NEWFOUNDLAND AND LABRADOR PHARMACY BOARD
Standards of Pharmacy Practice

The Provision of Pharmaceutical Care to
Personal Care Homes and Community Care Homes

Approved by the Newfoundland and Labrador Pharmacy Board June 11, 2010
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1. Introduction

Personal care homes and community care homes are an integral component of our province’s residential care system. Personal care homes are licensed by the Department of Health and Community Services and can be either operated by “private” or “not for profit” operators. These homes are operated for senior citizens and other adults who need assistance with daily living activities.

Individuals are accepted for residency in these homes based on the care and services they require and the homes' ability to meet these needs based on staffing and physical requirements. Individuals admitted to personal care homes do not require on-site health or nursing services but may require the services of a visiting professional.

The purpose of these Standards of Pharmacy Practice is to form the basis for the provision of pharmacy services to residents of personal care homes and community care homes and to ensure residents receive any required medication in a safe, reliable, and cost-effective manner. The pharmacist is expected to work in conjunction with the resident, the family (and/or care provider) and the interdisciplinary care team to determine the resident's needs and what care should be provided by the pharmacist to meet these needs. The pharmacist shall be available to the resident and their family (and/or care provider) to discuss medication issues and provide specific information to assist them with safe and effective drug therapy, as required.

A Glossary containing terms used throughout this document can be found in Appendix I.

These Standards apply to services provided by both publicly funded and private sector pharmacies.

These Standards are not intended to supersede guidelines established by the Department of Health and Community Services or any other governing body.
2. **Provision of Pharmacy Services to Personal Care Homes**

Pharmacy services provided to personal care homes are comprised of administrative, clinical and distributive services. All of these services revolve around providing medication to residents in a manner that would ensure the safety of the medication as well as its delivery.

2.1. **Administrative Services**

   a. **Policy and Procedure Manual**

A pharmacy providing services to a personal care home should provide and periodically review a policy and procedure manual regarding medications and pharmacy services offered to the home.

The manual should be divided into two separate sections: one specific to the pharmacists practicing in the setting, and the second serving as a guide to staff in the home. There may be areas of overlap within each section.

The manual should be reviewed at least once per year as well as periodically as needed to ensure that it is applicable and current, especially as circumstances in the pharmacy change (e.g. change of ownership, change of pharmacist-in-charge, etc.). The review date should be added to the document.

All pharmacy staff shall be familiar with the manual. It is important for new staff orientation and crucial to staff development and continued competence.

See Appendix II for a sample Table of Contents for a Personal Care Home Policy and Procedure Manual.

   b. **Medication Safety Audit**

A pharmacist at a pharmacy providing services to a personal care home must visit and audit the medication room or storage area at the home at least once annually.

These visits are used to ensure that both the pharmacy and the home staff are following the requirements of these Standards as well as current practice standards.

A list of inspection points should be used to ensure that each visit is consistent. Pharmacies may devise their own list or use the Medication Safety Audit form template in Appendix III).

A record of the audit must be kept by the pharmacy, and should also be copied to the personal care home for its records so that the staff at the home are made aware of any matters that need to be addressed. The pharmacist must also report any observed resident safety issues to the licensing authority responsible for the home.

2.2. **Clinical Services**

The Clinical Services provided by the pharmacy are fundamental to initiating resident-centered care and interdisciplinary team involvement. These services go beyond the pharmacy’s drug distribution services to provide residents with more thorough and inclusive care.

The pharmacists promote safe and effective medication use by:

- collaborating with other healthcare professionals and other care providers involved in the care of the resident
- providing pertinent information to personal care home staff regarding possible significant interactions, and special storage requirements
- assessing indications, goals and monitoring outcomes with the healthcare team during quarterly medication reviews
- providing in-services on new drugs, or topics requested by the personal care home at least twice annually

The pharmacists should also be willing to offer their time for quality assurance initiatives with other members of the interdisciplinary team.
a. **Provision of Drug Information**

It is important for staff members at the personal care home to be aware of what a drug is being used for, what results to expect from it, and what side effects they should be on the alert for.

As such, the pharmacists:

- shall be available to provide staff with information regarding an individual resident's medication profile as part of their overall care plan
- provide drug information for any new drug dispensed. Any printed information may be filed either with the individual's MAR or in a designated section of the home
- may provide in-service programs concerning drugs and drug therapy in accordance with the needs of the staff, or recognized needs of the residents

b. **Resident Medication Review**

The pharmacist shall be a willing member of the medication review process conducted by the health care team.

The pharmacist must review the resident's complete patient profile before releasing any drug to the home.

**Medication reviews shall be conducted at least annually** (quarterly reviews for residents with more complex medications or regimens are favourable). In addition, reviews may be conducted at the request of the resident, the family (or responsible representative) or a member of the health care team. A reasonable request might include the following: a significant change in the medical status of the resident or an unbearable financial burden to the resident brought on by the cost of medication.

**Some** examples of what may be considered at these reviews include:

- Use of prn drugs. Are they still needed or can they be discontinued? Are specific indications for use clear? Are they proving to be effective?
- Continued need for certain regularly administered drugs (e.g. diuretics, antidepressants)?
- Geriatric suitability - i.e. is each drug safe in this dose, in this route of administration, at this dose interval for an elderly person? Is the person's weight still the same or should the dose be altered?
- Combination drug use - Are there additive effects that could be avoided or reduced? Has personal care home staff noticed signs that may be attributed to the drugs?
- Can adjustments be made to doses as a result of recent laboratory results?

c. **In-Service Programs**

The pharmacist should, in conjunction with the Regional Health Authority Staff, provide inservicing to all personal care home staff regarding correct medication usage, storage, administration and recording procedures.

A sample checklist of topics for in-service programs is included in Appendix IV. Other areas of concern may be addressed at the pharmacist's discretion.

2.3. **Drug Distribution Services**

Drug Distribution services involve the processes which must be completed to deliver medication to a resident.

a. **Resident Records**

The pharmacist may use the information on the Client Admission Report (Appendix V), if available, to establish a patient profile that is maintained in accordance with provincial pharmacy legislation.
b. Medication Administration Records

The pharmacy must provide a medication administration record (MAR) for each resident, on a monthly basis.

In addition to the information on the patient profile, the MAR should include:
- the month for which the record is to be used,
- the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed, including those to be administered on a “prn” basis,
- the medical indication for use for all “prn” medications, whenever possible, and
- directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, auxiliary labels or additional counselling information.

The pharmacy must have procedures in place to ensure that the MAR does not contain entries which are no longer applicable, such as discontinued medications and short term therapies, such as antibiotics.

The pharmacist must ensure that the patient profile is carefully reviewed with each new entry to ensure that the information on the MAR is correct and complete.

It is recommended that the personal care home staff be advised to compare the new MARs against the current ones to ensure that they reflect recent additions and discontinuations.

The MAR should be printed several days prior to the end of the month to allow time for proof-reading by pharmacy staff, delivery to the home and review and filing by the home staff.

c. Self-Administration

In an attempt to assist the resident with an opportunity to maintain some level of independence, “medication self-administration” may be considered on a case-by-case basis. A process must be in place to accommodate resident self-administration including counselling, written information, special package, and documentation.

d. Prescription (Refill) Authorizations

All drugs (prescription and non-prescription) that are managed by personal care home staff must be prescribed by an authorized provider and dispensed by a pharmacist in accordance with applicable regulations and standards unless otherwise authorized.

A pharmacist may only dispense a drug to a resident upon receipt of a prescription.

If a prescription runs out, pharmacists are only permitted to extend the prescription in accordance with applicable regulations and standards.

e. Packaging

The pharmacists shall ensure there is a safe, secure system for the procurement, storage, control, administration and disposal of medications within the home that the pharmacy services.

All medications dispensed to residents of Personal Care Homes, where the staff of the home administer the medications, should be packaged in suitable unit-dose or multi-dose packages. (see Glossary in Appendix I)

The packaging system used for “prn” medications may be different from that used for routinely administered medications but, regardless, whatever type of monitored dose packaging is used for “prn” medications must be consistent throughout the home.

“Prn” medications should be stored separately from the routinely administered drugs. Keeping prn medications on the same rack or in the same compartment as the regularly administered medications can result in them being administered without fully assessing the need for them.
When discontinued, “prn” medications should be returned to the pharmacy and the pharmacist notified. This can then be noted on the profile so that it will not appear on subsequent MARs.

f. **Labelling Patient Medication Packages**
   
   Each patient medication package must be labelled on an individual resident basis.

   All patient medication packages must be labelled with the following:
   - the resident’s name and/or other appropriate identifier
   - the personal care home name
   - the prescriber’s name
   - a pharmacy control number identifying the resident's package and a separate identifying prescription number for each solid oral dosage form contained therein
   - the drug name and strength and/or DIN or NPN number
   - identifying features of all drugs in the package
   - date of preparation
   - name, address and telephone number of the pharmacy
   - dispensing pharmacist’s name or initials

   Auxiliary labels and/or cautionary statements must be used where required.

g. **Labelling Other Prescriptions**

   Prescriptions for medications not included in the patient medication package (i.e. topical preparations, eye or ear drops, and “prn” medications) should be labelled with information specific to their use, when available:
   - Topical preparations and drops should be labelled with the indicated area and condition for use
     - e.g. “Apply to arm as needed for itching”
   - “prn” medications should be labelled with the specific indication for use as well as the frequency, minimum interval between doses and maximum daily dose
     - e.g. “Take one tablet at bedtime as required for sleep”
     - e.g. “Take one tablet up to twice a day (one every 12 hours) for anxiety.”

   Since the staff at the home are responsible for making the decision as to whether or not to administer a drug, they must be very sure as to what the drug was ordered for, and what the administration time intervals are.

h. **Prescription Changes / Additions**

   All changes shall be treated as a new prescription and shall cancel the previous prescription.

   Pharmacies should follow these recommendations:
   - In the case of blister-packaged prescription, the pharmacist must determine the number of days until the next exchange and dispense a new package containing the changes.
   - In the case of strip-packaged prescription, the pharmacist must determine the number of days until the next exchange and dispense a new strip containing the changes.
   - In the event of the addition of a drug in a strip-package system, a one-drug strip can be dispensed and administered with the original multi-drug strip until the next exchange.

   Pharmacies should supply the necessary package as soon as possible, ideally within 24 hours and should ensure that all packages containing the previous prescription are returned to the pharmacy.

   Labels with new directions must **NEVER** be sent to the staff at the home to affix to patient medication packages or other containers currently in use.

   Staff at the home must **NEVER**: 
remove a discontinued or changed drug and then continue to use the current package (see NOTE below).

- make handwritten changes to prescription labels. Instead, staff may affix specialized stickers (stating “Change in Directions. Check Chart”, for example) to the package on hand at the home until the new package arrives from the pharmacy.

**NOTE:** A written policy may be established to allow, in an urgent situation, for withholding a medication in a multi-drug package until such time as the pharmacy can re-dispense the medications. Such deviations from the requirement are to be documented in an incident report, and the withheld medication is to be returned to the pharmacy for disposal.

**i. MAR Entries for Prescription Changes / Additions**

The preferred method for making changes to or adding a new medication to a MAR is to have the staff enter the information in full on the MAR as soon as the information has been received. This serves as a cue to the staff administering the drugs. If the corresponding drug is not present, the matter can be investigated immediately.

If labels are produced to be attached to a resident’s medication administration record, the label must state “for MAR”.

**j. Delivery**

Procedures for pharmacy deliveries shall ensure security for the safe delivery of medications to the facility. Medications shall be delivered to a responsible individual employed at the home.

In a case where medication is delivered to the home by someone other than a pharmacist, a sign-in sheet should be used to ensure receipt of medications by authorized personnel. (See Standards of Pharmacy Practice – Delivery of Prescriptions by Community Pharmacies)

**k. Returned Medications**

The pharmacy must provide for the return of medications.

Medications must be returned to the pharmacy when:
- medications are discontinued,
- the resident dies, or
- the expiry date of the medication is exceeded.

The pharmacy may create a record of discontinued medications and send a copy to the home for the staff to use to collect and return the medications to the pharmacy. This aids the pharmacy and the home in efficient and prompt return of un-needed/discontinued medications. The pharmacy copy then serves as a checklist to ensure that all medications have been returned.

The operator of the home should seek a receipt for medications returned to the pharmacy.

Staff at the home should be instructed on the importance of returning all un-needed/discontinued medications to the pharmacy.

**l. Repackaging or Reuse of Returned Medications**

A pharmacist may accept back drugs packaged in customized patient drug packages for dosage adjustment or reuse by the same patient. (as per pharmacy regulations)
| **Appendix I**  
<table>
<thead>
<tr>
<th><strong>GLOSSARY</strong></th>
</tr>
</thead>
</table>
| **Blister cards**  
One drug per blister, 35-day cards | This is the most commonly used system. As 35 is a multiple of 7, the card exchange is always done on the same day of the week. |
| One drug per blister, monthly supply | The blister numbers corresponds to the day of the month. Blister #1 is used on the 1st day of the month, blister #2 on the 2nd day of the month, etc. A disadvantage of this system is that computer entry for the quantity dispensed has to be changed depending on the number of days on the month. |
| Multi-drug blister cards (commonly called compliance packaging) | The cards are set out in 7 days of four medication times. All of the morning drugs for a resident for one day are in one blister, all of the noon drugs in the next blister, etc. The cards are intended to be dispensed one week at a time. |
| **Community Care Home** | a community-based residential program that provides supervision and supportive care to clients with chronic, severe, and persistent mental illness. Community care is comprised of three (3) interrelated components: Case Management, Psychiatric Clinical Services, and a Recreation Program. |
| **Interdisciplinary Team** | a group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members may include some or all of the following disciplines: physician, social worker, nurse, pharmacist, dietician, recreational worker, physiotherapist, licensed practical nurse, nurse practitioner, personal care attendant and home care worker. |
| **Personal Care Home** | “a premises, place or private residence in which personal care is provided for remuneration, to 5 or more adults.” Personal care homes will not be licensed for more than 100 beds (Personal Care Home Regulations, 2001) |
| **Resident** | used generically to designate patient, client, resident or inmate |
| **Shall** | indicates a mandatory requirement |
| **Should** | indicates a recommendation, or that which is advised but not mandatory |
| **Strip packaging**  
Unit-dose strip packaging | Each dose is individually packaged and the drug administration time is identified on the pouch. Each pouch is required to be fully labelled. |
| Multi-drug strip packaging | Each pouch in the strip contains, generally, up to four drugs. If more drugs are to be administered for a particular drug time, the machine automatically packages the others in the next pouch. Each pouch is required to be fully labelled. The strips are intended to be dispensed one week at a time. |
Appendix II
SAMPLE TABLE OF CONTENTS FOR PERSONAL CARE HOME
PHARMACY POLICY AND PROCEDURE MANUAL

► Handling of Possible Exceptions to this Policy (e.g. investigational drugs, home IV program)
► Contact Information for the Pharmacy
► Ordering of New or Refill Medications
► Daily Order and Delivery Schedule
► Explanation of Monitored Dose System Provided by the Pharmacy
► Explanation of Equipment, Systems and Supplies (including forms such as medication administration records, three month reviews, etc.)
► Discontinued/Changed Drug Orders
► Proper Disposal of Medications
► Contingency/Emergency Medication Procedure
► Social Leave Medications (on-pass medications)
► Self-Administration Programs
► Charting Administration of Medications
► Drug Administration Times
► PRN Administration
► Special Administration Procedures (for example, sublingual tablets, crushing tablets, inhalers, eye drops, etc.)
► Narcotic/Controlled Medications
► Drug Room Storage and Security
► Medication Incidents
► Adverse Drug Reaction Reporting
► Clinical Pharmacy Programs/Activities
# Appendix III
MEDICATION SAFETY AUDIT TEMPLATE

**Personal Care Home:**

________________________________________

**Address:**

________________________________________

**Location of Medication Cupboard/Room:**

________________________________________

**Signature:**

________________________________________  **Date of Audit:**

<table>
<thead>
<tr>
<th>SECURITY:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the medication cupboard/room/cart locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the prepared medication tray/cart in the medication cupboard/room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, is the prepared tray/cart kept locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the keys carried by a delegated staff member?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are medications for self-administration kept in a personal locked cupboard?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICATION STORAGE:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the medication cupboard/room/cart neat and clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the contents of the cupboard/room/cart properly separated? (i.e. orals from topicals, in individually designated slots)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the contents of the cupboard/room/cart organized and labelled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the contents of the prepared tray/cart properly organized and labelled?</td>
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<tr>
<td>Are the medication containers and cards properly labelled, neat and clear without defacing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are labels firmly affixed?</td>
<td></td>
<td></td>
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<tr>
<td>Are all drugs in monitored dose packaging (e.g. no prescription vials, no doctor’s samples)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are medications kept in the original containers bearing the original label with the prescription number, name of resident, prescribed dosage and expiry date?</td>
<td></td>
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<tr>
<td>Are “prn” drugs kept separately and not mixed in with the routinely administered drugs?</td>
<td></td>
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<tr>
<td>Are bottles of liquids clean and free from spills?</td>
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<td></td>
</tr>
<tr>
<td>Are drugs requiring refrigeration properly stored? Is refrigerator temperature checked regularly?</td>
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<td></td>
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<tr>
<td>Are only drugs stored in the refrigerator?</td>
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<td></td>
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<tr>
<td>Is refrigerator well organized &amp; clean?</td>
<td></td>
<td></td>
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<tr>
<td>Are ophthalmic preparations dated when opened?</td>
<td></td>
<td></td>
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<tr>
<td>Are discontinued or expired drugs removed and returned to the dispensing pharmacy?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RECORDS:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all resident medications (prescription and non-prescription) reviewed with the resident/family upon admission and a drug profile established in conjunction with the pharmacist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a medication administration record kept on each resident and utilized according to policy?</td>
<td></td>
<td></td>
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<tr>
<td>Are medication administration reports (MARs) being properly utilized?</td>
<td></td>
<td></td>
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<tr>
<td>Are the clients’ medication records current according to policies and procedures?</td>
<td></td>
<td></td>
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<tr>
<td>Upon transfer or discharge, is the resident’s medication and detailed instructions taken with the resident?</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>STAFF ORIENTATION/EDUCATION:</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Are policies contained within the Operational Standards Manual reviewed by the operator with staff?</td>
<td></td>
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<tr>
<th>COMMENTS:</th>
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(adapted from DHCS Form PCH-9)
Appendix IV
IN-SERVICE CHECKLIST TEMPLATE

The following guidelines are recognized as providing an acceptable level of in-servicing to personal care homes. Other areas of concern may be addressed at the pharmacist’s discretion. When providing this service, the date of the activity and a record of who attended should be documented.

- Medications are to be stored in a locked area away from extremes of heat, light and other environmental conditions that may adversely affect the drug. Keys for the storage area are to remain in the possession of authorized personnel only.
- Medications are to remain in their original container. Do not alter label.
- Changes in directions can be recorded on the medication administration record (MAR) in a manner that will alert on-coming staff until a new prescription has been filled. New prescriptions should be forwarded to the pharmacy as soon as possible.
- Ensure internal preparations are stored separately from external preparations.
- Medications requiring refrigeration should be stored properly, e.g. insulin.
- Discontinued medications should be returned to the pharmacy.
- Outdated medications should be returned to the pharmacy.
- Deceased clients’ medications should be returned to the pharmacy.
- Medications are to be prepared immediately prior to administration. Medications are not to be prepared in advance.
- Multidose vials and ophthalmic preparations should be dated when punctured/opened.
- Medications are to be administered by the staff member who prepared them.
- If the medication appears to be different from a previous refill, consult the pharmacist for clarification.
- Read directions carefully paying particular attention to auxiliary or cautionary labels. If in doubt, contact the pharmacist for additional information.
- Medications are to be administered at the same time each day.
- Ensure proper identification of the client prior to administration of medication.
- Never give one client’s medication to another client. The medication may appear the same but may be entirely different.
- Stay with the client until the medication is ingested and swallowed.
- Record dosage and administration time on the MAR.
- Refusals should be documented on the MAR and reported to the attending physician.
- Observe the client for known side effects as instructed.
- Complete medications for one client before proceeding to the next client.
- Report all adverse drug reactions to the attending physician and pharmacist as soon as possible.
Appendix V

Release of Resident Information for Pharmacist

Client’s Name: ___________________________ File Number: ___________________________

PCH Name: ___________________________ Date of Admission: ___________________________

Birthdate: ___________________________ Height: ___________________________ Weight: ___________________________

Physician: ___________________________ Telephone: ___________________________

Health and Community Services Contact Name: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

ASSESSMENT INFORMATION:

Allergies: ________________________________________________________________

____________________________________________________________

Medical Diagnosis: _______________________________________________________

____________________________________________________________

Diet: ________________________________________________________________

____________________________________________________________

Medications: ___________________________________________________________

____________________________________________________________

Comments: ___________________________________________________________

____________________________________________________________

Method of Payment and Third Party Insurance Numbers (if applicable):

____________________________________________________________

____________________________________________________________

Change: _____________________________________________________________

____________________________________________________________

Copy to: Health and Community Services Board / Home / Pharmacy.

DHCS FORM PCH - 18