Commission SBAR Communication

Agenda Item/Title: Village Pharmacy Services

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 License Application**

This is for: **☑ New**  ☐ Change of Ownership  ☐ Change of Location – Current License #  ☐ Name Change Only – Current Facility Name

### Check One


### 1. Demographic Information

**UBI #**: 601-870-757  "Tieton Village Drugs Inc"  **Federal Tax ID (FEIN) #**: 91-190-4122

**Legal Owner/Operator Name**: Tieton Village Drugs Inc  **Mailing Address**: 3708 Tieton Dr.

**City**: Yakima  **State**: WA  **Zip Code**: 98902  **County**: Yakima

**Phone (enter 10 digit #)**: (509)966-6850  **Fax (enter 10 digit #)**: (509)966-2690

**Email Address**: ryandavis@vpsyakima.com  **Web Address**: www.tietonvillagedrugs.com

**Facility/Agency Name (Business name as advertised on signs or Web site)**: Village Pharmacy Services

**Physical Address**: 10410 East 9th Ave

**City**: Spokane Valley  **State**: WA  **Zip Code**: 99206  **County**: Spokane

**Facility Phone (enter 10 digit #)**: Not Available Yet  **Fax (enter 10 digit #)**: Not Available Yet

**Email Address**: ryandavis@vpsyakima.com

**Mailing Address (if different than physical address)**:

**City**:  **State**:  **Zip Code**: 99206

**Facility Phone (enter 10 digit #)**: Not Available Yet  **Fax (enter 10 digit #)**: Not Available Yet
Village Pharmacy Services

Pharmacy License Application & Pharmacy Ancillary Utilization Application

Attention Washington State Department of Health:

Included are the Pharmacy License Application & Pharmacy Ancillary Utilization Application for Village Pharmacy Services. Please process the Pharmacy License Application prior to or separately from the Pharmacy Ancillary Utilization Application. Hopefully this will allow us to obtain a Pharmacy License without having to wait until the next Pharmacy Commission business meeting for approval of the Ancillary Utilization Application. If you have any questions please let me know. Thank you for your time.

Sincerely,

Ryan Davis
Senior Vice President
Village Pharmacy Services

Cell Phone: (509) 823-9532
Email: ryan.davis@vpsyakima.com
## 2. Facility Information

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

**Pharmacy Hours**

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday–Friday</td>
<td>9:00 AM - 6:00 PM</td>
</tr>
<tr>
<td>Saturday</td>
<td>Closed</td>
</tr>
<tr>
<td>Sunday</td>
<td>Closed</td>
</tr>
<tr>
<td>Holidays</td>
<td>Closed</td>
</tr>
</tbody>
</table>

### Drug Enforcement Administration (DEA) Registration Number

**DEA Number:** Not Available Yet/Pending

### Background Questions

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

### Pharmacist In Charge

**Pharmacist in Charge:** Phillip Luther

**License Number:** PH:000154131

**Date of Appointment:** 6/25/19

### 3. Contact Information

#### Contact Person
- **Name:** Ryan Davis
- **Title:** Senior Vice President
- **Phone:** (509) 923-9532

#### Contact Person
- **Name:** Phillip Luther
- **Title:** Owner
- **Phone:** (509) 961-2103

### 4. Additional Information

#### Date of Incorporation

- **Date:** 8/1/98

#### State of Corporation

- **State:** Washington

### Legal Owner Information

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>Phillip Luther</td>
<td>1330 Dazet Rd Yakima, WA</td>
<td>(509) 961-2103</td>
<td>President</td>
</tr>
<tr>
<td>Karen Hyatt</td>
<td>5102 Scenic Dr Yakima, WA</td>
<td>(509) 952-8173</td>
<td>Secretary/Treasurer</td>
</tr>
</tbody>
</table>

**JUL 03 2019**

DOH/HSOA/OCG
CREDENTIALLING
Change of Ownership Information

<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 Pharmacists—attach additional completed pages if you need more space.

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phillip Luther</td>
<td>PH00015431</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 of Owner/Authorized Representative of Pharmacy: [Signature]

Date: 06-25-19

Print Name: Ryan Davis

Print Title: [Signature]

RECEIVED

JUL 03 2019
DOH/HSQA/OCS CREDENTIALING

DOH 690-152 December 2013 Page 3 of 3
**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: [ ] New  [ ] Update

1. **Demographic Information**

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
</tr>
</thead>
<tbody>
<tr>
<td>601-870-757</td>
<td>91-190-4122</td>
</tr>
</tbody>
</table>

   Legal Owner/Operator Name: Tieton Village Drugs Inc
   Pharmacy License #: Not available yet
   Pharmacy Name: Village Pharmacy Services
   Physical Address: 10-110 East 9th Ave
   City: Spokane Valley  State: WA  Zip Code: 99206  County: Spokane
   Facility Phone (enter 10 digit #): Not available yet
   Fax (enter 10 digit #): Not available yet

2. **Facility Specific Information**

   Number of Employees: Future Goal: 2
   - Pharmacists: 1
   - Technicians: 2
   - Assistants: 3

3. **Key Individuals**

   Responsible Pharmacist: Phillip Luther  License #: PH00015431
   [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]
   [Print Name]
   [Date: 06-25-19]
   [Print Title: SUP]
Village Pharmacy Services

Pharmacy 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 pick-up.
D. Maintains assigned work areas and equipment in a 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 non-professional phone calls to/from:
   1. Patients requesting refills of a prescription by number
   2. Calls to physician's office requesting refill authorization
      i. Refill requests shall be made stating the patient's name, medication and strength, number of doses, and date of prior refills.
      ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
   3. Calls from the 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.
   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. Pulls stock bottles for prescription filling.
I. 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 license pharmacist.
J. Reconstitutes — restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluents requiring no calculation. The accuracy of the technician is checked and the work initialed by a licensed pharmacist.
K. Enters prescription data into the computer and monitors label printing. All drug-drug interactions and drug-disease state interactions recognized by the computer database are to be reviewed by a licensed pharmacist.

L. Transcribes orders – accuracy checked and initialed by a licensed 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 fill, price, etc.

N. Fills and labels compliance packages (blister cards) for nursing home and assisted living facility residents. Accuracy to be check by a licensed pharmacist.

O. Will use available technology and computer programs as directed (except where the actions are reserved for a pharmacist) to communicate with customers/prescribers, organize prescription documents and information, process and fill prescriptions, and process shipping/delivery/sales documents. These actions will be directly supervised by a licensed pharmacist.
Village Pharmacy Services

Pharmacy Ancillary Personnel Utilization Plan

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 a 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 non-professional phone calls to/from:
   1. Patients requesting refills of a prescription by number
   2. Calls to physician's office requesting refill authorization
      i. Refill requests shall be made stating the patient's name medication and strength, number of doses and date of prior refills
      ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
   3. Calls concerning price information.
   4. Calls regarding business hours or delivery services.
   5. Calls regarding the availability of goods and services.
   6. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
   7. 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. Fills and labels compliance packages (blister cards) for nursing home and assisted living facility residents. Accuracy to be check by a licensed pharmacist. Stock bottles pulled by a technician or pharmacist. Accuracy checked and initialed by a licensed pharmacist.
J. Will use available technology and computer programs as directed (except where the actions are reserved for a technician or pharmacist) to communicate with customers/prescribers, organize prescription documents and information, process and fill prescriptions, and process shipping/delivery/sales documents. These actions will be directly supervised by a licensed pharmacist.