



2022
CORRECTIONAL FACILITY
SELF-INSPECTION FORM

ATTENTION: CONSULTANT PHARMACIST

Oregon Administrative Rule 855-043-0600 states that a correctional facility that dispenses medications from a pharmacy or drug room shall have a pharmacist licensed in Oregon who acts as a consultant to the institution, develops policies and procedures on drug distribution, procurement and management, monitors for compliance, performs drug utilization reviews, and may delegate registered nurses to withdraw drugs for administration to patients/ adults in custody/ youths.

The consultant pharmacist of the registered correctional facility shall conduct and document an annual review of the outlet by completing this Self-Inspection Form by **February 1, 2022**. This form is designed to provide the facility with a clear understanding of compliance expectations. The primary objective of this form is to provide an opportunity to **identify** and **correct** areas of non-compliance with Oregon Board of Pharmacy rules. The inspection form serves as a necessary document used by Board Compliance Officers during an inspection to evaluate an outlet's level of compliance, specifically focused on the acquisition, storage, security, labeling, and recordkeeping of drugs intended for dispensing. Please review your completed self-inspection form with staff and file it in a manner that is readily retrievable at the time of inspection.

Do not assume that you are in compliance. Please review Board regulations and take the time to personally verify that compliance exists. Email all Compliance related questions to pharmacy.compliance@bop.oregon.gov. (Note: The Board does not provide individualized legal advice on how the law applies to practice in the field. You may also want to contact a qualified attorney.)

By answering the questions and referencing the appropriate laws and rules provided, you can determine whether the pharmacy is compliant with many of the rules and regulations. If you have corrected any discrepancies, please write corrected and the date of correction by the appropriate question.

**2022
CORRECTIONAL FACILITY
SELF-INSPECTION FORM**

Date: _____
 Correctional Facility Name: _____
 Outlet Registration #: _____
 Telephone: _____
 Fax: _____
 Address: _____
 City/State/Zip: _____
 Consultant RPh: _____
 Consultant RPh License #: _____
 Consultant RPh email address: _____
 Consultant RPh phone number: _____

Date: _____
 In person or Virtual Inspection (circle)
 Compliance Officer: _____
 Rep present for inspection:

 Results: _____
 Comments: _____

Practitioner representing the facility (name and License #): _____

Pharmacy that provides prescriptions: _____

INSTRUCTIONS

The outlet's consultant pharmacist shall evaluate the outlet's compliance with the Board of Pharmacy's rules. Please complete this form by **February 1, 2022**. This form must be kept on file at the outlet and available for Board inspection for 3 years.

Yes	No	N/A			Rule Reference
			1	How often are onsite inspections performed?	OAR 855-019-0240
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Does the consulting pharmacist comply with all requirements of Consulting Pharmacy Practice?	OAR 855-019-0240
			3	How does the consultant pharmacist monitor the facility's compliance with policies and procedures?	OAR 855-043-0620(2) and (3) OAR 855-043-0630(1)

Yes	No	N/A	4	<p>How is the outlet in compliance with the following? Please list policy number or provide an explanation (attach separate sheet if needed):</p> <ul style="list-style-type: none"> A. Drug procurement: B. Drug dispensing: C. Drug administration: D. Drug labeling: E. Medication counseling: F. Emergency/nonroutine dispensing procedures: G. Stop Orders: H. Over-the-Counter Drugs: I. Security: J. Drug storage: K. Drug disposal within the facility: <p>Where are the policies and procedures located?</p> <p>When were the policies and procedures last reviewed by both the consultant pharmacist and the practitioner representing the facility?</p> <p>How are staff trained on the outlet's policies and procedures?</p> <p>How is this documented?</p>	<p>Rule Reference</p> <p>OAR 855-043-0600 OAR 855-043-0630(1)</p>

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<p>Provide policies and procedures on the administration of drugs selected by registered nurses from bulk drug containers:</p> <p>How are bulk drugs (including OTC's) labeled and stored?</p> <p>Are any classes or types of drugs excluded from being sent to the facility in a bulk container?</p>	OAR 855-043-0630(6)
			6	<p>Provide policies and procedures on the following:</p> <p>A. Prospective reviews of individual therapy:</p> <p>B. Retroactive DUR's:</p> <p>C. Drug use reviews and evaluations:</p>	OAR 855-043-0620(4)
			7	<p>Please provide the policy and procedure for drug distribution and accountability for controlled substance medications.</p> <p>What quality assurance procedures are performed remotely and onsite to ensure proper reconciliation of all controlled substances?</p>	OAR 855-043-0630(3)(B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<p>Are patient specific prescriptions properly labeled including a physical description of the medication?</p>	OAR 855-041-1130(1)(a-l)
			9	<p>Who administers drugs to adults in custody and youth at the facility?</p> <p>Be prepared to provide training records.</p>	OAR 855-043-0630(6)

Telework

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<p>Do pharmacy staff (Pharmacists, Interns or COPT) work from a location physically outside of the pharmacy (i.e. their home)?</p> <p>Note: This is considered telework at a telework site by the board.</p> <ul style="list-style-type: none"> If the answer is No to this question, please proceed to the next section. 	OAR 855-041-3205
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<p>Does the pharmacy ensure that?</p> <ul style="list-style-type: none"> Only OR licensed Pharmacists, Interns, and COPTs (with at least one year of experience) are providing pharmacy services to Oregon patients All licensees comply with applicable federal and state laws and rules; and NO DRUGS or DEVICES are permitted at a telework site 	OAR 855-041-3215 OAR 855-041-3235
			12	<p>How does the PIC and Pharmacists ensure the supervision, direction, and control of COPTs?</p>	OAR 855-041-3215 OAR 855-041-3220
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<p>Does the pharmacy have a written agreement that includes all condition, duties and policies governing the licensee engaged in telework activities?</p>	OAR 855-041-3215 OAR 855-041-3245
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<p>Does the pharmacy maintain a continuously updated list of all licensees engaged in telework and the Telework Sites that includes all of the following:</p> <ul style="list-style-type: none"> Address and phone number where telework is performed for each Telework Site? Functions being performed by licensees engaged in telework? The Pharmacist providing supervision, direction, and control for each non-pharmacist licensee? 	OAR 855-041-3215 OAR 855-041-3250
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<p>Are all of the following supervision requirements met?</p> <ul style="list-style-type: none"> Utilize technology that enables real-time audio and visual connections and interface to allow access to information required to complete assigned duties Ensure telephone audio is recorded, reviewed, and stored, for all patient interactions completed by each Intern and COPT Ensure a pharmacist is supervising, directing, and controlling each Intern and COPT and that the continuous audio/visual connection is fully operational Ensure that a Pharmacist using professional judgment, determines the frequency of "checkins" for each licensee being supervised via the real-time audio and visual connection with a minimum of at least once per work shift, and documents the interaction 	OAR 855-041-3220

				<ul style="list-style-type: none"> • Ensure a pharmacist is readily available to answer questions and fully responsible for the practice and accuracy of the licensee; and • Ensure the Intern or COPT knows the identity of the Oregon licensed Pharmacist who is providing supervision, direction, and control at all times • Provide adequate staff to allow the pharmacist to complete required technician reviews 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<p>Are all of the following supervision requirements met by the Pharmacist?</p> <ul style="list-style-type: none"> • Using professional judgment, determine the percentage of patient interactions for each licensee that must be reviewed to ensure public health and safety with a minimum of 5% of patient interactions observed or reviewed • Review patient interactions within 48 hours of the patient interaction to ensure that each licensee is acting within the authority permitted under their license and patients are connected with a pharmacist upon request • Document the following within 48 hours of the review in <ul style="list-style-type: none"> ○ Number of each licensee's patient interactions; ○ Number of each licensee's patient interactions pharmacist is reviewing; ○ Date and time of licensee patient interaction pharmacist is reviewing; ○ Date and time of pharmacist review of licensee's patient interaction; and ○ Pharmacist notes of each interaction reviewed; and • Report any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 48 hours of discovery and to the board within 10 day 	OAR 855-041-3220
			17	<p>How does the pharmacy ensure patient confidentiality?</p> <p>Note: All computer equipment used at the Telework Site must:</p> <ul style="list-style-type: none"> • Establish and maintain a secure connection to the pharmacy and patient information; • Utilize equipment that prevents unauthorized access to the pharmacy and patient information; • Be configured so that the pharmacy and patient information is not accessible when <ul style="list-style-type: none"> ○ There is no Pharmacist actively supervising ○ There is no licensee at the telework site ○ When any component of the real-time audio visual connection is not functioning • Comply with security and confidentiality requirements 	OAR 855-041-3225 OAR 855-041-3240
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<p>Is a COPT or Intern able to access the pharmacy and patient information when a pharmacist is not actively supervising?</p>	OAR 855-041-3240

Yes No N/A

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<p>Are the following technology requirements met?</p> <ul style="list-style-type: none"> • Test the continuous audio and visual connection and document that it operates properly before engaging in telework. • Develop, implement and enforce a plan for responding to and recovering from an interruption of service which prevents a pharmacist from supervising, directing and controlling the Intern and COPT at the Telework Site • Ensure access to: <ul style="list-style-type: none"> ○ Appropriate and current pharmaceutical references based on the services offered; and ○ Appropriate and current Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, standards adopted by reference (e.g. USP) based on services offered by the outlet and a minimum of three years of the Board of Pharmacy quarterly newsletters. • Train the Pharmacists, Interns and COPT in the operation of continuous audio and visual connection 	OAR 855-041-3230
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<p>If a pharmacist is performing verification via telework, are all of the following requirements met?</p> <ul style="list-style-type: none"> • Use still image capture or store and forward for verification of prescriptions with a camera that is of sufficient quality and resolution so that the Pharmacist from the Oregon registered Drug Outlet Pharmacy can visually identify each <ul style="list-style-type: none"> ○ Source container including manufacturer, name, strength, lot, and expiration; ○ Dispensed product including the imprint and physical characteristics; ○ Completed prescription container including the label; and ○ Ancillary document provided to patient at the time of dispensing 	OAR 855-041-3230(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<p>Does each Pharmacist determine and document how many licensed individuals they are capable of supervising, directing, and controlling?</p> <p>Note: When supervising an Intern or CPT working at a Telework Site, the Pharmacist may supervise no more than four licensees among all locations, including the Pharmacy.</p>	OAR 855-041-3235
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<p>Are all records maintained with in the requirements of OAR 855-041-3250?</p>	OAR 855-041-3250

Work Area			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Secure			
Well lighted			
Interruptions while inspecting			
Clean & orderly			

Med room license in date and posted			
Previous inspections posted			
Medication cart (total number)			
Comments:			
Medication			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Outdates			
Expired or discontinued orders			
Labels correct and legible			
Multi-dose vials dated			
Where are medications obtained?			
What is the OBOP registration number of the facility that provides medication?			
Comments:			
Documentation			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
MARs dated, signed, and initialed			
Current nurse signatures on back of MARs			
Daily delivery reports checked off			
Stock count sheets reconcile			
Patient signing for "self-administered" medications			
Comments:			
Refrigeration			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Clean and orderly			
Outdates			
Expired or discontinued orders			
Labels correct and legible			

Daily temperature log			
How does the outlet monitor and ensure cold-storage conditions?			
Comments:			
Controlled substance			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Invoices reconciled			
Administration documentation			
Secure storage			
DEA 222 Forms reconciled and dated			
Comments:			
Poison Control			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Phone number posted			
Comments:			
Procedure and protocol			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Written procedures on site			
Treatment protocols reviewed and signed			
Comments:			
Chart review			
	<u>Yes</u>	<u>No</u>	<u>Other</u>
Orders noted with initial, date and time			
Progress notes correspond to written orders			
Protocol orders co-signed by practitioner			
Drug allergies noted			

Comments:

This form must be retained for three years for Oregon Board of Pharmacy inspections.

Staff Contact for OBOP if Consultant Pharmacist is not present for the inspection:

Signature of the Consultant Pharmacist: _____ Date: _____