-11a Sa/Su: closed		Clinic Hours: M-F:6-12 Sa/Su: closed	
Director of Pharmacy: Valerie Natalie Price		License #: RPH019765	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: Tisha Titus		GA License #: 60480	Exp Date: 04/30/2023
Medical Director's DEA Registration# BT8610479		Exp Date: 11/30/2024	
Other Pharmacists, Interns, Technicians, Nurses:			
Name: Kisha Richardson	License/Registration #:	LPN081362	Exp: 03/31/2025
Name: Meskerem Mamo	License/Registration #:	RPH030083	Exp: 12/31/2024
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: 11/15/2018		Inspected by: n/a	
DEA Biennial Inventory Date: 01/19/2023		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: Mallinckrodt			
<b>480-18-.03 Personnel</b>			<b>Satisfactory</b>
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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<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.	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.	No
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		
<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
10. The pharmacy has the minimum equipment required (2)(d-e)	10.	Yes
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.	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): a. A practitioner must write an initial dosing medication order for each patient prior to dispensing b. In emergency situations a 72 hour supply verbal order is permitted which is signed within 72 hours 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.	27a. Yes 27b. N/A 27c. Yes
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. Yes
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: Ongoing

### 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 30<sup>th</sup> 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](http://WWW.GBP.Georgia.GOV);
- Georgia Drugs & Narcotics Agency Website: [WWW.GDNA.Georgia.GOV](http://WWW.GDNA.Georgia.GOV)

### Recommendations / Comments

PIC Price is no longer employed at this facility. Rph Mamo is the new PIC and has already paper BOP office.

- 4e) Observed emergency kits that did not have 90 day check documentation or documentation of the expiration date of the kit.

## 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: Meskerem Mammo

Printed Name: Nick Aderibigbe

Signature: Pharmacy Representative

Special Agent, Georgia Drugs and Narcotics Agency

Today's Date 04/17/2023



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