



Commonwealth of Massachusetts

Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108
(617) 973-0960
(617) 973-0960 TTY

Office Use Only

Date POC Received:

PLAN OF CORRECTION

Facility Name: _____

Address: _____

Manager of Record: _____

Inspection Date: _____

Investigator(s): _____

Inspection Number: ISP-_____

Facility License No.: _____

MOR License No.: PH_____

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

Signature of the licensee who supervises the MOR (*if applicable*)

License #

Date