

Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

Inspection Report

Pharmacy

Name: *Demo Pharmacy*

Permit No.: *P0DEMO*

Address: *State Off. Bldg. Annex Ste 300, Frankfort, KY 40601*

Phone: *(859) 246-2820*

Fax: *(859) 246-2823*

Email: *steve.hart@ky.gov*

Inspection

Date: *06/10/2019*

Time In: *11:45 AM*

Time Out:

Type: *Routine*

Notes: *None*

Pharmacist and Interns

General

Valid Pharmacy Permit: KRS 315.035 *Compliant*

Valid RPh Licensed Displayed: KRS 315.110 (2) *Compliant*

Valid Nuclear Pharmacist Credentials: 201 KAR 2:215 Section 1 (9) *Compliant*

Valid Intern Registration: 201 KAR 2:040 Section 4 *Compliant*

Valid Technician Registration: KRS 315.138 (2) *Compliant*

Current References: 201 KAR 2:215 Section 3(3) *Compliant*

Acquisition and Disposition Records Maintained: 201 KAR 2:215 Section 2 (4) *Compliant*

RX Labeling Requirements: 201 KAR 2:215 Section 2 (6) and (7) *Compliant*

Prescription Requirements: 201 KAR 2:215 Section 2 (11) *Compliant*

Written Policies and Procedures: 201 KAR 2:215 *Compliant*

Pharmacy Area

Quality Assurance Equipment: 201 KAR 2:215 Section 3 (2) *Compliant*

Dose Calibrator 201 KAR 2:215 Section 3 (2)(a) *Compliant*

Portable Radiation Survey: 201 KAR 2:215 Section 3 (2)(g) *Compliant*

Pharmacy Area *(continued)*

Refrigeration: 201 KAR 2:215 Section 3 (2)(b)	Compliant
Drug Storage: 201 KAR 2:180 Section 5	Compliant
Appropriate Size: 201 KAR 2:215 Section 3 (1)	Compliant
Restricted Areas Defined and Segregated: 201 KAR 2:215 Section 2 (2)	Compliant
Exclusive Compounding Area: KRS 217.055	Compliant
Lead Shielding: 201 KAR 2:215 Section 3 (c)	Compliant
Proper Ventilation: 201 KAR 2:215 Section 2 (3)(a)	Compliant
Radiation/Biohazard Caution Sign Properly Used: 201 KAR 2:215 Section 2 (3)(b)	Compliant

Controlled Substances

Biennial Controlled Substance Inventory	Compliant
CII Prescription requirements	Compliant

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

Inspector: *Katie Busroe*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

Pharmacist: *B. Steven Hart*