



**California State Board of Pharmacy**

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

## HOSPITAL PHARMACY SELF-ASSESSMENT

Title 16 of the California Code of Regulations section 1715 requires the pharmacist-in-charge of each pharmacy licensed under section 4037 or 4029 of the Business and Professions Code to complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. **The assessment shall be performed before July 1 of every odd-numbered year.** The pharmacist-in-charge must also complete a self-assessment within 30 days whenever (1) a new pharmacy permit has been issued, or (2) there is a change in the pharmacist-in-charge. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

The self-assessment must be completed in entirety and may be completed online, printed and retained in the pharmacy. Do not copy a previous assessment.

Notes: If dispensing prescriptions for outpatient use, a Hospital Outpatient Pharmacy Self-Assessment (17M-13, Rev. 05/13) must be completed also. A hospital that compounds drug products must also complete the Compounding Self-Assessment (17M-39 Rev. 05/13).

**Each self-assessment must be kept on file in the pharmacy for three years after it is performed.**

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Ownership: Sole Owner  Partnership  Corporation  LLC   
Non-Licensed Owner  Other (please specify)  \_\_\_\_\_

Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Other Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Licensed Sterile Compounding Permit # \_\_\_\_\_ Expiration: \_\_\_\_\_

or Accredited by: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Centralized Hospital Packaging Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

DEA Registration #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Date of DEA Inventory: \_\_\_\_\_

Hours: Daily \_\_\_\_\_ Sat \_\_\_\_\_ Sun. \_\_\_\_\_ 24 Hours \_\_\_\_\_

PIC: \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Pharmacy staff (pharmacists, interns, technicians):

- 1. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 2. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 3. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 4. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 5. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 6. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 7. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 8. \_\_\_\_\_ RPH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 9. \_\_\_\_\_ INT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 10. \_\_\_\_\_ INT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 11. \_\_\_\_\_ INT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 12. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 13. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 14. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 15. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 16. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 17. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- 18. \_\_\_\_\_ TCH # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

# HOSPITAL PHARMACY SELF-ASSESSMENT

All references to the California Code of Regulations (CCR) are Title 16 unless otherwise noted.

Please mark the appropriate box for each question. If “NO,” enter an explanation on “CORRECTIVE ACTION or ACTION PLAN” lines below. If more space is needed, you may add additional sheets.

## 1. Pharmacy

Yes No N/A

- 1.1. The pharmacy is secure and has provisions for effective control against the theft of dangerous drugs and devices. (B&PC 4116, 4117, CCR 1714)
- 1.2. The pharmacy has procedures in place to take action to protect the public when a licensed individual employed by or with the pharmacy is discovered or known to be chemically, mentally, or physically impaired to the extent it affects his or her ability to practice the profession or occupation authorized by his or her license, or is discovered or known to have engaged in the theft, diversion, or self-use of dangerous drugs. (B&PC 4104[a])
- 1.3. The pharmacy has written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft, diversion, or self-use of dangerous drugs, among licensed individual employed by or with the pharmacy. (B&PC 4104[b])
- 1.4. The pharmacy reports to the board within 30 days of the receipt or development of the following information with regard to any licensed individual employed by or with the pharmacy: (1) any admission by a licensed individual of chemical, mental, or physical impairment affecting his or her ability to practice; (2) Any admission by a licensed individual of theft, diversion, or self-use of dangerous drugs; (3) Any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice; (4) Any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensed individual; (5) Any termination based on chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice; (6) Any termination of a licensed individual based on theft, diversion, or self-use of dangerous drugs. (B&PC 4104[c])
- 1.5. The pharmacy maintains “night stock” medications which are accessible without entering the pharmacy during hours when the pharmacy is closed, and the pharmacist is not available. Access is limited to designated registered nurses. (22 CCR 70263[n])
- 1.6. The pharmacy is of sufficient size and has an unobstructed area to accommodate the safe practice of pharmacy. (CCR 1714)
- 1.7. The pharmacy premises, fixtures, and equipment are maintained in a clean and orderly condition. (CCR 1714)
- 1.8. The pharmacy sink has hot and cold running water. (CCR 1714)
- 1.9. The pharmacy has a readily accessible restroom. (CCR 1714)

Yes No N/A

1.10. The original board-issued pharmacy license and the current renewal are posted where they may be clearly read by the purchasing public. (B&PC 4032, 4058)

1.11. Pharmacists, interns, pharmacy technicians, and pharmacy technician trainees wear nametags, in 18-point type, that contain their name and license status. (B&PC 680, B&PC 4115.5[e], CCR 1793.7[c])

1.12. Does the pharmacy compound sterile injectable drugs?  
(If yes, complete section 24 – “Compounding Sterile Injectable Drugs”)

1.13. The pharmacy is subscribed to the board’s e-mail notifications. (B&PC 4013)

Date Last Notification Received: \_\_\_\_\_

E-mail address registered with the board: \_\_\_\_\_

1.14. For a pharmacy whose owner owns two or more pharmacies, the pharmacy receives the board’s e-mail notifications through the owner’s electronic notice system. (B&PC 4013[c])

Date Last Notification Received: \_\_\_\_\_

E-mail address registered with the board: \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
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**2. Nursing Stations**

Yes No N/A

2.1. Adequate space is available at ward or nursing station for the storage of drugs and preparation of medication doses. All such spaces and areas can be locked and are accessible to authorized personnel only. (22 CCR 70269)

2.2. The pharmacist completes the monthly inspections of all floor stock and drugs maintained in nursing stations. Any irregularities are reported to the director of nursing services, and as required by hospital policy. (22 CCR 70263[q][10])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
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**3. Delivery of Drugs**

Yes No N/A

3.1. Delivery to the pharmacy of dangerous drugs and dangerous devices are only delivered to the licensed premise and signed for and received by a pharmacist. (B&PC 4059.5[a])

Yes No N/A

3.2. Deliveries to a hospital pharmacy may be made to a central receiving location within the hospital. However, the dangerous drugs or dangerous devices shall be delivered to the licensed pharmacy premise within one working day following receipt by the hospital, and the pharmacist on duty at that time shall immediately inventory the drugs or devices. (B&PC 4059.5[c])

3.3. A pharmacy may take delivery of dangerous drugs and dangerous devices when the pharmacy is closed and no pharmacist is on duty if all of the following requirements are met (B&PC 4059.5[f]):

- 3.3.1. The drugs are placed in a secure storage facility in the same building as the pharmacy (B&PC 4059.5[f][1]);
- 3.3.2. Only the pharmacist-in-charge or a pharmacist designated by the pharmacist-in-charge has access to the secure storage facility after dangerous drugs or dangerous devices have been delivered (B&PC 4059.5[f][2]);
- 3.3.3. The secure storage facility has a means of indicating whether it has been entered after dangerous drugs or dangerous devices have been delivered (B&PC 4059.5[f][3]);
- 3.3.4. The pharmacy maintains written policies and procedures for the delivery of dangerous drugs and dangerous devices to a secure storage facility (B&PC 4059.5[f][4]); and
- 3.3.5. The agent delivering dangerous drugs and dangerous devices pursuant to this subdivision leaves documents indicating the name and amount of each dangerous drug or dangerous device delivered in the secure storage facility. The pharmacy shall be responsible for the dangerous drugs and dangerous devices delivered to the secure storage facility. The pharmacy shall also be responsible for obtaining and maintaining records relating to the delivery of dangerous drugs and dangerous devices to a secure storage facility. (B&PC 4059.5[f][5])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

#### 4. Drug Stock

Yes No N/A

4.1. The drug stock is clean, orderly, properly stored, properly labeled and in-date. (B&PC 4342, H&SC 111255, CCR 1714 (b), 22 CCR 70263[q])

4.2. All ward/floor drug stock and drug supplies that are maintained for access when the pharmacist is not available are properly labeled and stored. (22 CCR 70263[n])

4.3. Preferentially priced drugs are furnished solely or predominately to inpatients in accordance with provisions of the Nonprofit Institutions Act (15 USC 13c). Such drugs also may be dispensed pursuant to prescriptions for inpatients at the time of discharge, for employees of the hospital, or on an emergency basis for a walk-in customer (provided that sales to walk-ins do not exceed one percent of the pharmacy's total prescription sales). (B&PC 4380, CCR 1710[a])

4.4. All unit-dose drugs received from a centralized hospital packaging pharmacy are correctly labeled, are barcoded, and the barcode is readable at the patient's bedside. (B&PC 4128.4, 4128.5)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

**5. PHARMACIES THAT DONATE DRUGS TO A COUNTY-APPROVED DRUG REPOSITORY AND DISTRIBUTION PROGRAM**

Yes No N/A

5.1. The hospital pharmacy donates medications to a county-approved drug repository and distribution program, provided the following requirements are met: (H&SC 150202, 150202.5, 150204)

- 5.1.1. The hospital pharmacy is licensed by and is not on probation with the California State Board of Pharmacy, **and** (H&SC 150202.5)
- 5.1.2. The hospital pharmacy’s primary or sole type of pharmacy practice is limited to skilled nursing facility, home health care, board and care, board and care, or mail order. (H&SC 150202.5)

5.2. No controlled substances shall be donated. (H&SC 150204[c][1])

5.3. Drugs that are donated are unused, unexpired and meet the following requirements: (H&SC 150202.5, 150204[c])

- 5.3.1. Have not been adulterated, misbranded, or stored under conditions contrary to standards set by the USP or the product manufacturer. (H&SC 150204[c][2])
- 5.3.2. Were received directly from a manufacturer or wholesaler. (H&SC 150202.5[a])
- 5.3.3. Were centrally stored and under the control of a health facility staff member, and were never in the possession of a patient or individual member of the public. (H&SC 150202.5[b], 150204[c][3])
- 5.3.4. Are in unopened, tamper-evident packaging or modified unit dose containers with lot numbers and expiration dates affixed. (H&SC 105204[d])
- 5.3.5. For donated medications that require refrigeration, are medications that are stored, packaged and transported at appropriate temperatures and in accordance with USP standards and pharmacy law. (H&SC 150204[m])

5.4. The hospital pharmacy follows the same procedural drug pedigree requirements for donated drugs as it does for drugs purchased from a wholesaler or directly from a drug manufacturer. (H&SC 150204[n])

**6. Pharmacist-in-Charge (PIC)**

Yes No N/A

6.1. The pharmacy has a PIC who is responsible for the daily operation of the pharmacy. (B&PC 4101, 4113, 4305, 4330, CCR 709, 1709.1)

6.2. The PIC has adequate authority to assure the pharmacy's compliance with laws governing the operation of a pharmacy (CCR 1709.2[b])

6.3. Is the PIC in charge of another pharmacy?

If yes, the pharmacies are within 50 driving distance miles of each other. (CCR 1709.1[c])

If yes, name of other pharmacy \_\_\_\_\_

Yes No N/A

6.4. Any change of PIC is reported by the pharmacy and the departing PIC to the board in writing within 30 days. (B&PC 4101, 4330)

6.5. Is the PIC serving concurrently as the designated representative-in-charge for a wholesaler or veterinary food-animal retailer? (CCR 1709.1 [d])

If yes, name the wholesaler or veterinary food-animal retailer. \_\_\_\_\_

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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### 7. Duties of a Pharmacist

Yes No N/A

7.1. Within the scope of the inpatient pharmacy service, the pharmacist receives a chart order for an inpatient; identifies, evaluates and interprets the chart order; reviews patient's drug regimen and interprets the clinical data in the patient's medication record; consults with any prescriber, nurse or health care professional; calculates drug doses; supervises the packaging of drugs and checks the packaging procedures and products upon completion; is responsible for all activities of pharmacy technicians, interns and clerks related to the furnishing of drugs to ensure that all such activities are performed completely, safely and without risk of harm to patients; performs any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform; and performs all functions which require professional judgment. (B&PC 4052, 4052.2, CCR 1793.1)

7.2. Pharmacists in a licensed health care facility who are performing the following functions are doing so in accordance with the hospital's policies, procedures and protocols which have been developed by health professionals including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator; ordering or performing routine drug therapy-related patient assessment procedures; ordering drug therapy-related laboratory tests; administering drugs or biologicals by injection; initiating or adjusting the drug regimen of a patient, and/or performing moderate or waived laboratory tests. Prior to performing any of these functions, the pharmacist must have either (1) successfully completed clinical residency training, or (2) demonstrated clinical experience in direct patient care delivery as specified in B&PC section 4052.2. (B&PC 4027, 4051, 4052, 4052.2)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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### 8. Duties of an Intern Pharmacist

Yes No N/A

8.1. Intern pharmacists are performing all the functions of a pharmacist only under the direct supervision of a pharmacist, and the pharmacist is supervising no more than **two interns** at any one time. (B&PC 4023.5, 4030, 4114, CCR 1726)

Yes No N/A

- 8.2. All prescriptions filled or refilled by an intern are initialed or documented by secure computer entry by a pharmacist prior to dispensing. (CCR 1712[a], 1717[b][1])
- 8.3. During a temporary absence of a pharmacist for a meal period or duty free break, an intern pharmacist may not perform any discretionary duties or act as a pharmacist. (CCR 1714.1[d])
- 8.4. The intern hours affidavits are signed by the pharmacist under whom the experience was earned. (B&PC 4209, CCR 1726)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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### 9. Duties of a Pharmacy Technician

Yes No N/A

- 9.1. Registered pharmacy technicians are performing packaging, manipulative, repetitive, or other nondiscretionary tasks related to the furnishing of drugs, while assisting and under the direct supervision and control of a pharmacist. (B&PC 4023.5, 4038, 4115, CCR 1793.2)
- 9.2. The ratio for technicians performing the tasks above, related to the furnishing of drugs to inpatients, does not exceed one pharmacist on duty for two technicians on duty. However, when prescriptions are dispensed to discharge patients with only one pharmacist, there is no more than one technician performing the tasks as defined in B&PC 4115(a). The ratio of pharmacy technicians performing those tasks for additional pharmacists does not exceed 2:1. (B&PC 4038, 4115, CCR 1793.7[f])
- 9.3. Any function performed by a technician in connection with the dispensing of a prescription or chart order, including repackaging from bulk and storage of pharmaceuticals is verified and documented in writing by a pharmacist or documented by a pharmacist using secure computer entry. (CCR 1712, 1793.7)
- 9.4. A pharmacy technician or pharmacy technician trainee wears identification, in 18-point type that identifies him or her self as a pharmacy technician or pharmacy technician trainee. (B&PC 680, B&PC 4115.5[e], CCR 1793.7[d])
- 9.5. The pharmacy has a job description for the pharmacy technician and written policies and procedures to ensure compliance with the technician requirements. (CCR 1793.7)
- 9.6. The ratio is no less than one pharmacist to two technicians. (B&PC 4115[g], CCR 1793.7)
- 9.7. During a temporary absence of a pharmacist for a meal period or duty free break, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. Any task performed by the pharmacy technician during the pharmacist's temporary absence is reviewed by the pharmacist. (B&PC 4115[g], CCR 1714.1[c])
- 9.8. The general acute-care hospital has an ongoing clinical pharmacy program and allows specially trained pharmacy technicians to check the work of other pharmacy technicians when the following conditions are met: (CCR 1793.8)
- 9.8.1. Pharmacists are deployed to the inpatient care setting to provide clinical services.
  - 9.8.2. Compounded or repackaged products are previously checked by a pharmacist.
  - 9.8.3. The overall operations are the responsibility of the pharmacist-in-charge.

- 9.8.4. The pharmacy technician check technician program is under the direct supervision of the Pharmacist as specified in the policies and procedures.
- 9.8.5. There is an ongoing evaluation of the program that uses specially trained pharmacy technicians to check the work of other pharmacy technicians.

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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**10. Duties of Non-Licensed Personnel**

Yes No N/A

- 10.1. A non-licensed person (clerk/typist) is permitted to type a prescription label or otherwise enter prescription information into a computer record system, and at the direction of a pharmacist, may request and receive refill authorization. (B&P 4007,CCR 1793.3)
- 10.2. The number of non-licensed personnel supervised by each pharmacist does not interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. (CCR 1793.3[b])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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**PHARMACY PRACTICE**

**11. Pharmaceutical Service Requirements**

Yes No N/A

- 11.1. The pharmacy complies with the requirements of 22 CCR 70263, addressing the following areas in written policies and procedures:
  - 11.1.1. Basic information concerning investigational drugs and adverse drug reactions;
  - 11.1.2. Repackaging and compounding records;
  - 11.1.3. Physician orders;
  - 11.1.4. Wards, nursing stations and night stock medications;
  - 11.1.5. Drugs brought into the facility by patients for storage or use;
  - 11.1.6. Bedside medications;
  - 11.1.7. Emergency drug supply;
  - 11.1.8. Pass medications;
  - 11.1.9. Inspection of ward stock, nursing stations and night lockers no less frequently than every 30-days\Outdated drugs;
  - 11.1.10. Routine distribution of inpatient medications;
  - 11.1.11. Preparation, labeling and distribution of IV admixtures and cytotoxic agents;
  - 11.1.12. Handling of medication when pharmacist not on duty; and
  - 11.1.13. Use of electronic image and data order transmissions.

Yes No N/A

11.2. The pharmacy complies with the requirements of 22 CCR 70263, addressing the following areas:

- 11.2.1. Destruction of controlled substances; and
- 11.2.2. Development and maintenance of the hospital's formulary. (22 CCR 70263, CCR 1751, CCR 1751.8)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

### 12. Medication/Chart Order

Yes No N/A

12.1. The pharmacy receives the original, the electronic transmission, or a copy of the medication order. Faxed copies, tele-autograph copies, or transmissions between computers are permissible. (B&PC 4019, 4040, CCR 1717.4)

12.2. The chart or medical record of the patient contains all of the information required by B&PC 4040 and the chart order is signed by the practitioner authorized by law to prescribe drugs if present or, if not present, within a specified time frame not exceeding 48 hours. (B&PC 4019, 4040, 22 CCR 70263[g])

12.3. A copy of the chart order is maintained on the premises for three years. (B&PC 4081, 4105, 4333)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

### 13. Labeling and Distribution

Yes No N/A

13.1. Unit dose medication and parenteral admixtures are properly labeled and include the information as required by B&PC 4076, or the information is otherwise readily available at the time of drug administration. (B&PC 4076, CCR 1751.2)

13.2. The pharmacist is responsible for the proper labeling, storage and distribution of investigational drugs pursuant to the written order of the investigator. (22 CCR 70263[o]).

13.3. This pharmacy furnishes dangerous drugs in compliance with B&PC 4126.5 only to a patient pursuant to a prescription, a wholesaler from whom the dangerous drugs were purchased, a manufacturer from whom the drugs were purchased, a licensed wholesaler acting as a reverse distributor, another pharmacy to alleviate a temporary shortage with a quantity sufficient to alleviate the temporary shortage, a health care provider authorized to received drugs, to another pharmacy of common ownership, or to a patient or to another pharmacy pursuant to a prescription. (B&PC 4126.5)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

**14. Duration of Drug Therapy**

Yes No N/A

- The hospital has policies limiting the duration of drug therapy in the absence of the prescriber's specific indication of duration of drug therapy or under other circumstances recommended by the pharmacy and therapeutics committee or its equivalent and approved by the executive committee of the medical staff. Limitations are established for classes of drugs and/or individual drug entities. (22 CCR 70263[jj])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
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**15. Confidentiality of Chart Orders, Prescriptions and Patient Medical Information**

Yes No N/A

- 15.1. Patient information is maintained to safeguard confidentiality. (Civil Code 56 et seq.)
- 15.2. Patient medical information, all prescriptions (chart orders, patient discharge and employee prescriptions) are confidential and are not disclosed unless authorized by law. (B&PC 4040, CCR 1764, Civil Code 56 et seq.)
- 15.3. Destruction or disposal of patient records preserves the confidentiality of the information contained therein. (Civil Code 56.101)
- 15.4. The pharmacy ensures electronically transmitted prescriptions (chart orders, discharge patient or employee prescriptions) are received, maintained and transmitted in a secure and confidential manner. (CCR 1717.4)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
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**16. Quality Assurance and Medication Errors**

Yes No N/A

- 16.1. Pharmacy has established quality assurance program that documents medication errors attributable, in whole or in part, to the pharmacy or its personnel. (B&PC 4125, CCR 1711)
- 16.2. Pharmacy quality assurance policies and procedures are maintained in the pharmacy and are immediately retrievable. (CCR 1711[c])
- 16.3. When a medication error has occurred (drug was administered to or by the patient, or resulted in a clinically significant delay in therapy) the pharmacist communicates with the patient or patient's agent that a medication error has occurred and the steps required to avoid injury or mitigate the error. (CCR 1711[c][2][A], 1711 [c][3])
- 16.4. When a medication error has occurred (drug was administered to or by the patient, or resulted in a clinically significant delay in therapy) the pharmacist communicates to the prescriber that a medication error has occurred. (CCR 1711[c][2][B], 1711 [c][3])

Yes No N/A

- 16.5. Investigation of pharmacy medication errors is initiated within two business days from the date the medication error is discovered. (CCR 1711[d])
- 16.6. The record for quality assurance review for a medication error contains: (CCR 1711[e]);
- 16.6.1. Date, location, and participants in the quality assurance review;
  - 16.6.2. Pertinent data and other information related to the medication error(s) reviewed;
  - 16.6.3. Findings and determinations;
  - 16.6.4. Recommended changes to pharmacy policy, procedure, systems or processes, if any.
- 16.7. The record of the quality assurance review is immediately retrievable in the pharmacy and is maintained in the pharmacy for at least one year from the date it was created. (CCR 1711[f])
- 16.8. Pharmacists are not deviating from the requirements of a prescription except upon the prior consent of the prescriber, and selection of the drug product is in accordance with B&PC 4073 (generic substitution). (CCR 1716)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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## 17. Record Keeping Requirements

Yes No N/A

- 17.1. A completed biennial pharmacy self -assessment is on file in the pharmacy and maintained for three years. (CCR 1715)
- 17.2. All drug acquisition and disposition records (complete accountability) are maintained for at least three years. These records include:
- 17.2.1. Prescription records (B&PC 4081[a])
  - 17.2.2. Purchase Invoices for all prescription drugs (B&PC 4081[b])
  - 17.2.3. Biennial controlled substances inventory (21 CFR 1304.11)
  - 17.2.4. U.S. Official Order Forms (DEA Form- 222) (21 CFR 1305.13)
  - 17.2.5. Power of Attorney for completion of DEA 222 forms (21 CFR 1305.07)
  - 17.2.6. Theft and Loss Reports (DEA Form 106) (21 CFR 1301.74[c])
  - 17.2.7. Record documenting return of drugs to wholesaler or manufacturer (B&PC 4081)
  - 17.2.8. Record documenting transfers or sales to other pharmacies and prescribers (B&PC 4059, 4081, 4105, 4332, CCR 1718)
  - 17.2.9. Centrally stored unused medications donated to a drug repository and distribution program. (H&SC 150200, 150202[a][1])
- 17.3. Transfers or sales to other pharmacies and prescribers do not exceed five percent of the pharmacy's total annual purchases of dangerous drugs or devices. If more than five percent, registration with the board as a wholesaler has been obtained. (21 CFR 1307.11, Prescription Drug Marketing Act [PDMA] [Pub. L. 100-293, Apr. 11, 1988] 503, B&PC 4160)

Yes No N/A

- 17.4. If sales or distributions of controlled substances to other hospitals, pharmacies, or prescribers exceed five percent of the total number of controlled substances dosage units (that are furnished to the inpatients or dispensed on prescriptions to discharge patients or employees) per calendar year, the following have been obtained: a separate DEA distributor registration and a wholesaler's permit from the board. (21 CFR 1307.11, PDMA 503, B&PC 4160)
- 17.5. A controlled substances inventory is completed biennially (every two years).  
Date completed: \_\_\_\_\_ (21 CFR 1304.11)
- 17.6. Separate Schedule II records are maintained. This includes triplicate prescriptions, invoices, US official order forms and inventory records. (21 CFR 1304.04)
- 17.7. Inventories and records for Schedule III-V controlled substances are filed separately or maintained in a readily retrievable manner that distinguishes them from other ordinary business records. (21 CFR 1304.04)
- 17.8. DEA Forms 222 are properly executed. (21 CFR 1305.09)
- 17.9. When the pharmacy distributes Schedule II controlled substances to other DEA registrants, Copy 2 of the DEA Form 222, properly completed, are submitted at the end of each month to the DEA Regional Office. (21 CFR 1309.09)
- 17.10. Any controlled substances drug loss is reported upon discovery to the DEA and to the Board of Pharmacy within 30 days. (21 CFR 1301.74[c], CCR 1715.6)
- 17.11. Records stored off-site (only for pharmacies who have obtained a waiver from the Board of Pharmacy to store records off-site) are secure and retrievable within two business days. Records for non-controlled substances are maintained on the licensed premises for at least one year from the date of dispensing. Controlled substances are maintained on the licensed premises for at least two years from the date of dispensing. (CCR 1707)
- 17.12. Do pharmacy staff hand initial prescription records and prescription labels, OR
- 17.13. Does the pharmacy comply with the requirement for a pharmacist to initial or sign a prescription record or prescription label by recording the identity of the reviewing pharmacist in a computer system by a secure means. This computer does not permit the record to be altered after made and the record of the pharmacist's identity made in the computer system is immediately retrievable in the pharmacy. (CCR 1712)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
\_\_\_\_\_

**18. After-Hours Supply of Medication**

Yes No N/A

- The pharmacy maintains a record of the drugs taken from the after-hours supply of medications and the pharmacist is notified of such use. The record includes the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered and the signature of the registered nurse. (22 CCR 70263[n])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

**19. Drug Supplies for Use in Medical Emergencies**

Yes No N/A

- 19.1. A supply of drugs for use in medical emergencies only is immediately available at each nursing unit or service area as required. (22 CCR 70263[f])
- 19.2. Written policies and procedures have been developed that establish the contents of the supply, procedures for use, restocking and sealing of the emergency drug supply. (22 CCR 70263[f][1])
- 19.3. The emergency drug supply is stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the drugs. The contents of the container are listed on the outside cover and include the earliest expiration date of any drugs within. (22 CCR 70263[f][2])
- 19.4. The pharmacist is responsible for inspection of the drug supply at periodic intervals (no less frequently than every 30 days) specified in the written policies. Records of the inspection are kept for at least three years. (22 CCR 70263[f][3])

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

**20. Schedule II-V Controlled Substances Floor Stock Distribution Records**

Yes No N/A

- Records for the distribution of Schedule II-V controlled substances floor stock are open to inspection by authorized officers of the law and are preserved for at least three years from the date of making. (B&PC 4081)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

**21. Emergency Room Dispensing**

Yes No N/A

- 21.1. A prescriber may dispense a dangerous drug, including a controlled substance, to an emergency room patient if all of the following apply: (B&PC 4068[a])
  - 21.1.1. The hospital pharmacy is closed and there is no pharmacist available in the hospital;
  - 21.1.2. The dangerous drug is acquired by the hospital pharmacy;
  - 21.1.3. The dispensing information is recorded and provided to the pharmacy when the pharmacy reopens;
  - 21.1.4. The hospital pharmacy retains the dispensing information and, if the drug is a schedule II, III or IV controlled substance, reports the dispensing information to the Department of Justice pursuant to Section 11165 of the Health and Safety Code;

- 21.1.5. The prescriber determines that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued, and the prescriber reasonably believes that a pharmacy located outside the hospital is not available and accessible at the time of dispensing to the patient; and
- 21.1.6. The quantity of drugs dispensed to any patient pursuant to this section are limited to that amount necessary to maintain uninterrupted therapy during the period when pharmacy services outside the hospital are not readily available or accessible, but shall not exceed a 72-hour supply;

Yes No N/A

- 21.2. The prescriber shall ensure that the label on the drug contains all the information required by Section 4076. (B&PC 4068[a][7])
- 21.3. The prescriber shall be responsible for any error or omission related to the drugs dispensed. (B&PC 4068[b])
- 21.4. The brand name or generic name and manufacturer of the prescription drug is accurately identified on the label and prescription record. (B&PC 4076, CCR 1717)
- 21.5. Controlled substances are dispensed in prescription containers bearing a federal warning label prohibiting transfer of the drugs. (CFR 290.5)
- 21.6. Prescriptions are dispensed in new, senior-adult ease –of-opening tested, and child-resistant containers or in a noncomplying package, only pursuant to the prescription or when requested by the purchaser. (15 USC 1473 section 4[b], 16 CFR 1700.15., CCR 1717)
- 21.7. Patient package inserts are dispensed with all estrogen medications (21 CFR 310.515)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
 \_\_\_\_\_

**22. Discharge Medication/Consultation Services**

Yes No N/A

- 22.1. Patients receive information regarding each medication given at the time of discharge. The information includes the use and storage of each medication, the precautions and relevant warnings and the importance of compliance with directions. A written policy has been developed in collaboration with a physician and surgeon, a pharmacist, and a registered nurse and approved by the medical staff that ensures that each patient receives the medication consultation. (B&PC 4074, CCR 1707.2)
- 22.2. Prescriptions are transmitted to another pharmacy as required by law. (B&PC 4072, CCR 1717[f], 1717.4)
- 22.3. The prescription label contains all the required information and is formatted in accordance with CCR 1707.5. (B&PC 4076, CCR 1707.5)
- 22.4. If requested by the patient, the prescription label is printed in 12-point typeface. (CCR 1707.5[a])
- 22.5. The pharmacy is exempt from the prescription label requirements in CCR 1707.5.

Exemption approved by board from: \_\_\_\_\_ to \_\_\_\_\_

Yes No N/A

- 22.6. Appropriate drug warnings are provided orally or in writing. (B&PC 4074, CCR 1744)
- 22.7. The trade name or generic name and manufacturer of the prescription drug is accurately identified on the label and prescription record. (B&PC 4076, CCR 1717)
- 22.8. Generic substitution for discharge medications is communicated to the patient, and the name of the dispensed drug product is indicated on the prescription label. (B&PC 4073)
- 22.9. If the prescription is filled by a pharmacy technician, the pharmacist's initials are on the prescription label to document the pharmacist's verification of the product. (B&PC 4115[f], CCR 1793.7)
- 22.10. Controlled substances are dispensed in prescription containers bearing a federal warning label prohibiting transfer of the drugs. (21 CFR 290.5)
- 22.11. Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (25 USC 1473 section 4[b], 16 CFR 1700.15, CCR 1717)
- 22.12. Patient package inserts are dispensed with all estrogen medications. (21 CFR 310.515)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_  
 \_\_\_\_\_

**23. Central Filling of Patient Cassettes For Other Hospital Pharmacies**

Yes No N/A

- 23.1. Pharmacy processes orders for the filling of patient cassettes for another hospital or Pharmacy receives filled medication orders or patient cassettes from another hospital. (CCR 1710[b])  
 If the answer is "yes," name of hospital: \_\_\_\_\_
- 23.2. Pharmacy receives filled medication containers or cassettes from another pharmacy. (CCR 1710[b])  
 If the answer is "yes," name of supplying pharmacy:  
 If the answer to this and the previous question is "no" or "not applicable" go to Section 23.
- 23.3. Prescription information is electronically transferred between the two pharmacies (CCR 1710[b][6])
- 23.4. Pharmacy has a contract with the ordering hospital pharmacy or has the same owner. (CCR 1710[b][1])
- 23.5. Filled cassettes are delivered directly to the ordering hospital pharmacy. (CCR 1710[b][2])
- 23.6. Each cassette or container meets the requirements of Business and Professions Code section 4076 (CCR 1710[b][3])
- 23.7. Complete and accurate records are maintained of each cassette fill transaction, including the name of the pharmacist checking the cassettes at each pharmacy. (CCR 1710[b][5])

## 24. Centralized Hospital Packaging Pharmacy

Yes No N/A

- 24.1. The pharmacy packages unit dose medication for inpatients of one or more hospitals under common ownership within a 75-mile radius: (B&PC 4128)
- Hospitals to which central packaged unit dose medications are provided:*
- 24.1.1. \_\_\_\_\_ Distance (miles): \_\_\_\_\_
- 24.1.2. \_\_\_\_\_ Distance (miles): \_\_\_\_\_
- 24.1.3. \_\_\_\_\_ Distance (miles): \_\_\_\_\_
- 24.1.4. \_\_\_\_\_ Distance (miles): \_\_\_\_\_
- 24.2. The pharmacy prepares and stores limited quantities of unit-dose drugs in advance of a patient-specific prescription in amounts necessary to ensure continuity of care. (B&PC 4128.3)
- 24.3. All unit dose medications produced by a centralized hospital packaging pharmacy are barcoded and readable at the inpatient's bedside, and the following information is retrievable when reading the barcode: (B&PC 4128.4)
- 24.3.1. The date the medication was prepared.
  - 24.3.2. The components used in the drug product.
  - 24.3.3. The lot number or control number.
  - 24.3.4. The expiration date.
  - 24.3.5. The National Drug Code Directory number.
  - 24.3.6. The name of the centralized hospital packaging pharmacy.
- 24.4. The label for each unit dose medication produced by a centralized hospital packaging pharmacy contains the expiration date, the established name of the drug, the quantity of the active ingredient, and special storage or handling requirements. (B&PC 4128.5)
- 24.5. The centralized hospital packaging pharmacy and the pharmacists working in the pharmacy are responsible for the integrity, potency, quality, and labeled strength of any unit dose drug product prepared by the centralized hospital packaging pharmacy. (B&PC 4128.7)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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## 25. Policies and Procedures

Yes No N/A

- 25.1. There are written policies and procedures in place for:
- 25.1.1. The assurance that each patient received information regarding each medication given at the time of discharge.
  - 25.1.2. Action to be taken to protect the public when a licensed individual employed by or with the pharmacy is known to be chemically, mentally, or physically impaired to the extent that it effects his or her ability to practice the profession or occupation authorized by his or her license. (B&PC 4104[a])

- 25.1.3. Action to be taken to protect the public when a licensed individual employed by or with the pharmacy is known to have engaged in the theft or diversion or self-use of prescription drugs belonging to the pharmacy. (B&PC 4104[b])
- 25.1.4. Addressing chemical, mental, or physical impairment, as well as, theft, diversion, or self-use of dangerous drugs, among licensed individual employees by or with the pharmacy. (B&PC 4104[b])
- 25.1.5. Reporting to the board within 30 days of the receipt or development of information as specified in B&PC 4104[c][1-6].
- 25.1.6. Oral consultation for discharge medications to an inpatient of a health care facility licensed pursuant to H&SC 1250, or to an inmate of an adult correctional facility or juvenile detention facility. (B&PC 4074, CCR 1707.2[b][3])
- 25.1.7. Operation of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods including authorized duties of personnel, pharmacist's responsibilities for checking all work performed by ancillary staff, and pharmacist's responsibility for maintaining the security of the pharmacy. (CCR 1714.1[f])
- 25.1.8. Assuring confidentiality of medical information if your pharmacy maintains the required dispensing information for prescriptions, other than controlled substances, in a shared common electronic file. (CCR 1717.1[e])
- 25.1.9. Helping patients with limited or no English proficiency understand the information on the prescription container label in the patient's language, including the selected means to identify the patient's language and providing interpretive services in the patient's language. (CCR 1707.5)

CORRECTIVE ACTION OR ACTION PLAN: \_\_\_\_\_

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**26. Compounding**

**Prior to allowing any drug product to be compounded in a pharmacy, the pharmacist-in-charge must complete the "Compounding Self-Assessment" Form 17M-39 Rev. 05/13. (CCR 1735.2[j])**

**PHARMACIST-IN-CHARGE CERTIFICATION:**

I, (please print) \_\_\_\_\_, RPH # \_\_\_\_\_ hereby certify that I have completed the self-assessment of this pharmacy of which I am the pharmacist-in-charge. Any deficiency identified herein will be corrected. I understand that all responses are subject to verification by the Board of Pharmacy. I further state under penalty of perjury of the laws of the State of California that the information that I have provided in this self-assessment form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Pharmacist-in-Charge)

**ACKNOWLEDGEMENT BY HOSPITAL ADMINISTRATOR:**

I, (please print) \_\_\_\_\_, hereby certify under penalty of perjury of the laws of the State of California that I have read and reviewed this completed self-assessment. I understand that failure to correct any deficiency identified in this self-assessment could result in the revocation of the pharmacy's license issued by the California State Board of Pharmacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The following **Legal References** are used in the self-assessment form. Many of these references can be viewed on the Board of Pharmacy Web site at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) (see *Laws and Regulations*), at the California State Law Library, or at other libraries or Internet web sites.

California Code of Regulations (CCR), Title 16 and Title 24

Business and Professions Code (B&PC), Chapter 9, Division 2

Health and Safety Code (H&SC), Division 10, Uniform Controlled Substances Act

California Code of Regulations (CCR), Chapter 1, Division 5, Title 22

Code of Federal Regulations (CFR), Title 21, Chapter II, Drug Enforcement Administration ([www.dea.gov](http://www.dea.gov))

### **California Board of Pharmacy**

1625 N. Market Blvd., Suite N219

Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

<http://www.pharmacy.ca.gov>

**Pharmacy Law** may be obtained by contacting:

*LawTech Publishing Co.*

1060 Calle Cordillera, Suite 105

San Clements CA 92673

(800) 498-0911 Ext. 5

<http://www.lawtechpublishing.com>

### **Pharmacist Recovery Program**

(800) 522-9198 (24 hours a day)

### **Atlantic Associates, Inc. (CURES)**

Prescription Collection

8030 S. Willow Street, Bldg 3 Unit 3

Manchester, NH 03103

Phone: (888) 492-7341

Fax: (877) 508-6704

CURES

P.O. Box 160447

Sacramento, CA 95816-1089

Phone: (916) 319-9062

Fax: (916) 319-9448

<http://www.ag.ca.gov/bne>

CURES Patient Activity Report Request Forms:

<http://www.ag.ca.gov/bne/trips.php>

### **PRESCRIBER BOARDS:**

#### **Medical Board of California**

2005 Evergreen St., Suite 1200

Sacramento, CA 95815

Phone: (800) 633-2322

Phone: (916) 263-2382

Fax: (916) 263-2944

<http://www.mbc.ca.gov>

#### **Dental Board of California**

2005 Evergreen St., Suite 1550

Sacramento, CA 95815

Phone: (877) 729-7789

Phone: (916) 263-2300

Fax: (916) 263-2140

<http://www.dbc.ca.gov>

#### **Board of Registered Nursing**

1625 N. Market Blvd., Suite N217

Sacramento, CA 95834

Phone: (916) 322-3350

Fax: (916) 574-7697

<http://www.rn.ca.gov>

#### **Board of Optometry**

2420 Del Paso Road, Suite 255

Sacramento, CA 95834

Phone: (916) 575-7170

Fax: (916) 575-7292

<http://www.optometry.ca.gov>

#### **Osteopathic Medical Board of California**

1300 National Drive, Suite #150

Sacramento, CA 95834

Phone: (916) 928-8390

Fax: (916) 928-8392

<http://www.ombc.ca.gov>

**Physician Assistant Committee**

2005 Evergreen St., Suite 1100  
Sacramento, CA 95815  
Phone: (916) 561-8780  
Fax: (916) 263-2671  
<http://www.pac.ca.gov>

**Board of Podiatric Medicine**

2005 Evergreen St., Suite 1300  
Sacramento, CA 95815  
Phone: (916) 263-2647  
Fax: (916) 263-2651  
<http://www.bpm.ca.gov>

**Veterinary Medical Board**

2005 Evergreen St., Suite 2250  
Sacramento, CA 95815  
Phone: (916) 263-2610  
Fax: (916) 263-2621  
<http://www.vmb.ca.gov>

**FEDERAL AGENCIES:****Food and Drug Administration****– Industry Compliance**

<http://www.fda.gov/oc/industry/centerlinks.html#drugs>

The **Drug Enforcement Administration** may be contacted at:

**DEA Website:** <http://www.dea diversion.usdoj.gov>

**Online Registration – New Applicants:**

[http://www.dea diversion.usdoj.gov/drugreg/reg\\_apps/onlineforms\\_new.htm](http://www.dea diversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm)

**Online Registration - Renewal:**

[www.dea diversion.usdoj.gov/drugreg/reg\\_apps/onlineforms.htm](http://www.dea diversion.usdoj.gov/drugreg/reg_apps/onlineforms.htm)

**Registration Changes (Forms):**

[http://www.dea diversion.usdoj.gov/drugreg/change\\_requests/index.html](http://www.dea diversion.usdoj.gov/drugreg/change_requests/index.html)

**DEA Registration Support (all of CA):**

(800) 882-9539

**Online DEA 106 Theft/Loss Reporting:**

<https://www.dea diversion.usdoj.gov/webforms/app106Login.jsp>

**Online DEA 222 Controlled Substance Ordering System (CSOS):** <http://www.deaecom.gov/>**DEA - Fresno**

2444 Main Street, Suite 240  
Fresno, CA 93721  
Registration: (888) 304-3251 or (415) 436-7900  
Diversion or Investigation: (559) 487-5406

**DEA - Los Angeles**

255 East Temple Street, 20th Floor  
Los Angeles, CA 90012  
Registration: (888) 415-9822 or (213) 621-6960  
Diversion or Investigation: (213) 621-6942

**DEA – Oakland**

1301 Clay Street, Suite 460N  
Oakland, CA 94612  
Registration: (888) 304-3251  
Diversion or Investigation: (510) 637-5600

**DEA – Redding**

310 Hensted Drive, Suite 310  
Redding, CA 96002  
Registration: (888) 304-3251 or (415) 436-7900  
Diversion or Investigation: (530) 246-5043

**DEA - Riverside**

4470 Olivewood Avenue  
Riverside, CA 92501-6210  
Registration: (888) 415-9822 or (213) 621-6960  
Diversion or Investigation: (951) 328-6200

**DEA - Sacramento**

4328 Watt Avenue  
Sacramento, CA 95821  
Registration: (888) 304-3251 or (415) 436-7900

**DEA – San Diego and Imperial Counties**

4560 Viewridge Avenue  
San Diego, CA 92123-1637  
Registration: (800) 284-1152  
Diversion or Investigation: (858) 616-4100

**DEA – San Francisco**

450 Golden Gate Avenue, 14<sup>th</sup> Floor  
San Francisco, CA 94102  
Registration: (888) 304-3251  
Theft Reports or Diversion: (415) 436-7900

**DEA – San Jose**

One North First Street, Suite 405  
San Jose, CA 95113  
Registration: (888) 304-3251  
Diversion or Investigation: (408) 291-2631