CONSULTANT PHARMACIST LICENSING PROGRAM
SELF-ASSESSMENT EXAMINATION
**** 2015 ANSWER SHEET ****

(Mark all correct answers, may be more than one answer per question)

1. Pharmaceutical Services in the Long Term Care Facility are regulated by all of the following except:
   a. The Pharmacy Practice Act, Chapter 465 State Statutes
   b. Board of Pharmacy Rules, Chapter 64B-16
   c. HHS Conditions of Participation Medicare/Medicaid
   d. AHCA Chapter 59A-104
   e. The Joint Commission
   f. DEA

2. Pharmaceutical Services in hospitals are regulated by or should apply all of the following EXCEPT:
   a. Agency for Health Care Administration (AHCA, DMQA)
   b. ASHP Guidelines
   c. DEA
   d. ASCP Standards
   e. The Joint Commission

3. An acute care hospital with a Institutional Class II permit from which medications are dispensed to inpatients and outpatients by pharmacists, must also have the following type of permit:
   a. Class I institutional
   b. Class II institutional
   c. Class II Modified institutional
   d. Community pharmacy permit or special limited community permit
   e. Closed system pharmacy

4. Biennial relicensing as a consultant pharmacist requires proof of attendance at approved consultant recertification continuing education of at least _____ hours in the biennial period.
   a. 6
   b. 12
   c. 15
   d. 18
   e. 24
5. Nursing home consultant pharmacists are REQUIRED to serve as members of:
   a. Quality Assessment and Assurance Committee
   b. Pharmaceutical Services Committee
   c. Treatment Plan & Annual Habilitation Plan Committee
d. Continuous Quality Improvement Program (Per Board of Pharmacy reg)

6. Verbal medication orders received at a nursing home must be countersigned within:
   a. 24 hours
   b. 48 hours
   c. 96 hours
d. 10 days
e. No specific time requirement but should be by next visit by MD

7. In the hospital setting, verbal orders must be written down and read back. What are the requirements for the physician to countersign (authenticate) these verbal orders?
   a. Within 30 days
   b. Within 48 hours
c. Timing must be in accordance with State law and/or hospital policy
d. Both b and c
e. None of the above

8. A complete physical inventory of all controlled drugs stored in a hospital must be completed:
   a. When the consultant begins or leaves a position
   b. Monthly
c. Annually
d. Every two years
e. Not required, but annual is recommended

9. A nursing home consultant pharmacist and the vendor pharmacist are required to sign an agreement with the nursing home:
   a. True
   b. False

10. A Class I permit, issued by the Board of Pharmacy:
    a. Is required for community pharmacies
    b. Allows a long term care facility to store validly ordered and dispensed legend drugs on the premises
c. Allows an institutional pharmacy dispensing authorization
d. Is required in the pharmacy’s name
e. Is required for hospital pharmacies
11. In hospitals that DO NOT have IV admixture service in the pharmacy, the responsibility for written guidelines and approval for the preparation and handling of IV’s belongs to:
   a. Director of Nursing
   b. Director of Pharmacy (consultant of record)
   c. Pharmacy and Therapeutics Committee
   d. Medical Director
   e. Both a and b

12. The nursing home’s consultant pharmacist and vendor pharmacy:
   a. Must be the same pharmacist
   b. Must be separate and unrelated pharmacists
   c. Must be employed by or operate the same pharmacy
   d. Must be community pharmacists
   e. None of the above

13. Which of the following is a national organization of pharmacists serving long term care facilities?
   a. ASHP
   b. APHA
   c. AACP
   d. ACCP
   e. ASCP

14. Which of the following is a national organization of pharmacists serving hospitals?
   a. ASHP
   b. APHA
   c. AACP
   d. ACCP
   e. ASCP

15. Mark the TRUE statement for hospital practice:
   a. The Joint Commission expects that pre-operative orders are automatically stopped when a patient goes into surgery and new orders are written post-operatively
   b. The Joint Commission requires that drug orders have automatic stop limits.
   c. The Joint Commission and ASHP recommend that all anti-infective agents have a stop limit of 7 days
   d. Medicare condition of participation for hospitals expects to see that any automatic stop order policies are approved by the medical staff.
   e. A and D
16. The nursing home consultant pharmacist must review the drug regimen of each resident at least:
   a. Daily
   b. Weekly
   c. Monthly
   d. Quarterly
   e. Annually

17. The nursing home MMR (medication regimen review) function requires all of the following except:
   a. Review for drug interactions
   b. Review of the timeliness of medication delivered to the facility
   c. Review of orders for appropriateness with respect to indication and other diagnoses
   d. Review of Pharmacy Policies and Procedures
   e. Evaluation of dose and dosing intervals

18. Department of Health and Human Services (Federal) surveys of stand alone Long Term Care facilities:
   a. Are only required for facilities receiving reimbursement from the Medicare/Medicaid program for 1 or more residents
   b. Joint Commission accreditation is an acceptable alternative to achieve Medicare/Medicaid certification for reimbursement
   c. ASCP accreditation is an acceptable alternative to achieve Medicare/Medicaid certification for reimbursement
   d. Is required for Skilled Nursing Facilities, but not Intermediate Care Facilities.
   e. All of the above

19. Regardless of a hospital’s or nursing home’s certification with HHS, they are inspected by the State of Florida for relicensure:
   a. Annually
   b. Biennially
   c. Every 5 years
   d. Different requirements for each
   e. None of the above

20. What committee must the consultant pharmacist in an Intermediate Care Facility for the Developmentally Disabled (ICF-DD) be a member of:
   a. Quality Assessment and Assurance Committee
   b. Pharmaceutical Services Committee
   c. Treatment Plan & Annual Habilitation Plan Committee
   d. Continuous Quality Improvement Program
   e. C and D
21. As of January 1st, 2013 CMS mandated a change in dispensing requirements for BRAND name drugs for Part D prescriptions (short cycle dispensing) to a maximum supply of 14 days in which type of facility.
   a. Hospitals
   b. Nursing Homes
   c. IVF-MR’s
   d. ALFs
   e. Group Homes
   f. All of the above

22. An acute care hospital with an inpatient pharmacy from which medications are dispensed to a “stand alone” nursing home, must have the following type of Florida Pharmacy permit(s):
   a. Class I institutional
   b. Class II institutional
   c. Class II modified
   d. Community Pharmacy Permit
   e. Class III
   f. Both b and d

23. Identify or interpret the following acronyms:
   a. SNF (Skilled Nursing Facility)
   b. MAR (Medication Administration Record)
   c. MOR (Medication Observation Record)
   d. AHCA (Agency for Healthcare Administration)
   e. OBRA (Omnibus Budget Reconciliation Act)
   f. DMQA (Division of Medical Quality Assurance)
   g. ICF-DD (Intermediate Care Facility – Developmentally Disabled)

24. The Joint Commission requires data collection for performance improvement:
   a. Data includes significant medication error
   b. Hospital uses results of data to identify improvement opportunities
   c. Data includes significant adverse drug reactions
   d. Data is compared with external sources, when available
   e. All of the above
25. **Hospital Core Measures**
   a. Involve medication use processes and utilization
   b. Results are used by CMS to determine reimbursement to hospital
   c. Are data assessing the hospital’s quality of care
   d. **All of the above**

26. Evidence of a Consultant Pharmacist completing the Medication Regimen Review standard for every resident in a nursing home would include:
   a. Consultant signature and date on each chart
   b. A consultant recommendation
   c. If no recommendation a statement that indicates “no irregularities noted”
   d. A monthly report to the D.O.N.
   e. A quarterly review submitted to the Quality Assurance Committee
   f. A & D
   g. **all of the above**

27. Despite the recommendations of EPA to dispose of controlled substances by mixing them in coffee grounds or cat litter (as alternatives to flushing), the DEA published draft guidelines in 2013 (Disposal of Controlled Substances) that requires a standard of destruction that is “non-retrievable”. Under this definition, the EPA recommendations do not meet that standard.
   a. True
   b. False

28. Prior approval is required from DEA before destruction of controlled substances in a hospital (Florida):
   a. Yes
   b. No
   c. **Depends on method of destruction used**

29. A Hospital institution would address the use of investigational drugs in the facility by creating the following committee
   a. P&T
   b. Patient Safety
   c. Formulary Management
   d. **IRB**
   e. none of the above

30. The Board of Pharmacy does not recognize a nurse working for which facility as a representative of the Physician as it relates to calling in new orders and refill authorizations
   a. hospital
   b. Transitional Care Unit
   c. Nursing Home
   d. ICF-DD
   e. **Assisted Living Facility**
31. Facilities with Modified Institutional Class II permits (Type A and B) are not allowed to store floor controlled drugs.
   a. True
   b. False

32. Mark the true statement that applies to nursing homes, which accept Medicaid residents.
   a. Each nursing home is required to floor stock specified (formulary) OTC drugs
   b. A nursing home can charge Medicaid residents separately for formulary OTC drugs
   c. OTC medications can be given to residents on request without a physician’s order
   d. OTC medications may be kept in a resident’s room without restriction
   e. OTC medications may not be purchased and stored in bulk by the facility

33. Which of the following facilities, when in good standing with the Agency for Healthcare Administration/Quality Assurance Division, does not require a consultant pharmacist under Florida law?
   a. a skilled nursing facility (SNF)
   b. a nursing home (NH)
   c. an intermediate care facility for the developmentally disabled (ICF-DD)
   d. an adult living facility (without a special ALF license)
   e. a hospital

34. Which of the Modified Class II permits limits the package size of controlled substances stored in the facility?
   a. Modified Class II-A
   b. Modified Class II-B
   c. Modified Class II-C
   d. None of the above
   e. All of the above

35. H.H.S. Surveys of nursing home facilities:
   a. are required only for facilities receiving reimbursement from Medicare/Medicaid
   b. can be avoided by utilizing JCAHO accreditation
   c. can be avoided by using ASCP certification
   d. are required for skilled facilities, but not intermediate care facilities
   e. none of the above
36. The Minimum Data Set (MDS) is used in which facility to determine reimbursement for services under the Medicare program?
   a. a skilled nursing facility (SNF)
   b. a correctional facility
   c. an intermediate care facility for the developmentally disabled (ICF-DD)
   d. an adult living facility (without a special ALF license)
   e. a hospital

37. Mark the one true statement regarding medication sent home with a nursing home resident.
   a. only control drugs may be sent home with the resident
   b. only non-controlled drugs may be sent home with the resident
   c. a doctor’s order is required to send medications home with a resident
   d. the medication container(s) must have been labeled by the vendor pharmacy
   e. no medication may be sent home with a resident

38. Identify or interpret the following abbreviations found in a chart:
   a. PD  Parkinson’s Disease
   b. ASCVD  arteriosclerotic cardiovascular disease
   c. BX  biopsy
   d. CVA  cerebral vascular accident
   e. DOE  dyspnea on exertion
   f. FBS  fasting blood sugar
   g. I & O  input and output
   h. IVP  intravenous pylogram, IV piggyback, or intravenous push
   i. HCT  hematocrit
   j. NPO  nothing by mouth
   k. RA  rheumatoid arthritis
   l. OOB  out of bed
   m. WNL  within normal limits
n. AD  Alzheimer’s disease

o.  r/o  rule out

p. CBC  complete blood count

q.  s/p  status post (a previous illness such as s/p hip fracture)

r.  Hx  history

s.  c/o complaint of

t.  PVC  premature ventricular contractions

u.  ROM  range of motion

v.  KVO  keep vein open

w.  UTI  urinary tract infection

x.  TPN  total parenteral nutrition

y.  WBC  white blood count

z.  EPS  extrapyramidal symptoms

aa. ACS  acute coronary syndrome

bb. Tx  treatment

cc. PSA  prostatic specific antigen

dd. CMP complete metabolic panel

ee. COPD  chronic obstructive pulmonary disease

ff. Sx  symptoms

gg. CHF  congestive heart failure

hh. DM  diabetes mellitus

ii. BM  bowel movement