Kentucky Board of Pharmacy 125 Holmes St. Frankfort, KY 40601

Inspection Report

Pharmacy			
Name: Demo Pharmacy		Permit No.: PODEMO	
Address: State Off. Bldg.Annex Ste 3	800, Frankfort, KY 40601		
Phone: (859) 246-2820	Fax: (859) 246-2823	Email: steve.hart@ky.gov	
Current:			
Inspection			
Date: 06/10/2019	Time In: 8:01 AM	Time Out:	
Type: Routine			
Notes: None			
Pharmacist and Interns			
Pharmacy Area			
Reference Material (201 KAR 2:090) S	Section 1		Compliant
Equipment (201 KAR 2:090) Section 2	2		Compliant
Security and Control (201 KAR 2:100))		Compliant
Sanitation (201 KAR 2:180)			Compliant
Refrigeration (201 KAR 2:090) Sectio	n 2 (1)(h)		Compliant
Drug Storage (201 KAR 2:180) Sectio	n 5		Compliant
Exclusive Compounding Area (KRS 2	17.055(2)) 201 KAR 2:180 Section 1		Compliant
General			
Valid R.Ph License Displayed (KRS 31	5.110) (2)		Compliant
Valid Pharmacy Permit (KRS 315.035)) and KRS 315.020 (add PIC info)		Compliant
Valid Intern Registration Identificatio	on Card (201 KAR 2:040) Section 4		Compliant
Valid Technician Registration Display	ved: KRS 315.138 (2)		Compliant
Records/Computer Records (201 KAR	R 2:170)		Compliant
Syringe/Needle Register (KRS 217.17	7)		Compliant
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General (continued)

Outdated Stock Removed (KRS 217.055)	Compliant
Prescription Labeling Requirements (KRS 217.065)	Compliant
Pseudoephedrine Log (KRS 218A.1437) KRS 218A. 1446	Compliant
Collaborative Care Agreements (201 KAR 2:220)	Compliant
Board Authorized Protocols (201 KAR 2:380)	Compliant
Generic Substitution	
Additional Prescription Recordkeeping (KRS 217.822) and 201 KAR 2:280	Compliant
Generic Drug Sign Posted (KRS 217.830)	Compliant
Pamphlet (KRS 217.896)	Compliant
Controlled Substances	
CII Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	Compliant
Oral CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	Compliant
Written CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	Compliant
Purchase Records/DEA 222 Forms (KRS 218A.200)	Compliant
KASPER (902 KAR 55:105, 110)	Compliant
CII-V Filing Requirements - Prescription/Po: 21 (CFR 1304.04)	Compliant
Exempt CV Register (KRS 218A.190)	Compliant
Biennial Inventory Complete (21 CFR 1304.11) and KRS 218A. 200 (7)	Compliant
Power-of-Attorney Current 21 (CFR 1305.05)	Compliant
Inform Public of Proper and Safe Disposal of Controlled Substances (KRS 218A.170(3)(4))	Compliant
Patient Records/Counseling	
Patient Record System (201 KAR 2:210)	Compliant
Patient Recordkeeping (201 KAR 2:210)	Compliant
Drug Utilization Review (201 KAR 2:210)	Compliant

Compliant

Compliant

Patient Records/Counseling (continued)

Patient Counseling (201 KAR 2:210)

Refused Offers Documented (201 KAR 2:210)

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