Commission SBAR Communication

Agenda Item/Title: Pharm-A-Save Granite Falls

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 and assistant AUP

Background:

Assessment:

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

Recommendation:

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

Follow-up Action:
**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.

Select One:  
- [x] New  
- [ ] Update

<table>
<thead>
<tr>
<th>1. Demographic Information</th>
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<tbody>
<tr>
<td>UBI #</td>
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<tr>
<td>604 462 447</td>
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Legal Owner/Operator Name  
Granite Drugs, LLC

Pharmacy License #  
Pending

Pharmacy Name  
Pharm-A-Save Granite Falls

Physical Address  
207 E Stanley St, Suite A

City  
Granite Falls  
State  
WA  
Zip Code  
98252  
County  
Snohomish

Facility Phone (enter 10 digit #) 360-691-7778  
Fax (enter 10 digit #) 360-691-4458

<table>
<thead>
<tr>
<th>2. Facility Specific Information</th>
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<tbody>
<tr>
<td>Number of Employees:</td>
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Pharmacists 5  
Technicians 3  
Assistants 5

<table>
<thead>
<tr>
<th>3. Key Individuals</th>
</tr>
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</table>
| Responsible Pharmacist  
Kari VanderHouwen  
License # PH00016639 |

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.

Signature of Owner/Authorized Representative of Pharmacy  
Kari VanderHouwen  
Date  
9/3/19

OHH 890-056 April 2016
<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kari VanderHouwen</td>
<td>PH00016539</td>
</tr>
<tr>
<td>Andrew Brown</td>
<td>PH60879460</td>
</tr>
<tr>
<td>Laura McGrath</td>
<td>PH00039353</td>
</tr>
<tr>
<td>Jennifer Newman</td>
<td>PH00016388</td>
</tr>
<tr>
<td>Jacqueline Rogers</td>
<td>PH60288435</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.

[Signature]

Date: 9/3/19

**Signature of Owner/Authorized Representative of Pharmacy**

Kari VanderHouwen

**Print Name**

Print Title

**RECEIVED**

SEP 05 2019

DOH/HSQA/OCS CREDENTIALING
## 2. Facility Information

### Type of Pharmacy
- [x] 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:** 9-7
- **Saturday:** 9-4
- **Sunday:** Closed
- **Holidays:** Varies

### Drug Enforcement Administration (DEA) Registration Number

DEA Number: BP8427634 via POA until new DEA received

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

### Pharmacist In Charge

- **Name:** Kari VanderHouwen
- **License Number:** PH00016639
- **Date of Appointment:** 09/30/2019

### 3. Contact Information

- **Contact Person:** Kari VanderHouwen
- **Title:** Manager
- **Phone (enter 10 digit #):** 206-915-7888
- **Email Address:** k.vanderhouwen@yahoo.com

### 4. Additional Information

- **Date of Incorporation:** 5/23/2019
- **Corporate Number:** 604462447
- **State of Corporation:** WA

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone (enter 10 digit #)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kari VanderHouwen</td>
<td>PO Box 459, Duvall, WA 98019</td>
<td>206-915-7888</td>
<td>Governor</td>
</tr>
</tbody>
</table>

**DOH 690-152 December 2013**

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

1. Demographic Information

UBI #: 604-462-447
Federal Tax ID (FEIN) #: 84-1998460

Legal Owner/Operator Name: Granite Drugs, LLC

Mailing Address:
PO Box 459
City: Duvall
State: WA
Zip Code: 98019
County: King

Phone (enter 10 digit #): 2069157888
Fax (enter 10 digit #): 4257882645

Email Address: k.vanderhouwen@yahoo.com

Facility/Agency Name (Business name as advertised on signs or Web Address): Pharm-A-Save Granite Falls
207 E Stanley St Ste A
Granite Falls, WA 98252-8480
PHAR.CF.61003777

Physical Address:
207 E Stanley St, Suite A
City: Granite Falls
State: WA
Zip Code: 98252
County: Snohomish

Facility Phone (enter 10 digit #): 3606917777
Fax (enter 10 digit #): 3606914458

Email Address: k.vanderhouwen@yahoo.com

Mailing Address (If different than physical address):
PO Box 459
City: Duvall
State: WA
Zip Code: 98019
County: King
PHARM-A-SAVE GRANITE FALLS
207 E. STANLEY STREET, SUITE A GRANITE FALLS, WA 98252
PHONE 360-691-7778 FAX 360-691-4458

Ancillary Personnel Utilization Plan

Technicians

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions alphabetically on the shelf for patient pick-up.
4. Maintains assigned work areas and equipment in clean and orderly condition.
5. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
6. Handles non-professional phone calls to/from:
   a. Patients requesting refill of a prescription by number.
   b. Calls to physician’s office requesting refill authorization.
   c. Calls from physician’s office authorizing refills, providing no changes in the prescription are involved.
   d. Calls concerning price information/business hours, etc.
   e. Calls regarding the availability of goods and services, providing no product suggestions are requested.
   f. Inquiries from patients asking if their prescriptions are refillable, etc.
   g. Calls dealing with the ordering of drugs and supplies from wholesalers.
   h. Calls to/from the physician’s office dealing with profile information where no interpretation is necessary.
7. Operates cash register and related front counter tasks.
8. Select stock bottles, pours and counts for individual prescriptions and retrieves individual prescriptions from the pharmacy dispensing machine. This function is performed under the direct supervision of a licensed R.Ph. and the accuracy of the prescription contents is checked and initialed by a licensed R.Ph.
9. Reconstitutes suspensions for dispensing by addition of a specific quantity of diluent. The accuracy is checked and initialed by a licensed R.Ph.
10. Enters prescription data into the computer and monitors label printing.
11. Reviews patient profile to retrieve specific clerical and other information as requested by a pharmacist.
12. Performs tasks under pharmacist’s supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling, drug replenishment and routine cleaning and maintenance of the pharmacy dispensing machine.
13. Third party billing and reconciliation.
Assistants

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions alphabetically on the shelf for patient pick-up.
4. Maintains assigned work areas and equipment in clean and orderly condition.
5. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
6. Handles non-professional phone calls to/from:
   a. Patients requesting refill of a prescription by number.
   b. Calls to physician’s office requesting refill authorization.
   c. Calls from physician’s office authorizing refills, providing no changes in the prescription are involved.
   d. Calls concerning price information/business hours, etc.
   e. Calls regarding the availability of goods and services, providing no product suggestions are requested.
   f. Inquiries from patients asking if their prescriptions are refillable, etc.
   g. Calls dealing with the ordering of drugs and supplies from wholesalers.
7. Operates cash register and related front counter tasks.
8. Pour and counts from stock bottles retrieved by the pharmacist, intern or technician for individual prescriptions. This function is performed under the direct supervision of a licensed R.Ph. and the accuracy of the prescription contents is checked and initialed by a licensed R.Ph.
9. Routine cleaning and maintenance of the pharmacy dispensing machine.
10. Third party billing and reconciliation.

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