

OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: 404-651-8000
Board Fax: 470-386-6100
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8211
GDNA Toll Free: 800-656-6566

Recommendations / Comments (continued)

5) Comment: The facility administrator (Paul Arria) has a spare key to the pharmacy in the event they had to call in an emergency pharmacist. Arria does not enter the pharmacy without a pharmacist present. Additionally, DOP conducts daily audits upon opening and closing. Additionally, the facility policy (as written) does not allow any person to access the pharmacy without a pharmacist present.
10c,d) The pharmacy's "daily doses" (none patient specific) of methadone (solid oral dosage form) were observed in Zip-Lock style bags containing two different dosage forms but were labeled with only one lot and expiration date.

SIGNATURE

This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, 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 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: Heather James Anglin

Printed Name: Michael Poblet



Signature: Pharmacy Representative



Special Agent, Georgia Drugs and Narcotics Agency

Date: 10/1/2024

OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: 404-651-80
Board Fax: 470-386-61
GDNA Office: 404-656-51
GDNA Fax: 404-651-82
GDNA Toll Free: 800-656-65

- | | |
|--|---------|
| 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. 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

- | | |
|--|--------------|
| 27. Drugs are dispensed or administered upon receipt of a medication drug order (1): | Satisfactory |
| 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, 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

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

Training supportive personnel 480-18-.03(d)(4)

- Emergency Kits 480-18-.04(1)(e)
- Drug recalls 480-18-.08
- Discontinued Drugs 480-18-.06(4)
- After-hours access to the pharmacy 480-18-.04(e)

- Access to drugs in the absence of the pharmacist 480-18-.04(2)
- Distribution of medications 480-18-.06(2)(a)
- Drugs from outside sources 480-18-.08
- Recalls of prescription medication 480-18-.06(8)
- Drug administration 480-18-.07

Date of last policy and procedure manual revision: 6/2024

ADDITIONAL INFORMATION

Inspections shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-18-.02(5))

Inspections 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.gsbpr.com
- Georgia Drugs & Narcotics Agency Website: www.gdna.ga.gov

Recommendations / Comments

See below

OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: 404-651-6...
Board Fax: 470-386-6...
GDNA Office: 404-651-6...
GDNA Fax: 404-651-6...
GDNA Toll Free: 800-651-6...

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. N/A |
| 4. Emergency Kits / Crash Carts (3): | |
| a. Sealed and stored in a limited access area | 4a. Yes |
| b. Properly labeled for both interior and exterior | 4b. Yes |
| c. Removed pursuant to a valid physician's order or by a pharmacist | 4c. Yes |
| d. The pharmacy is properly notified when an emergency kit is used | 4d. Yes |
| e. Emergency kits are inspected at least once every ninety (90) days | 4e. Yes |
| 5. After-hours access to the pharmacy (4) | 5a. Comment |
| a. Only licensed healthcare professionals have after-hours access to the pharmacy | 5b. N/A |
| b. The licensed healthcare professionals have been trained | 5c. N/A |
| c. Required documentation is performed for drugs removed from the pharmacy | 5d. N/A |
| 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. 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)(5-7) | 16. Yes |
| 17. The pharmacy participates in the patient care evaluation program (2)(a)(8) | 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. No |
| c. Lot number | 19d. No |
| 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 | |

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

OPIOID TREATMENT PROGRAM CLINIC

Pharmacy Inspection Report

Board Office: 404-651-800
Board Fax: 470-386-613
GDNA Office: 404-656-510
GDNA Fax: 404-651-821
GDNA Toll Free: 800-656-650

Pharmacy Information

Inspection Type **Routine**

Name: **Robert W Dail Memorial Treatment Center**

County: **Jackson**

DCH-HFRD License #: **NTP001028**

Date: **10/1/2024**

Permit #: **PHOP000027**

Exp: **6/30/2025**

DEA Registration #: **RR0319788**

Exp: **4/30/2025**

Street Address: **734 Hospital Road**

Commerce

State: **GA**

ZIP Code: **30529**

Website: **www.rwdmemorial.wordpress.com**

Phone: **706-335-5180**

Fax: **706-335-5217**

Administrator: **Paul Arria**

Pharmacy Hours: **m,t,r,f: 7AM -1PM**

Clinic Hours: **m-sat: 5:15AM-11:30AM**

Director of Pharmacy: **Heather James Anglin**

License #: **RPH019611** Exp: **12/31/2024** Full Time ☒ Part Time ☐

PIC Email: **rwdheatheranglin@gmail.com** PIC Cell: **706-713-0310** PIC Alternate Phone

Medical Director: **Dennis Christopher Doherty**

GA License #: **31731**

Exp Date: **12/31/2025**

Medical Director's DEA Registration# **BD/XD3192995**

Exp Date: **6/30/2025**

Pharmacists, Interns, Technicians, Nurses:

Name: **Rhonda Kay Blalock**

License/Registration #: **PHTC002378** Exp: **6/30/2025**

Name: **Helen Ruth Turner**

License/Registration #: **LPN077939** Exp: **3/31/2025**

Name: **Anita L Lawson**

License/Registration #: **LPN011366** Exp: **3/31/2025**

Name:

License/Registration #:

Exp:

Name:

License/Registration #:

Exp:

Name:

License/Registration #:

Exp:

Name:

License/Registration #:

Exp:

Name:

License/Registration #:

Exp:

GDNA Inspection Date: **11/13/2023**

Inspected by: **Poblet**

Biennial Inventory Date: **4/30/2024**

DEA Biennial Inv conducted at the: ☐ Beginning of Business ☒ 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 (d)

2. **Yes**