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 patient/inmates.

Board inspections are unscheduled; therefore, it is common for the consultant to be absent or unavailable. For this reason, you are asked to provide a list of the locations of required documents.

Do not assume that you are in compliance; take the time to personally verify that compliance exists. A situation of non-compliance is the outlet and consultant pharmacist’s responsibility to immediately correct. If you have any questions, please call or email your questions, “attention inspectors”, prior to an inspection, to the phone number or email above.

By answering the questions and referencing the appropriate rules provided, you can determine whether you are compliant with the rules. If you have corrected any deficiencies, please write corrected and the date of correction by the appropriate question.
CONSULTANT PHARMACIST
CORRECTIONAL FACILITY INSPECTION REPORT

Date: __________________________
Outlet License No: __________________________
Correctional Facility: __________________________
Address: __________________________

Inspector Signature: __________________________
Date: ____________
Deficiency Notification: __________________________
Comments: __________________________

OAR 855-043-0620 Duties of the Pharmacist

1. Do you monitor the facility’s compliance with policies and procedures regarding medication management?

2. How do you perform and document timely drug utilization reviews?

OAR 855-041-1130(1)(k)

3. Are the patient specific prescriptions properly labeled including the patient identification label?

OAR 855-043-0630 Drug Delivery and Control

(1) The Pharmacist and the practitioner representing the facility shall be responsible for establishing written policies and procedures for medication management including, but not limited to, drug procurement, dispensing, administration, labeling, medication counseling, drug utilization review, medication records, parenterals, emergency and non-routine dispensing procedures, stop orders, over-the-counter drugs, security, storage and disposal of drugs within the facility. Policies and procedures shall be reviewed and updated annually by the pharmacist and practitioner, maintained in the facility, and be made available to the Board for inspection.

4. When were the policies and procedures reviewed and where are they located?

5. Is consulting pharmacist complying with requirements of OAR 855-019-0240? ________________

6. Please complete the following information and retain the form for three years at the facility site.

Work Area:

<table>
<thead>
<tr>
<th>Secure</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
<th>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well lighted</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Interruptions while inspecting</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Clean &amp; orderly</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Med room license in date and posted</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Previous inspections posted</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Medication cart (total number)</td>
<td># __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: __________________________

Medication:

<table>
<thead>
<tr>
<th>Outdates</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
<th>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expired or DC’d orders</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Routes of administration separate</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Labels correct &amp; legible</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
<tr>
<td>Multi-dose vials dated</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
<td>__________</td>
</tr>
</tbody>
</table>

Where are medications obtained? __________________________
What is the Board registration number of the facility that provides medication? ________________

Comments: ____________________________________________________________________________

_____________________________________________________________________________________

**Documentation:**

MAR’s dated, signed & initialed Yes No Other________
Current nurse signatures on back of MAR’s Yes No Other________
Daily delivery reports checked off Yes No Other________
Stock count sheets reconcile Yes No Other________
Patient signing for “Ok in Cell” meds Yes No Other________

Comments: __________________________________________________________________________

_____________________________________________________________________________________

**Refrigeration:**

Clean & orderly Yes No Other________
Outdates Yes No Other________
Expired or DC’d orders Yes No Other________
Labels correct and legible Yes No Other________
Daily temperature log Yes No Other________
Current temp (2-8 C or 36-46 F) ______ ( C / F )

Comments: __________________________________________________________________________

_____________________________________________________________________________________

**Controlled substance:**

Accounts sheets reconciled Yes No Other________
Administration documented Yes No Other________
Secure storage Yes No Other________
DEA 222 Forms Reconciled and Dated Yes No Other________

Comments: __________________________________________________________________________

_____________________________________________________________________________________

**Poison Control:**

Phone number posted Yes No Other________

Comments: __________________________________________________________________________

_____________________________________________________________________________________

**Procedure and protocol:**

Written procedures on site Yes No Other________
Treatment protocols reviewed & signed Yes No Other________

Comments: __________________________________________________________________________

_____________________________________________________________________________________
**Chart review:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orders noted off with initial, date &amp; time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress notes correspond to written orders</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Protocol orders counter-signed by practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug allergies noted</td>
<td></td>
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</table>

Comments: __________________________________________________________________________

____________________________________________________________________________________

Deficiencies listed on the form must be corrected as soon as possible. This form **must** be posted in plain view and retained for three years for Oregon Board of Pharmacy inspections.

Health service manager/nurse manager: ________________________________

Staff member: ________________________________

Signature of Consultant Pharmacist: __________________________ Email address: __________________________

Oregon Pharmacist License No. ________________________________