Commission SBAR Communication

Agenda Item/Title: Suncrest Pharmacy

Date SBAR Communication Prepared: 12/09/2019

Reviewer: Irina Tiginyanu

Situation:

Pharmacy is seeking approval for their technician and assistant AUP.

Background:

Assessment:

Pharmacy technicians and assistants are performing within their scope of practice.

Recommendation:

Recommendation to approve the ancillary utilization plan for assistants and technicians.

Follow-up Action:
Pharmacy License Application

This is for:  
□ New □ Change of Ownership □ Change of Location – Current License # (Complete additional application)  
□ Name Change Only – Current Facility Name (Complete additional application)  

Check One  
□ Association □ Corporation □ Federal Government Agency  
□ Limited Liability Company □ Limited Liability Partnership □ Sole Proprietor  
□ Limited Partnership □ Municipality (City) □ State Government Agency  
□ Municipality (County) □ Tribal Government Agency □ Trust  
□ Non-Profit Corporation □ Partnership  

1. Demographic Information  
UBI # 604 403 254  
Federal Tax ID (FEIN) # 81-2018233  
Legal Owner/Operator Name Suncrest Pharmacy  
Mailing Address PO Box B  
City Ilwaco State WA Zip Code 98624 County Pacific  
Phone (enter 10 digit #) 509-868-6559  
Fax (enter 10 digit #) 888-788-5384  
Email Address Suncrestrx@gmail.com  
Web Address: www.suncrestrx.com  
Facility/Agency Name (Business name as advertised on signs or Web site) Suncrest Pharmacy  
Physical Address 5919 F Highway 291  
City Nine Mile Falls State WA Zip Code 99026 County Stevens  
Facility Phone (enter 10 digit #) TBD  
Fax (enter 10 digit #) TBD  
Email Address: Suncrestpharmacy@gmail.com  
Mailing Address (If different than physical address) PO Box B  
City Ilwaco State WA Zip Code 98624 County Pacific
### 2. Facility Information

**Type of Pharmacy**
- [ ] Community/Retail
- [ ] Hospital
- [ ] Jail
- [ ] Long-term Care (LTC)
- [ ] Mail-Order
- [ ] Nuclear
- [ ] Parenteral
- [ ] Internet
- [ ] Compounding

**Pharmacy Hours**—indicate the hours the pharmacy will be open
- Monday–Friday: 9-6
- Saturday: 10-2
- Sunday: Closed
- Holidays

**Drug Enforcement Administration (DEA) Registration Number**
- DEA Number: Pending

**Background Questions**

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?
   - [ ] Yes
   - [ ] No
   - [ ] Yes, list and explain on a separate sheet of paper.

2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?
   - [ ] Yes
   - [ ] No
   - [ ] Yes, list and explain on a separate sheet of paper.

### 3. Contact Information

**Pharmacist in Charge**
- **Pharmacist in Charge**: Erik Nelson
- **License Number**: PH60343873
- **Date of Appointment**: 6-10-19

**Contact Person**
- **Name**: Erik Nelson
- **Title**: President
- **Phone**: 509-868-4559
- **Email Address**: eriknelson@wsu.edu

- **Name**: Jeff Harrell
- **Title**: VP
- **Phone**: 509-868-5184
- **Email Address**: jh@penpharmacy.com

### 4. Additional Information

**Date of Incorporation**: 6-4-19
**Corporate Number**: 84-201833
**State of Corporation**: WA

**Legal Owner Information**—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone (enter 10 digit #)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erik Nelson</td>
<td>1001 W Melinda Ln</td>
<td>509-868-4559</td>
<td>President</td>
</tr>
<tr>
<td></td>
<td>Spokane, WA 99203</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeff Harrell</td>
<td>850 43°FL</td>
<td>509-244-5184</td>
<td>VP</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA 98144</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECEIVED**

**JUN 19 2019**

DOH/HSOA/OCS CREDENTIALING
<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erik Nelson</td>
<td>PH60343873</td>
</tr>
<tr>
<td>Sue Kellogg</td>
<td>PH00011013</td>
</tr>
<tr>
<td>Christine Schuler</td>
<td>PH00017983</td>
</tr>
<tr>
<td>Melanie Kaiser</td>
<td>PH00039070</td>
</tr>
<tr>
<td>Kathy Axtell</td>
<td>PH00014444</td>
</tr>
</tbody>
</table>

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Erik Nelson

President

Print Name

Print Title

RECEIVED

JUN 19 2019
DOH/HSOA/OCS CREDENTIALING
**Pharmacy Ancillary Utilization Application**

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health website.

Note: Utilization plans for technicians and assistants must accompany this application.

<table>
<thead>
<tr>
<th>Select One:</th>
<th>New</th>
<th>Update</th>
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### 1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
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<tr>
<td>604-463-2511</td>
<td>74-2017033</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Legal Owner/Operator Name</th>
<th>alternate line</th>
<th>Pharmacy License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Suncrest Pharmacy</td>
<td>Erik Nelson</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suncrest Pharmacy</td>
<td>5919 F Highway 291</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine Mile Falls</td>
<td>WA</td>
<td>99102</td>
<td>Stevens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Phone (enter 10 digit #)</th>
<th>Fax (enter 10 digit #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>509-868-6559</td>
<td>838 - 788 - 5384</td>
</tr>
</tbody>
</table>

### 2. Facility Specific Information

| Number of Employees: | Pharmacists | | Technicians | | Assistants | |
|----------------------|-------------|---|-------------|---|------------|

### 3. Key Individuals

<table>
<thead>
<tr>
<th>Responsible Pharmacist</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erik Nelson</td>
<td>PLL0343878</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Signature of Owner/Authorized Representative of Pharmacy</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erik Nelson</td>
<td>6-11-19</td>
</tr>
</tbody>
</table>

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

---

**Print Name**

Erik Nelson

**Print Title**

Present
Ancillary Personnel Utilization Plan

Suncrest Pharmacy will utilize pharmacy technicians and assistants in the course of its normal business processes. Technicians will be utilized in a ratio of no more than 3 to each 1 pharmacist. Assistants will be utilized as needed and determined by a licensed pharmacist. General job duties are outlined below.

**Technicians**

A. Places, receives, unpacks and stores drug orders.
B. Files and retrieves various pharmacy records as required.
C. Files completed prescriptions alphabetically on the shelf for patient pickup.
D. Maintains assigned work areas and equipment in clean and orderly condition.
E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
   1. Helps customers at the front counter with prescription pickups and purchases.
   2. Helps customers at the drive through window.
F. Handles nonprofessional phone calls to/from:
   1. Patients requesting refill of a prescription by number.
   2. Calls to physician’s office requesting refill authorization:
      a. Refill requests shall be made stating the patient’s name, medication and strength, number of doses and date of prior refills.
      b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
   3. Calls from physician’s office authorizing refills providing no changes in the prescription are involved.
   5. Calls regarding business hours or delivery services.
   6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
   7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
G. Operates cash register and related front counter tasks.
H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
I. Reconstitutes restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.
J. Enters prescription data from traditional hard copy prescriptions into the computer and monitors label printing.
K. Retrieves electronic prescription data and enters it into the computer database.
L. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
M. Calls to and/or from the physician’s office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.
N. Performs tasks under pharmacist’s supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
O. Fills compliance packaging “blister packs”. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
P. Delivers medications to patient homes as directed by a licensed pharmacist.

Assistants

A. Places, receives, unpacks and stores drug orders.
B. Files and retrieves various pharmacy records as required.
C. Prepares mail and UPS/FED-Ex packages for delivery.
D. Maintains assigned work areas and equipment in clean and orderly condition.
E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
   1. Helps customers at the front counter with prescription pickups and purchases.
   2. Helps customers at the drive through window.
F. Handles nonprofessional phone calls to/from:
   1. Patients requesting refill of a prescription by number.
   2. Calls concerning price information.
   3. Calls regarding business hours or delivery services.
   4. Calls regarding the availability of goods and services—these might require transferring the call to another person.
   5. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
   6. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.

G. Operates cash register and related front counter tasks.

H. Counts and pours from stock bottles, which have been pulled by either a technician or pharmacist, for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.

I. Fills compliance packaging and Phillips Medication Machine boxes with appropriate medications, which have been pulled from the shelf by a technician or pharmacist. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.

J. Delivers medications to patient homes as directed by a licensed pharmacist including writing up the deliveries for each day.

K. Refills supplies daily including:
   1. Paper sacks
   2. Vials, caps & liquid bottles
   3. Soda pop, chips & candy (both out front, in back and drawer by cash register).
   4. Empties shred bins that contain sensitive patient information