Commission SBAR Communication

Agenda Item>Title: Whitestone Pharmacy

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:
Whitestone Pharmacy
316 S Whitcomb
Tonasket, WA 98855
PHAR.CF.61006869

Revenue: 0262010000

Pharmacy License Application

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

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

1: Demographic Information

UBI #  604 483 488  Federal Tax ID (FEIN) #  84-2806426

Legal Owner/Operator Name
NOCP LLC

Mailing Address
PO Box 711

City  Tonasket State  WA Zip Code  98855 County  Okanogan

Phone (enter 10 digit #)  509-486-9120

Fax (enter 10 digit #)  509-486-9099

Email Address
whitestonerx@gmail.com

Web Address:
whitestonepharmacy.org

Facility/Agency Name (Business name as advertised on signs or Web site)
Whitestone Pharmacy

Physical Address
316 S Whitcomb

City  Tonasket State  WA Zip Code  98855 County  Okanogan

Facility Phone (enter 10 digit #)  509-486-9120

Fax (enter 10 digit #)  509-486-9099

Email Address:
whitestonerx@gmail.com

Mailing Address (If different than physical address)
PO Box 711

City  Tonasket State  WA Zip Code  98855 County  Okanogan

DOH 690-152 December 2013
### 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: 9–6
- Saturday: Closed
- Sunday: Closed
- Holidays: Closed

**DEA Number:** Pending

**Background Questions**
- Yes No

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.

### 3. Contact Information

**Pharmacist in Charge**
- Name: Michael Steinman
- License Number: PH 00044137
- Date of Appointment: 8/21/19

**Contact Person**
- Name: Stephanie Steinman
- Title: Partner/Owner
- Phone (enter 10 digit #): 509-991-3804
- Email Address: whitestoneRx@gmail.com

- Name: Michael Steinman
- Title: PIC/Partner/Owner
- Phone (enter 10 digit #): 509-991-4260
- Email Address: whitestoneRx@gmail.com

### 4. Additional Information

**Date of Incorporation:** 8/21/19
- **Corporate Number:** 604 483 488
- **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>Michael Steinman</td>
<td>233 E 2nd St. Torrak, WA</td>
<td>509-991-4260</td>
<td>PIC/Partner/Owner</td>
</tr>
<tr>
<td>Stephanie Steinman</td>
<td>233 E 2nd St. Torrak, WA</td>
<td>509-991-3804</td>
<td>Manager/Partner/Owner</td>
</tr>
<tr>
<td>Randall Steinman</td>
<td>1012 E Bedivere, Spokane, WA</td>
<td>509-466-3484</td>
<td>Partner/Owner</td>
</tr>
<tr>
<td>Lynda Steinman</td>
<td>1012 E Bedivere, Spokane, WA</td>
<td>509-466-3484</td>
<td>Partner/Owner</td>
</tr>
</tbody>
</table>

**RECEIVED**

SEP 18 2019

DOH/HSQA/OCS
CREDENTIALING
<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Steinman</td>
<td>PH 60044137</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.

Signature of Owner/Authorized Representative of Pharmacy

Stephanie Steinman

Date

9/9/19

Print Name

Stephanie Steinman

Print Title

Manager/Partner/Owner

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SEP 18 2019

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CREDENTIALING
Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to the 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>
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<td>84-280-6426</td>
</tr>
</tbody>
</table>

Legal Owner/Operator Name: NOCP LLC

Pharmacy License #

Pharmacy Name: Whitestone Pharmacy

Physical Address: 316 S Whitcomb Ave

City: Tonasket, State: WA, Zip Code: 98855, County: Okanogan

Facility Phone (enter 10 digit #): 509-486-9120

Fax (enter 10 digit #): 509-486-9099

2. Facility Specific Information

Number of Employees:

- Pharmacists: 1
- Technicians: 1
- Assistants: 2

3. Key Individuals

Responsible Pharmacist: Michael H. Steinman, License #: PH00044137

Signature: [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: 9/9/19

Print Name: [name]

Manager/Partner/Owner: [name]
Pharmacy Technician Utilization Plan
Whitestone Pharmacy

1. Places, received, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required
3. Files completed prescriptions alphabetically on the shelf for patient pickup.
4. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
5. Maintains assigned work areas and equipment in a clean and orderly condition.
6. Handles non-professional phone call to and from the following:
   6.1. Inquiries concerning price information
   6.2. Patients requesting refill of a prescription by number
   6.3. 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.
   6.4. Calls from physician's office authorizing refills, assuming no changes in the prescription.
   6.5. Calls concerning price information.
   6.6. Calls regarding business hours and delivery services.
   6.7. Calls regarding the availability of goods and services - depending on the nature of the inquiry - these might require transferring the call to the pharmacist.
   6.8. Inquiries from patients asking if their prescriptions are refillable or the remaining number of refills, etc.
   6.9. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
   6.10. Operates cash register and related front counter tasks.
   6.11. Enters prescription data into the computer and monitors label printing.
   6.12. Reconstitute 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. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed Pharmacist.
6.13. Performs tasks under licensed Pharmacist's supervision such as obtaining individual prepackaged and labeled medication for prescriptions, obtains stock bottles for prescription filling.

6.14. Pulls, counts, and pours from the 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 the licensed Pharmacist.

6.15. Calls to and from the physician's office dealing with the profile information where no interpretation is necessary (for example, quantity, date last filled and price, etc.).
Pharmacy Assistant Utilization Plan
Whitestone Pharmacy

1. Maintains assigned work areas and equipment in a clean and orderly condition.
2. Files completed prescriptions alphabetically on the shelf for patient pick up
3. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
4. Files and retrieves various pharmacy records as required
5. Places, received, unpacks and stores drug orders
6. Handles incoming and outgoing nonprofessional phone calls regarding the following:
   6.1. Inquiries concerning price information
   6.2. Inquiries from patients asking how many refills are remaining.
   6.3. Inquiries from patients asking if one or more of their prescriptions are refillable
   6.4. Calls placed to a physician's office requesting refill authorization:
        a) Refill requests shall be made stating the patient's name, medication strength, number of doses an date of prior refills
        b) Any additional inquires by the office concerning the prescription must be referred to the pharmacist.
   6.5. Calls received from a physician's office authorizing refills providing there are no changes in the prescription.
   6.6. Calls from patients requesting refills using their prescription number
   6.7. Inquiries regarding business hours and delivery services.
   6.8. Inquiries dealing with ordering of drugs and supplies from wholesalers and distributors.
   6.9. Inquiries regarding the availability of goods and services. These inquiries might require transferring the call to another person.
7. Handles the front counter and operates the cash register
8. Counts and/or 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.
9. May generate labels for refill prescriptions only if there are no changes in the prescription being refilled.