



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES**

4052 Bald Cypress Way, BIN # C70 • Tallahassee, FL 32399-3270



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**PHARMACY / DISPENSING PRACTITIONER DEFICIENCIES NOTICE**

ROUTINE  CHANGE LOC  NEW  CURRENTLY NOT OPERATING  CHANGE OWNER

**INSPECTION AUTHORITY – CHAPTER 465.073, FLORIDA STATUTES AND 64B16-30.002 F.A.C**

NAME OF ESTABLISHMENT/PRACTITIONER		PERMIT NUMBER	DATE OF INSPECTION
DOING BUSINESS AS		DEA NUMBER	PRESCRIPTION DEPARTMENT MANAGER/ CONSULTANT
STREET ADDRESS		TELEPHONE #	
CITY	COUNTY	STATE/ZIP	LICENSE #

**CHECK DEFICIENCIES** ✓

101 Outdated pharmaceuticals [64B16-28.110, F.A.C.]	125 Failure to properly identify pharmacy technicians [64B16-27.410, F.A.C.]
103 Failure to meet regulation of daily operating hours [64B16-28.404, F.A.C.]	126 Results of P&E quality assurance program not documented or available for inspection [64B16-28.820(3)(d), F.A.C.]
105 Generic substitution sign not displayed [465.025(7), F.S.]	128 Improper storage of legend drugs [64B16-28.120, F.A.C.]
106 Information required on controlled substance prescriptions: practitioner's address, practitioner's DEA registration number, patient's address. [893.04, F.S.]	129 Improper documentation of destruction of controlled substances [64B16-28.301, 64B16-28.303, F.A.C.]
110 Failure to have certified by dispensing pharmacists the daily hard-copy printout or daily log [64B16-28.140(3)(c) or (e), F.A.C.]	130 Consultant pharmacist's monthly reports not current or available for inspection [64B16-28.501, 64B16-28.702(2), F.A.C.]
111 Failure to have pharmacy minimally equipped i.e. references, compounding equipment, and a current copy of the laws and rules governing the practice of pharmacy in the State of Florida [64B16-28.107, F.A.C.]	131 Controlled substance prescription labels lack transfer crime warning labeling [64B16-28.502(2)(c), F.A.C.]

**NOTICE**

This notice, issued by the Department of Health, is to facilitate voluntary compliance with certain statutes and rules governing the practice of pharmacy and dispensing, 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 Department of Health investigator whose address appears on this form. Disciplinary action may be taken against the pharmacy permit, the license of the prescription department manager/consultant or 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 invoices, copies of inventories, etc.] from the prescription department manager/consultant and permittee or 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: \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
 Signature Acknowledging Receipt of Notice

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Investigator/Pharmacist # \_\_\_\_\_

\_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_