

LONG-TERM CARE AUTOMATED PHARMACY QUALITY ASSURANCE REPORT

Long-Term Care Automated Pharmacy License Number: # _____ Exp. Date: _____

Long-Term Care Automated Pharmacy DEA Reg. Number: # _____ Exp. Date: _____

Long-Term Care Automated Pharmacy Telephone #: _____ Fax #: _____

Long-Term Care Facility Name: _____

Long-Term Care Facility Street Address: _____

Long-Term Care Facility City, State, Zip Code _____

Long-Term Care Facility License #: _____ Expiration Date: _____

Long-Term Care Automated Pharmacy Location(s) within the Long-term Care Facility:

1. _____
2. _____
3. _____
4. _____
5. _____

Provider Pharmacy License Number: # _____ Exp. Date: _____

Provider Pharmacy DEA Reg. Number: # _____ Exp. Date: _____

Provider Pharmacy Owner's Name: _____

Provider Pharmacy Name: _____

Provider Pharmacy Street Address: _____

Provider Pharmacy City, State, Zip Code: _____

Provider Pharmacy Telephone #: _____ Fax #: _____

Provider Pharmacy E-mail: _____

Provider Pharmacy Hours: _____

Name of Pharmacist Responsible for Long-term Care Automated Pharmacy:

_____ RP License # _____

Name of Pharmacist-In-Charge of Provider Pharmacy:

_____ RP License # _____

HARDWARE/SOFTWARE: _____ RX'S PER DAY: _____

(Pharmacy Inspector)

(Date of Inspection)

C = In Compliance

NC = Not in Compliance

NA = Not Applicable

Section cited	Requirement	C	NC	NA
Neb. Rev. Stat.- 71-2451	1. All information provided on the application for a long-term care automated pharmacy license is accurate and correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.02C Neb. Rev. Stat.- 71-2451	2. Adequate security is maintained for the prescription inventory and prescription records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored at the proper temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-007.02	4. The pharmacy is maintained in a clean, orderly, and sanitary manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-007.03 71-2447	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy. (Includes Policy & Procedure Manual for Automated Medication Systems.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-007.01	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.04H	7. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC- 8-006.04H2	8. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.04H	9. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.- 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, or chart order, a pharmacist is conducting a prospective drug utilization review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CFR Ch.II- 1304/1306	11. All computer or electronic record keeping requirements are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CFR Ch. II- 1305.05	13. Power of Attorney forms are complete and appropriately filed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.03A Neb. Rev. Stat.- 28-411(4)	14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CFR Ch. II- 1307.21	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.02D	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.04 C,D,E; Neb. Rev. Stat. 71-2451	17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC- 8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.- 28-410	19. All requirements pertaining to the inventory of controlled substances are met. Date of Current Inventory: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CFR Ch. II- 1305.11	20. CII acquisitions are properly documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.05A	21. All controlled substances are properly stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.04B 21CFRChII-1306.05	22. All prescriptions and chart orders contain the required information prior to being filled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section cited	Requirement	C	NC	NA
175 NAC-8-006.04B.9a, 172 NAC-128-014.01(9a), 21 CFR Ch.II-1306.22	23. All refill requirements for prescriptions are in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 CFR Ch.II-1306.13, 1306.23, Neb. Rev. Stat.-28-414	24. Partial fillings of controlled substances are recorded and dispensed appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-28-414 (3b)	25. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-28-414, 175 NAC 8-006.05D 21 CFR Ch.II-1306.11(d)(1,2,3,4)	26. All emergency Schedule II prescriptions are properly filled and recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-28-414, 28-1437, 38-2870	27. All requirements for filling electromagnetic transmission prescriptions are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-38-2055, 71-2451	28. All packaged medications are properly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-28-414, 175 NAC-8-006.03A1, 21 CFR Ch.II-1306.11	29. Hardcopy requirements for Schedule II prescriptions are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-71-5401 to 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC-8-006.03A1, Neb. Rev. Stat.-28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neb. Rev. Stat.-71-2413 71-2447; 71-2451 (6) (g)	32. Proper procedures and records are maintained and followed for doses of emergency drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC 8-006.01D 71-2447	33. All requirements and documentation are met for the utilization of Pharmacy Technicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175 NAC-8-005.03A(13)	34. No outdated inventory is mixed with saleable stock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

- a) The item number that is not in compliance;
- b) Why it is not in compliance;
- c) How the deficiency will be corrected; and
- d) How long it will take to do so

- a)
- b)
- c)
- d)

- a)
- b)
- c)
- d)

- a)
- b)
- c)
- d)

- a)
- b)
- c)
- d)

- a)
- b)
- c)
- d)