WELLNESS & CARE GROUP OF TEXAS
YOUR PARTNER IN SUCCESS

TEXAS FREESTANDING EMERGENCY ROOM
PHARMACY SURVEY-READINESS CHECKLIST
TEXAS STATE BOARD OF PHARMACY | TEXAS HHSC | JOINT COMMISSION

Facility: _____ **Class F Lic #:** _____ **PIC:** _____ **Review Month/Year:** _____

Reviewed By: _____ **Date:** _____ **Medical Director:** _____ **Status Key: C / D / N/A**

Crosswalk: TSBP = 22 TAC §291.151 | HHSC = 26 TAC Chapter 509 / §509.50 | TJC = applicable Joint Commission Ambulatory medication-management and patient-safety expectations

PAGE 1 - LICENSURE, OPERATIONS, SECURITY & CONTROLLED SUBSTANCES

#	Survey-Readiness Item	TSBP	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
1	Current Texas Class F Pharmacy License is available and reflects the correct facility name and location.	X	X		☐	☐	☐		
2	Pharmacy license and required regulatory documentation are current and readily available for inspection.	X	X		☐	☐	☐		
3	A qualified Pharmacist-in-Charge (PIC) is formally designated.	X	X	X	☐	☐	☐		
4	PIC responsibilities are documented and actively performed.	X		X	☐	☐	☐		
5	Required pharmacist facility visits are completed and documented for each calendar week the facility is open.	X			☐	☐	☐		
6	Weekly pharmacy inspection records are complete and available.	X		X	☐	☐	☐		
7	Pharmacy policies and procedures are current, approved, available to staff, and match actual practice.	X	X	X	☐	☐	☐		
8	Current pharmacy formulary / approved medication list is maintained.	X	X	X	☐	☐	☐		
9	Emergency medications and antidotes appropriate to the FSER scope of services are available.	X	X	X	☐	☐	☐		
10	Pharmacy and medication-storage areas are secured against unauthorized access.	X	X	X	☐	☐	☐		
11	Access to pharmacy and medication areas is restricted to authorized personnel.	X	X	X	☐	☐	☐		
12	Medication storage areas are clean, organized, and appropriate for medications stored.	X	X	X	☐	☐	☐		
13	Medications are stored according to manufacturer temperature, light, humidity, and security requirements.	X	X	X	☐	☐	☐		
14	Medication refrigerators/freezers are monitored according to policy and manufacturer requirements.	X	X	X	☐	☐	☐		
15	Temperature excursions have documented investigation, medication disposition, and corrective action.	X	X	X	☐	☐	☐		
16	No expired medications are available for patient use.	X	X	X	☐	☐	☐		
17	Short-dated medications are identified and tracked before expiration.	X		X	☐	☐	☐		
18	Expired medications are removed from active inventory and appropriately quarantined/disposed.	X	X	X	☐	☐	☐		
19	Medication recalls are reviewed, affected inventory is identified, and disposition is documented.	X	X	X	☐	☐	☐		
20	Medication procurement is through appropriately authorized suppliers.	X	X	X	☐	☐	☐		
21	Controlled substances are stored securely with access limited to authorized personnel.	X	X	X	☐	☐	☐		
22	Schedule II-V controlled substances are maintained through an appropriate perpetual inventory system.	X		X	☐	☐	☐		
23	Controlled substance inventory is reconciled at the required frequency by the pharmacist.	X		X	☐	☐	☐		
24	Controlled-substance discrepancies are promptly investigated and resolved.	X	X	X	☐	☐	☐		
25	Controlled-substance waste is appropriately documented and witnessed when required.	X	X	X	☐	☐	☐		
26	Controlled-substance receipt, administration, waste, return and disposal records are traceable.	X	X	X	☐	☐	☐		
27	Processes exist for identifying and escalating possible medication diversion.	X	X	X	☐	☐	☐		
28	Automated dispensing cabinets, if used, restrict access to authorized personnel.	X	X	X	☐	☐	☐		
29	ADC user access is periodically reviewed and terminated promptly when employment/authorization ends.	X		X	☐	☐	☐		
30	ADC overrides are defined by policy and retrospectively monitored.	X		X	☐	☐	☐		
31	ADC discrepancies are investigated and documented.	X		X	☐	☐	☐		
32	Crash carts and emergency medication trays are secured and checked according to facility policy.	X	X	X	☐	☐	☐		
33	Crash-cart medication expiration dates and quantities are routinely verified.	X	X	X	☐	☐	☐		
34	Pharmacy downtime procedures address ADC failure, EMR outage, refrigeration failure, power loss, and medication shortages.	X	X	X	☐	☐	☐		
35	Required pharmacy records are retained and readily retrievable during a survey.	X	X	X	☐	☐	☐		

IMMEDIATE-ATTENTION FINDINGS

Critical Finding(s): _____ **Immediate Action:** _____ **Owner:** _____ **Due:** _____

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PAGE 2 - MEDICATION SAFETY, QUALITY, QAPI & LEADERSHIP REVIEW

#	Survey-Readiness Item	TSBP	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
36	Medication orders contain sufficient information for safe administration.	X	X	X	☐	☐	☐		
37	Verbal/telephone medication orders follow approved policy, including read-back/authentication requirements.	X	X	X	☐	☐	☐		
38	Patient medication allergies and reactions are documented and available to clinicians before administration when feasible.		X	X	☐	☐	☐		
39	Medication reconciliation is completed according to the facility scope and applicable accreditation requirements.		X	X	☐	☐	☐		
40	Medication discrepancies identified during reconciliation are addressed appropriately.		X	X	☐	☐	☐		
41	Medications prepared but not immediately administered are appropriately labeled.	X	X	X	☐	☐	☐		
42	IV medication preparation, dilution, concentration, labeling and administration follow approved policy.	X	X	X	☐	☐	☐		
43	Pediatric weights are documented in kilograms and weight-based medication dosing is used when appropriate.		X	X	☐	☐	☐		
44	High-alert medications used by the facility are specifically identified.		X	X	☐	☐	☐		
45	High-alert medication risk-reduction strategies are implemented and monitored.		X	X	☐	☐	☐		
46	Look-alike / sound-alike medication risks are addressed through storage, labeling, technology, or other controls.	X	X	X	☐	☐	☐		
47	Procedural sedation medications and reversal agents are appropriately available, secured and monitored.		X	X	☐	☐	☐		
48	Patient-supplied medications are managed according to written policy.	X	X	X	☐	☐	☐		
49	Outpatient/take-home medication processes comply with applicable Class F pharmacy requirements.	X	X	X	☐	☐	☐		
50	Take-home medication labeling contains required patient, medication and practitioner information.	X	X	X	☐	☐	☐		
51	Outpatient medication distribution is appropriately documented and reviewed by pharmacy.	X	X	X	☐	☐	☐		
52	Required pharmacist drug-regimen reviews are completed and documented.	X		X	☐	☐	☐		
53	Significant pharmacist interventions are communicated to the practitioner and documented.	X		X	☐	☐	☐		
54	Medication errors are reported, investigated and incorporated into the quality program.	X	X	X	☐	☐	☐		
55	Medication near misses are reported and trended for system improvement.		X	X	☐	☐	☐		
56	Adverse drug reactions are identified, treated, documented and reviewed.	X	X	X	☐	☐	☐		
57	Serious or recurring medication events receive root-cause or focused review when appropriate.		X	X	☐	☐	☐		
58	Medication error and ADR trends are reported through QAPI / Quality Committee processes.		X	X	☐	☐	☐		
59	Pharmacy-related complaints or patient-safety concerns are reviewed for trends.		X	X	☐	☐	☐		
60	Drug shortages and therapeutic substitutions are communicated to clinical staff and managed safely.	X	X	X	☐	☐	☐		
61	Pharmacy reference materials, current laws/rules, drug information and poison-control resources are accessible.	X			☐	☐	☐		
62	Previous TSBP, HHSC, Joint Commission or internal pharmacy deficiencies have documented corrective action.	X	X	X	☐	☐	☐		
63	Corrective actions are followed to determine whether improvement was effective.		X	X	☐	☐	☐		
64	Pharmacy performance data are reported regularly to appropriate facility leadership.		X	X	☐	☐	☐		
65	Pharmacy QAPI projects have measurable goals, owners, due dates and outcome measures.		X	X	☐	☐	☐		

MONTHLY PHARMACY QUALITY DASHBOARD

Indicator	Current	Goal	Prior	Trend / Action
Weekly pharmacist visits completed		100%		
Weekly controlled-substance reconciliations		100%		
Controlled-substance discrepancies		0 unresolved		
Controlled-substance waste discrepancies		0 unresolved		
Medication errors		Trend review		
Medication near misses		Trend review		
Adverse drug reactions		Trend review		
High-alert medication events		0 preventable		
Medication-reconciliation compliance		Facility Goal		
Crash-cart deficiencies		0		
Expired medication findings		0		
Temperature excursions		0 unresolved		
Drug recalls outstanding		0		
ADC discrepancies		0 unresolved		
Pharmacy inspection deficiencies		0 unresolved		
Pharmacist regimen review compliance		100%		

CORRECTIVE ACTION & EFFECTIVENESS TRACKER

Finding	Immediate	Root Cause	Corrective Action	Owner	Due	Effectiveness	Status

PHARMACY LEADERSHIP REVIEW

HIGH - What went well?

LOW - What did not meet expectations?

BLOCKER - What is preventing compliance or improvement?

DECISION NEEDED - What requires PIC / leadership action?

SURVEY-READINESS STATUS

☐ Survey Ready ☐ Minor Corrective Actions ☐ Corrective Action Required ☐ Immediate Leadership Review

SIGN-OFF

Pharmacist-in-Charge _____ **Facility Administrator** _____

Medical Director _____ **Quality / Compliance** _____

CLOSING STANDARD: FINDING -> IMMEDIATE CORRECTION -> ROOT CAUSE -> CORRECTIVE ACTION -> MEASUREMENT -> EFFECTIVENESS VERIFIED -> CLOSED

References: Texas State Board of Pharmacy, 22 TAC §291.151 (Class F); Texas HHSC, 26 TAC Chapter 509 including §509.50; current Joint Commission Ambulatory Health Care medication-management and patient-safety standards; applicable federal controlled-substance requirements. Internal readiness tool only; verify applicability and current standards before use.