

Joint Conference Committee (JCC) Regulatory Affairs Status Report: **October 2015**

I. PENDING SURVEYS

- A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17).
- B. The Joint Commission 2015 Disease-Specific Certification (DSC) Survey: Stroke & Traumatic Brain Injury (TBI) Program.
- C. CDPH Long Term Care Survey – December 2015

II. COMPLETED SURVEYS

- A. Board of Pharmacy Sterile Compounding Survey (10/8/2015)
- B. Commission on Accreditation Rehabilitation Survey (10/28 -10/30/ 2015) - Survey report pending

III. PLANS OF CORRECTIONS: Reports & Updates

- A. Board of Pharmacy Sterile Compounding Survey (10/8/2015)

Board of Pharmacy Sterile Compounding Survey		
Action Items :	Update(s):	Target Completion Date:
<p>1. <i>CCR 1751.4(c) All equipment used in the designated area or cleanroom must be made of a material that can be easily cleaned and disinfected.</i></p> <p>During inspection, chairs in the compounding room made of fabric, broken foam rubber or a weave type material which cannot be easily cleaned. Paint also noted peeling from the wall near the sink. Need to caulk ceiling tiles and metal runners.</p>	<p>-10/8/15 chair immediately removed from area. -10/14/15 order for replacement chairs ordered</p> <p>-work order 638688 to patch and paint and add wall protection around sink and area near door handle of hood submitted and completed</p> <p>-work orders 638686 and 638687 to caulk ceiling tiles and metal framework submitted and completed</p>	<p>Completed 10/20/15</p>

<p>2. CCR 1735.4(b) <i>Label or documentation provided must include statement that the product is compounded.</i></p> <p>During the inspection some compounded sterile product labels state "prepared by" instead of "compounded by" SFGH. Please ensure that all products that are compounded by SFGH have a label stating they were compounded by SFGH</p>	<p>- "Compounded By" labels ordered 10/9/15, received 10/16/15. Put into use on 10/20/15.</p>	<p>Completed 10/20/15</p>
<p>3. CCR 1735.2 <i>Self Assessments</i></p> <p>At the time of inspection, only one compounding self-assessment form was completed. One compounding self-assessment form should be completed for each sterile compounding license.</p>	<p>- Self assessment forms were completed for each sterile compounding license and filed into binder.</p>	<p>Completed 10/13/15</p>
<p>4. BPC 4058 <i>Original pharmacy license and current renewal required to be displayed.</i></p> <p>At the time of inspection the original licenses for rooms 4H40 and 4H6a were not displayed. The renewal licenses were displayed</p>	<p>- request for copy of original license ordered 10/15/15</p>	<p>Pending: Elena Tinloy</p>
<p>5. CCR 1735.2(d) A drug product shall not be compounded until the pharmacy has first prepared a written master formula that includes at least the following: 1-7</p> <p>In that, at the time of inspection, Master formulas do not list equipment, procedure used; quality reviews and post compounding process</p>	<p>- Master formula list updated with all equipment, procedure used; quality reviews and post compounding process.</p>	<p>Completed 10/20/15</p>

Board of Pharmacy Sterile Compounding Survey		
Action Items :	Update(s):	Target Completion Date:
6. <i>EVS cleaning log</i>	- Met with EVS supervisor 10/14/15, days that weekly cleaning occurs are now recorded and highlighted in yellow.	Completed 10/20/15
7 <i>MIC hood testing</i>		Completed 10/20/15
8 DEA biennial count needs to include counts of drugs stored in the Omnicells		Completed 10/20/15
9 Add line of demarcation in the OR satellite	-	Completed 10/20/15