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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
INVESTIGATIVE SERVICES
2727 Mahan Drive • Tallahassee, FL 32308
DISPENSING PRACTITIONERS DEFICIENCIES NOTICE



NAME OF DISPENSING PRACTITIONER <i>Pharmacia</i>		PERMIT NUMBER <i>ME 64837</i>	DATE OF INSPECTION <i>12/24/02</i>
DOING BUSINESS AS <i>J</i>		DEA NUMBER <i>KA245864</i>	CHECK ONE <input type="checkbox"/> Podiatrist <input type="checkbox"/> Dentist
STREET ADDRESS, (DISPENSING LOCATION) <i>2211 ...</i>		TELEPHONE # <i>(904) 332-6131</i>	<input checked="" type="checkbox"/> Medical Physician <input type="checkbox"/> Osteopathic Physician <input type="checkbox"/> Nurse Practitioner
CITY <i>Tallahassee</i>	COUNTY <i>Tallahassee</i>	STATE/ZIP <i>FL 32311</i>	<input type="checkbox"/> Naturopath <input type="checkbox"/> Optometrist
CHECK DEFICIENCIES 4			
201	Generic drug substitution sign NOT posted. [465.025(7), F.S.]		<input checked="" type="checkbox"/>
202	Stock medications not properly labeled for dispensing. [499.007(2), F.S.]		<input checked="" type="checkbox"/>
203	Outdated medications not removed from stock. [64B16-28.104]		
204	Medications not properly refrigerated. [64B16-28.104]		
205	Not dispensing medications in childproof container. [21CFR 1700.2]		
206	Medication labels not properly completed for dispensing. [893.04(1)(e), F.S.] [64B16-28.108]		<input checked="" type="checkbox"/>
207	Failure to write a prescription for medication(s) dispensed. [465.0276(2)(c), F.S.]		
208	Failure to inform patient they may fill prescription at any pharmacy. [465.0276(2)(c), F.S.]		
209	Failure to certify drugs to be dispensed prior to patient receiving. [64B16-27.400(3)]		
210	Practitioner has not initialed and dated controlled substance prescription. [893.04(1)(c)6, F.S.]		
211	Controlled substance prescriptions filled do not have patient's full name and address. [893.04(1)(c)1, F.S.]		
212	Controlled substance prescriptions filled do not contain full name, address and DEA number of practitioner. [893.04(1)(c)2, F.S.]		
213	Practitioner has not initialed and dated controlled substance prescription refills. [893.04(1)(c)6, F.S.]		
214*	Practitioner failed to sign and date daily prescription hard copy printout or log. [64B16-28.140(3)(b)]		
215*	Computer information not readily retrievable. [21CFR 1306.22] [64B16-28.140(3)(c)]		
216	Controlled substance prescriptions filled (hard copy) not properly maintained. [893.04, F.S.] [893.07, F.S.]		
217	Controlled substance purchase records not properly maintained. [893.07(4)(a)(b), F.S.]		
218	Records for controlled substances not readily retrievable. [893.07(4), F.S.] [21CFR 1304.04]		
219	Biennial controlled substance inventory not taken. [893.07(1)(a), F.S.]		
220	DEA 222 forms not completed properly. [893.07(2), F.S.] [21CFR 1305.09]		

* Questions with (*) may be answered n/a (not applicable).

NOTICE OF DEFICIENCIES

This notice, issued by the Agency for Health Care Administration, is to facilitate voluntary compliance with certain statutes and rules governing the dispensing practice, without resorting to formal disciplinary action. Evidence of correction of the listed deficiencies must be submitted within thirty (30) days of the date of this notice to the Agency for Health Care Administration investigator whose address appears on this form. Disciplinary action may be taken against the license of the practitioner for failure to comply with the requirements in this notice.

Evidence for compliance may be in the form of an Affidavit of Compliance [including supporting documentation such as copies of inventories, etc.] from the practitioner that he/she conducted an inspection and the deficiencies listed in this notice have been corrected. The attached Affidavit of Compliance with supporting documentation may, if applicable be used as evidence of compliance with this notice.

Remarks: _____

Signature of Dispensing Practitioner

Date

Signature of Investigator/Inspector #

Address

City

State

Zip