OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: Board Fax: GDNA Office: GDNA Fax: GDNA Toll Free:

404-651-8000 470-386-6137 404-656-5100 404-651-8210 800-656-6568

	· · · · · · · · · · · · · · · · · · ·	Phar	macy I	Information				
Inspection Type Routine								
Name: Ringgold Treatment Center LLC				County: Catoosa				
DCH Narcotic Treatment Programs Permit #: NTP001098				Date: 22 Feb 24				
Permit #: PHOP00088		Exp: 6/30/2025		DEA Registration #: RR05		R0510582	Ex	p: 4/30/2024
Street Address: 8292 Hwy	41					- 174	<u></u>	
		State: GA		ZIP Code: 30736 Website: ringgoldtreatmentcenter.co				mentcenter.com
		6-952-2802		Administrator: Vanessa Ruehlmann				
Pharmacy Hours: Friday 0700-0900				Clinic Hours: M-F 0600-1100 Sat 0600-0900				
Director of Pharmacy: Mark	A Stallir	ngs	,					ne 📑 Part Time 🗹
PIC Email: markstallings@)catt.co	m PIC Cell: 4	123-9	02-1400	PIC Alte	rnate Phone N	/A	
Medical Director: Phuong-L	ynh Ta			GA	License #	: 50447	Exp Dat	te: 9/30/2025
Medical Director's DEA Registration# BT6507670 Exp Date: 11/30/2026								
Other Pharmacists, Interns, Technicians, Nur	ses:							
Name: Fred Eugene Gilreath			License/Registration #: RPH016482 Exp: 12/31/2024					
Name: Vanessa Cherie Ruehlmann				License/Registration #: PHTC036119 Exp: 6/30/2025				
Name: Dawn Michele Pettigrew				License/Registration #: PHTC040614 Exp: 6/30/2025				
Name: Jerrica Leigh Butler				License/Registration #: PHTC060573 Exp: 6/30/2025				
Name: Dana Gae Johnson				License/Registration #: PHTC070905 Exp: 6			xp: 6/30/2025	
Name:				License/Registration #:			E	Exp:
Name:				License/Registration #:			E	Exp:
Name:				License/Registration #:			E	Exp;
Last GDNA Inspection Date: 28	Oct 21		Iī	nspected by:	Kaptain	- · · · · · · · · · · · · · · · · · · ·	<u></u> -	7
DEA Biennial Inventory Date: 11	/18/2022	DEA Bieni	nial Inv	conducted a	t the:	Beginning of Bus	iness 🗹	Close of Business
List of drug suppliers and revers	e distribut	ors: Hikma Ph	narma	ceuticals U	SA Inc (PHWH004103))	
480-1803 Personnel			· · · · · · · · · · · · · · · · · · ·				S	Satisfactory
The pharmacy has a sufficient number of trained supportive personnel (b)					1	Yes		
					Yes			
						100		

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	480-1804 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 b. Properly labeled for both interior and exterior c. Removed pursuant to a valid physician's order or by a pharmacist d. The pharmacy is properly notified when an emergency kit is used e. Emergency kits are inspected at least once every ninety (90) days	4a. N/A 4b. N/A 4c. N/A 4d. N/A 4e. N/A
5.	After-hours access to the pharmacy (4) a. Only licensed healthcare professionals have after-hours access to the pharmacy b. The licensed healthcare professionals have been trained c. Required documentation is performed for drugs removed from the pharmacy d. A pharmacist promptly reviews drugs removed from the pharmacy	5a. N/A 5b. N/A 5c. N/A 5d. N/A
<u> </u>	480-1805 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
-	The pharmacy has the minimum equipment required (2)(d-e)	10. Yes
11.	Approved variances are posted (if applicable) (3)	11. N/A
	480-1806 Drug Distribution and Control	Satisfactory
	No drugs are dispensed or administered without a physician's written medication drug order (1)	12. Yes
	Drugs are Identified up to the point of administration (2)(a)(1)	13. Yes
	The pharmacy receives a valid drug order prior to dispensing the first dose (2)(a)(2)	14. Yes
	The pharmacy maintains a patient profile for each OTP clinic patient (2)(a)(3)	15. Yes
ļ	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
	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): a. Brand name or generic name of the drug b. Drug strength c. Lot number d. Expiration date	19a. Yes 19b. Yes 19c. Yes 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 b. Name of physician c. Name, address, and telephone number of the OTP clinic pharmacy d. Drug name e. Drug strength f. Date of dispensing g. Expiration date h. "Federal Caution" for controlled substances i. Clinic pharmacy serial number	20a. Yes 20b. Yes 20c. Yes 20d. Yes 20e. Yes 20f. Yes 20g. Yes 20h. Yes 20l. Yes

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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
3. The pharmacy maintains a perpetual inventory of all Schedule II medications (7)	23.	Yes
4. Suspected adverse drug reactions are reported to the ordering practitioner, the pharmacy and recorded in the patient's record. (9)	24,	Yes
 Drug storage areas are locked or otherwise secured when licensed health care professionals are not present (10) 	25.	Yes
6. Required records & reports are maintained for 2 years and are readily available during inspection (11)	26.	Yes

480-1807 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	1
hours	27b. Yes
 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, no less than once per month. These inspections shall, at a minimum, verify items found in 480-18- 09(2)(2-f)	28. Yes
29. The BOP and GDNA are notified of patients that improperly utilize more than one OTP at the same time (480-1810)	29. Yes

Required Po	olicies and Procedures
The following items are required to be included as part of a	policy and procedure manual for an Opioid Treatment Clinic Pharmacy.
Training supportive personnel 480-1803(d)(4)	Access to drugs in the absence of the pharmacist 480-1804(2)
• Emergency Kits 480-1804(1)(e)	Distribution of medications 480-1806(2)(a)
Drug recalls 480-1808	Drugs from outside sources 480-1808
Discontinued Drugs 480-1806(4)	Recalls of prescription medication 480-1806(8)
After-hours access to the pharmacy 480-1804(e)	Drug administration 480-1807
Date of last policy and procedure manual revision: 9/14/2023	

ADDITIONAL INFORMATION

- Licenses shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-
- 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

Pharmacy software: Methasoft

See additional GDNA comments/recommendations on next page.

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Recommendations / Comments (continued)

- 4. Comment: PIC Stallings stated pharmacy does not provide an emergency kit and there are no crash carts
- 5. Comment: PIC Stallings stated no after-hours access to the pharmacy. PIC Stallings stated the pharmacists and Vanessa Ruehlmann have keys to the pharmacy and only pharmacists have the combination to the bulk
- 21. Comment: Proof of use of controlled substances recorded with the Total Dispensed by Day report. GDNA observed the physician's name was not included on the report - Dr. Ta is the only prescriber at the clinic.
- 22. Comment: PIC Stallings stated no on-site destruction of controlled substance medication.

Clinic is utilizing Agent Designation Form for Delivery of Take-Home Doses regarding Board Policy #13.

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, ποη-compliance, or violations of the laws and rules not detected and noted in this report.

Printed Name: Mark, Stallings

Printed Name: Kim Kaptain

Signature: Pharmacy Representative

Special Agent, Georgia Drugs and Narcotics Agency

22 Feb 24 Today's Date