Commission SBAR Communication

Agenda Item/Title: Peninsula Compounding

Date SBAR Communication Prepared: 10/10/2019

Reviewer: Irina Tiginyanu

Link to Action Plan:

☑ Action     ☐ Information     ☐ Follow-up     ☐ Report only

Situation:

Pharmacy is seeking approval for their technician AUP

Background:

Assessment:

Pharmacy technicians are performing within their scope of practice.

Technicians are performing non-sterile compounding

Recommendation:

Recommendation to approve the ancillary utilization plan for technicians.

Follow-up Action:
Pharmacy License Application

This is for: [✓] New  [ ] Change of Ownership  [ ] Change of Location – Current License #
[ ] Name Change Only – Current Facility Name

Check One

[ ] Association  [ ] Limited Partnership
[✓] Corporation  [ ] Municipality (City)
[ ] Federal Government Agency  [ ] Municipality (County)
[ ] Limited Liability Company  [ ] Non-Profit Corporation
[ ] Limited Liability Partnership  [ ] Partnership
[ ] Sole Proprietor  [ ] State Government Agency
[ ] Tribal Government Agency  [ ] Trust

1. Demographic Information

UBI # 251-000-395

Federal Tax ID (FEIN) # 91-07217

Legal Owner/Operator Name
Peninsula Pharmacies Inc

Mailing Address
PO Box B

City Ilwaco State WA Zip Code 98624 County Pacific

Phone (enter 10 digit #) 360-244-5984
Fax (enter 10 digit #) 888-788-5384

Email Address: jeff@penpharmrx.com

Web Address: www.penpharmrx.com

Facility/Agency Name (Business name as advertised on signs or Web site)
Long Beach Pharmacy Annex dba Peninsula Compounding
110 Oregon Ave S
Long Beach, WA 98631-3938

PHAR.CF.610000749

Physical Address
110 Oregon Ave S

City Long Beach State WA Zip Code 98631 County Pacific

Facility Phone (enter 10 digit #) 360-642-1250
Fax (enter 10 digit #) 888-308-2878

Email Address:
Ibcompounder@penpharmrx.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
- [x] Long-term Care (LTC)
- [ ] Mail-Order
- [ ] Nuclear
- [ ] Parenteral
- [ ] Internet
- [x] Compounding

**Pharmacy Hours**—Indicate the hours the pharmacy will be open

<table>
<thead>
<tr>
<th>Monday–Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>9–6</td>
<td>Closed</td>
<td>Closed</td>
<td>Closed</td>
</tr>
</tbody>
</table>

**Drug Enforcement Administration (DEA) Registration Number**

DEA Number: Pending State License

**Background Questions**

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

### 3. Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Harrell</td>
<td>President</td>
<td>360-244-5984</td>
<td><a href="mailto:jeff@penpharrmx.com">jeff@penpharrmx.com</a></td>
</tr>
</tbody>
</table>

### 4. Additional Information

**Date of Incorporation**
- 12/15/1960

**Corporate Number**
- 251-000-395

**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>Jeff Harrell</td>
<td>PO BOX 1635 Long Beach WA 98631</td>
<td>360-244-5984</td>
<td>President</td>
</tr>
<tr>
<td>Casey Harrell</td>
<td>PO BOX 1635 Long Beach WA 98631</td>
<td>360-244-5994</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Tom Sutherland</td>
<td>PO BOX 1405 Long Beach WA 98631</td>
<td>360-244-1611</td>
<td>VP</td>
</tr>
<tr>
<td>Garnette Sutherland</td>
<td>PO BOX 1405 Long Beach WA 98631</td>
<td>360-244-1612</td>
<td>Secretary</td>
</tr>
</tbody>
</table>
## Change of Ownership Information

**Previous Name of Legal Owner**

<table>
<thead>
<tr>
<th>Previous Name of Facility</th>
<th>Previous Pharmacy License #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List all Pharmacist—attach additional completed pages if you need more space.**

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daleen Lyle</td>
<td>PH60296001</td>
</tr>
<tr>
<td>Zachary Wilson</td>
<td>PH60954577</td>
</tr>
<tr>
<td>Jeff Harrell</td>
<td>PH00040662</td>
</tr>
<tr>
<td>Tom Sutherland</td>
<td>PH00013794</td>
</tr>
<tr>
<td>Casey Wood Harrell</td>
<td>PH00040220</td>
</tr>
<tr>
<td>Lindy Swain</td>
<td>PH60086558</td>
</tr>
</tbody>
</table>

**Signature**

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.

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Signature of Owner/Authorized Representative of Pharmacy: [Signature]

Date: 08/21/2019

Jeff Harrell

President

Print Name

Print Title

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**RECEIVED**

AUG 28 2019

DOH/HSOA/OCS

CREDENTIALING

JCH 690-152 December 2013
Peninsula Compounding  
110 Oregon Ave S  
Long Beach WA 98631  

Ancillary Personnel Utilization Plan  

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. 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.  
F. Operates cash register and related front counter tasks.  
G. 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.  
H. 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.
I. Enters prescription data from traditional hard copy prescriptions into the computer and monitors label printing.

J. Retrieves electronic prescription data and enters it into the computer database.

K. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.

L. 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.

M. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.

N. With appropriate training, compounds custom medications according to a preset formula with specific procedures. This function is performed under the direct supervision of a licensed pharmacist.
Assistants

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 pick up.
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.
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. Delivers medications to patient homes as directed by a licensed pharmacist