Commission SBAR Communication

Agenda Item/Title: Credena Health Pharmacy Everett

Date SBAR Communication Prepared: 8/29/2019

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

Follow-up Action:
## Pharmacy/License Application

This is for: **Change of Ownership**

### Check One

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

### Demographic Information

**UBI #** 603 506 484

**Federal Tax ID (FEIN) #** 47-359 8083

**Legal Owner/Operator Name** CREDENA HEALTH LLC.

**Mailing Address**
6348 NE HALSEY ST Suite A
Portland, OR 97213

**Phone (enter 10 digit #)** 503-962-1700

**Fax (enter 10 digit #)** 360-605-4797

**Email Address** nathan.carver@providence.org

**Web Address** www.providence.org/credena-health

**Facility/Agency Name (Business name as advertised on signs or Web site)** CREDENA HEALTH PHARMACY EVERETT

**Physical Address**
1321 Colby Ave 1ST FLOOR C Wing
Everett, WA 98201

**Facility Phone (enter 10 digit #)** 425-261-3555

**Fax (enter 10 digit #)** 425-261-3560

**Email Address**

**Mailing Address**

**City**

**State**

**Zip Code**

**County**

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Credena Health Pharmacy Everett
1321 Colby Ave Fl 1 C Wing
Everett, WA 98201-1665
PHAR.CN.60986227
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 AM to 7 PM  Saturday  9 AM - 5 PM  Sunday  9 AM - 5 PM  Holidays  9 AM - 5 PM

Drug Enforcement Administration (DEA) Registration Number

DEA Number:  TOBe Acquired  old one is FP3153258

Background Questions

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?  ☐  ☒
   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?  ☐  ☒
   If yes, list and explain on a separate sheet of paper.

Pharmacist In Charge

Pharmacist In Charge:  NATHAN CORTNER  
License Number:  PH00226333  
Date of Appointment:  TBD Approx. 9-1-19

Contact Information

Contact Person:  NATHAN CORTNER  
Title:  PIC  
Phone (enter 10 digit #):  520-261-3559  
Email Address:  nathan.cortner@providence.org

Contact Person:  DAVID WILLIAMS  
Title:  Manager  
Phone (enter 10 digit #):  425-973-5225  
Email Address:  david.williams@providence.org

Additional Information

Date of Incorporation:  12/21/2001  
Corporate Number:  51-0216586  
State of Corporation:  WASHINGTON

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>JAMES ARP</td>
<td>4400 NE Halsey St.</td>
<td>503-893-6444</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Portland, OR 97213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TODD GASTONDI</td>
<td>8005 39th Ave, 9th Floor</td>
<td>206-354-6535</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA, 98105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID UNDERHILL</td>
<td>2828 Pala Street #2050</td>
<td>808-432-5850</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Honolulu, HI 96819</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOSEPH WALKER</td>
<td>1801 Selind Ave SW</td>
<td>425-515-3592</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Renton, WA 98057</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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DOH 680-152 December 2013
DOH/HSOA/OCS CREDENTIALING
## Change of Ownership Information

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
<th>Providence Health Services WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Name of Facility</td>
<td>Providence Medical Pharmacy</td>
</tr>
<tr>
<td>Previous Pharmacy License #</td>
<td>CF60225790</td>
</tr>
<tr>
<td>Effective Date of Ownership Change</td>
<td>9-1-2019</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>Nathan Corwin</td>
<td>PH1002216333</td>
</tr>
<tr>
<td>Sandhya Sargunar</td>
<td>PH00061320</td>
</tr>
<tr>
<td>Sami Han</td>
<td>PH100281620</td>
</tr>
<tr>
<td>Raquel Watson</td>
<td>PH100342110</td>
</tr>
<tr>
<td>David Williams</td>
<td>PH100048489</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: 6-26-2019

Print Name: David G. Williams  Print Title: Manager Ambulatory Pharmacy

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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.

Select One: ☒ New  ☐ Update

1. Demographic Information:

- UBI #: 603 506 484
- Federal Tax ID (FEIN) #: 47-859 808 3
- Legal Owner/Operator Name: CREDENA HEALTH LLC
- Pharmacy License #: To Be Issued
- Pharmacy Name: CREDENA HEALTH PHARMACY EVERETT
- Physical Address: 1321 COLBY AVE, 1ST FLOOR CWING
- City: Everett
- State: WA
- Zip Code: 98201
- County: Snohomish
- Facility Phone (enter 10 digit #): 425-261-3555
- Fax (enter 10 digit #): 425-261-3560

2. Facility Specific Information

- Number of Employees:
  - Pharmacists: 5
  - Technicians: 8
  - Assistants: 1

3. Key Individuals:

- Responsible Pharmacist: JASON CORNER
- License #: PHG02816333
- 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.

Signed: [Signature]

Date: 06-20-19

Signature of Owner/Authorized Representative of Pharmacy:

DAVID G. WILLIAMS

Print Name:

Manager Ambulatory PHYSICIAN

Print Title:
Credena Health Pharmacy Everett
1321 Colby Ave, 1st Floor C Wing
Everett, WA 98201

Pharmacy Technician Utilization Plan 06/26/2019 Submission

Position Summary

Performs manipulative functions associated with the preparation, compounding, issuance and recording of prescriptions or medications as permitted by state regulations under the direct supervision of a licensed pharmacist. Also performs other administrative, technical, clerical, and general duties required to assist the licensed pharmacist in charge in the general operation of this pharmacy. Requires ability to type quickly and accurately. Requires ability to make precise mathematical calculations and determinations. Requires a working familiarity with computers and Windows/Pharmacy software. Requires certification by the Washington State Board of Pharmacy as a Pharmacy Technician. Specific items of responsibility are outlined but not limited to the following:

- Enters patient demographic data accurately into the computer (Patient name, address, the date of birth, diagnosis if available, allergy information, telephone, insurance information).
- Transcribes prescription data accurately into the computer by picking proper drug from the shelf, verifying NDC Number and expiration date, and monitors label printing. Checks pricing vs. cost, especially for prescriptions covered by third party insurer. Uses proper DAW code according to physician / patient directives as provided by law.
- Proceeds to fill prescription and set prescription aside to be checked against the original (or the computerized record if a refill) and initialed by the pharmacist in charge. Compounds or reconstitutes medications under the direct supervision of the pharmacist.
- Performs Pharmacy Technician duties on a 1 : 3 ratio with a licensed pharmacist as required by law.
- Controls inventory by placing orders, receiving and unpacking orders, pulling and returning outdated pharmaceuticals, and storing pharmaceuticals properly.
- Responsible for accurately maintaining the inventory of dispensing robot ParataMAX®, and using appropriate quality assurance steps and technological features insuring individual dispensing cells are replenished with the correct NDC. Additionally drug inventory is managed to insure hazardous drugs are not in the ParataMAX®
- Responsible for routine maintenance of ParataMAX®, such as vial replenishment, label replenishment, regular cell cleaning duties.
- Files and retrieves various pharmacy records and / or computerized data as required by law and by the supervising pharmacist.
- Packages prescriptions carefully and accurately with their accompanying information and insurance records and files them accurately for patient pick-up.
- Handles non-professional communications from physicians or their agents, patients, customers, pharmacists and ancillary medical persons. Examples include price quotes, taking refill requests from patients, accepting refill authorizations from prescribers, and requesting refill authorizations from prescribers by stating the patients’ name and demographic information, date and time of call, name and strength of medication, quantity, date of last fill, and any additional information as requested by the supervising pharmacist (such as requests for additional refills) as permitted by law.

- Promptly refers calls requiring professional intervention to the pharmacist on duty. Examples of calls that must be referred to a pharmacist include but are not limited to requests for drug information or recommendation, changes in dose, strength or directions for a prescription, requests for goods or services which would require the expertise of a licensed pharmacist, and requests for information on a patient or a patient's drug usage by a physician, pharmacist, family member, officer of the court or anyone other than the patient.

- Performs pre-packaging, medi-sets, and unit dose "bingo card" packaging for nursing home, assisted living, or adult family home patients with proper labeling under the direct supervision of the pharmacist in charge.

- Performs accurate money changing and cash register duties. Balances cash register and prepares deposit at closing daily when a pharmacy assistant is not available.

- Carefully maintains computerized charge accounts for patients and clinics authorized by the Lead Pharmacist. Tabulates monthly charges via computer and sends monthly statements, processes credits and reconciles accounts monthly.

- Follows up and solves billing problems including third party insurance issues. Reconciles billing statements from third party insurers expeditiously.

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**Physical, Emotional, and Cognitive Requirements**

Requires long periods of walking, standing or sitting during working hours. Requires ability to bend, push, stoop, lift and carry up to 30 pounds. Requires willingness to perform routine, repetitive tasks on a continuous basis. Requires cooperation with others and ability to take orders readily and follow directions precisely. Works under close supervision performing technical tasks. Requires good personal hygiene and professional appearance and demeanor. Credentials including credentials are required during working hours.

Patient confidentiality is taken very seriously throughout the pharmacy. All patient information must be kept in the strictest confidence.

Frequent contact with physicians, nurses, patients and other health care professionals requires poise and the ability to communicate effectively and concisely. Cordiality, friendly demeanor and ability to get along with people in a highly stressful environment are essential in this position.

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Pharmacy Assistant Utilization Plan

Position Summary

Performs manipulative functions associated with the preparation, issuance and recording of outpatient prescriptions and other retail pharmacy processing which are permitted by state regulations while under the immediate supervision of a licensed pharmacist. Also performs other administrative, technical, clerical and general duties required to assist the licensed pharmacist in charge in the general operation of this retail pharmacy. Requires a Pharmacy Assistant (formerly called Pharmacy Technician Level B) application, available at the Board of Pharmacy (www.doh.wa.gov/Pharmacy/default.htm), completed and faxed to the Board of Pharmacy at 360-586-4359 and renewed every two years on the date of birth as required by Washington State Board of Pharmacy regulations. Specific items of responsibility are outlined by but not limited to the following:

- Performs accurate money changing and cash register duties. Balances cash register and prepares deposit at closing daily.
- Performs customer service, assists clients in location of "over the counter" pharmaceuticals, makes special orders on request, refers questions to a pharmacist when appropriate.
- Controls inventory by maintaining OTC's, receiving and unpacking orders, pulling outdated pharmaceuticals and processing them for return, and storing pharmaceuticals properly.
- Packages prescriptions carefully and accurately with their accompanying information and insurance records and files them accurately for patient pickup.
- Files and retrieves various pharmacy records and/or computerized data as required by law and by the supervising pharmacist. Includes filing of processed prescription blanks in numerical order for easy storage and retrieval.
- Handles non-professional communications from physicians or their agents, patients, customers, pharmacists and ancillary medical persons. Examples include price quotes, taking refill requests from patients, accepting refill authorizations from prescribers, and requesting refill authorizations from prescribers by stating patients' name and demographic information, date and time of call, name and strength of medication, quantity, date of last fill, and any additional information as requested by the supervising pharmacist (such as request for additional refills) as permitted by law.
- Promptly refers calls requiring professional intervention to the pharmacist on duty. Examples of calls that must be referred to a pharmacist include but are not limited to requests for drug information or recommendation, changes in dose, strength or directions for a prescription, requests for goods or services which would require the expertise of a pharmacist, and requests for information on a patient or a patient's drug usage by a physician, pharmacist, family member, officer of the court or anyone other than the patient.

- Enters new drugs, price changes and Schedule II inventory changes from the wholesaler invoices into the drug database.
- Process employee payroll deduction slips routinely.
- Carefully maintains computerized charge accounts for patients and clinics authorized by the Lead Pharmacist. Tabulates monthly charges via computer and sends monthly statements,
processes credits, and reconciles accounts monthly.
- Follows up and solves billing problems including third party insurance issues. Reconciles billing statements from third party insurers expeditiously.
- Enters patient demographic data accurately into the computer (Patient name, address, date of birth, diagnosis if available, allergy information, telephone, insurance information).
- May enter refill prescription numbers into computer as long as no editing is required (i.e. no change in quantity, NDC number, or insurance information), and may "count and pour" medications already pulled by the pharmacist or technician at the discretion of the pharmacist.

Physical, Emotional and Cognitive Requirements

Requires the ability to triage and prioritize multiple tasks in a demanding environment in a fair, orderly and logical order. First priority should be given to customer service at the cash register and next to the telephone.

Requires a High school diploma or equivalent. Previous experience in the health care field, especially medical terminology and third party billing is highly desirable. Ability to type rapidly and accurately is necessary. Ability to communicate effectively with others is required.

Requires long periods of walking, standing or sitting during working hours. Requires ability to bend, push, stoop, lift and carry up to 30 pounds. Requires willingness to perform routine, repetitive tasks on a continuous basis. Requires cooperation with others and ability to take orders readily and follow directions precisely. Requires ability to make precise mathematical calculations and determinations. Works under close supervision performing tasks for which no previous training or experience is required. Requires good personal hygiene and professional appearance and demeanor. Credena identification badges are required during working hours.

Patient confidentiality is taken very seriously throughout the pharmacy. All patient information must be kept in the strictest confidence.

Frequent contact with physicians, nurses, patients and other health care professionals requires poise and the ability to communicate effectively and concisely. Cordiality, friendly demeanor and ability to get along with people in a highly stressful environment are essential in this position.

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