

Commonwealth of Massachusetts

Department of Public Health

Division of Health Professions Licensure

239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114

(617) 973-0800

(617) 973-0988 TTY

Office Use Only

Date POC Received: _____



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Lieutenant Governor

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Secretary

MONICA BHAREL, MD, MPH
Commissioner

PLAN OF CORRECTION

Facility Name: _____

Inspection Number: ISP-_____

Address: _____

Facility License: _____

Manager of Record: _____

MOR License No.: PH_____

Inspection Date: _____

Investigator(s): _____

Regulatory Violation	Observation	Deficiency Correction Plan	Date Corrected	On-Going Compliance Plan	Title + License Number of Monitoring Licensee
<i>Example:</i> 247 CMR 6.07(1)(b)	Observed perpetual inventory not reconciled every 10 days. Observed inventory did not include perpetual inventory of each controlled substance in C II which the pharmacist has received, dispensed or disposed of in accordance with the law. Expired medications must be included in perpetual inventory until returned to a reverse distributor.	All expired medications will be included in the perpetual inventory until reverse distributed. The log has been updated to include the dates on which medications are received, dispensed or disposed of.	1/20/16	Perpetual inventory of each controlled substance will be reconciled every 10 days.	MOR, PH999999

PLAN OF CORRECTION (CONTINUED)

Regulatory Violation	Observation	Deficiency Correction Plan	Date Corrected	On-Going Compliance Plan	Title + License Number of Monitoring Licensee

I attest that the corrections submitted are fully implemented. Those corrections which are not yet implemented will be implemented by the date specified above.

Signature of Manager of Record: _____ Date: _____