Virginia Board of Pharmacy
Pharmacy Inspection Deficiency Monetary Penalty Guide

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
1. No Pharmacist-in-Charge or Pharmacist-in-Charge not fully engaged in practice at pharmacy location	54.1-3434 and 18VAC110-20-110	must have documentation	2000
2. Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe	54.1-3434 and 18VAC110-20-110		1000
3. Unregistered persons performing duties restricted to pharmacy technician without first becoming registered as a pharmacy technician trainee	54.1-3321 and 18VAC110-20-111	per individual	First documented occurrence = no penalty Repeat = $ penalty 250
4. Pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees performing duties on an expired license/registration	18VAC110-21-60, 18VAC110-21-110, 18VAC110-21-141, and 18VAC110-21-170.	per individual	First documented occurrence = no penalty Repeat = $ penalty 100

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5. Pharmacy technicians, pharmacy interns, or pharmacy technician trainees performing duties without monitoring by a pharmacist, or unlicensed persons engaging in acts restricted to pharmacists	54.1-3320 18VAC110-20-112		500
6. Exceeds pharmacist to pharmacy technician ratio	54.1-3320 18VAC110-20-112	per each technician over the ratio	First documented occurrence = no penalty Repeat = $ penalty 100
7. Change of location or remodel of pharmacy without submitting application or Board approval	18VAC110-20-140	must submit an application and fee	250
8. Refrigerator/freezer temperature out of range greater than +/- 4 degrees Fahrenheit.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's or pharmacy's calibrated thermometer	First documented occurrence = no penalty; drugs may be embargoed Repeat = $ penalty 100 Drugs may be embargoed
9. The alarm is not operational. The enclosure is not locked at all times when a pharmacist is not on duty. The alarm is not set at all times when the pharmacist is not on duty.	18VAC110-20-180 and 18VAC110-20-190		1000

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9a. Alarm incapable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational. Alarm is operational but does not fully protect the prescription department and/or is not capable of detecting breaking by any means when activated. The alarm system does not include a feature by which any breach shall be communicated to the PIC or a pharmacist working at the pharmacy.	18VAC110-20-180		250
10. Unauthorized access to alarm or locking device to the prescription department	18VAC110-20-180 and 18VAC110-20-190		1000
11. Insufficient enclosures or locking devices	18VAC110-20-190		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
12. Storage of prescription drugs not in the prescription department	18VAC110-20-190		500

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12a. Schedule II drugs are not dispersed with other schedules of drugs or maintained in a securely locked cabinet, drawer, or safe, or maintained in a manner that combines the two methods.	18VAC110-20-200		First documented occurrence and no drug loss of Schedule II = no penalty Drug loss or repeat = $ penalty 250
13. No biennial inventory, or over 30 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.	54.1-3404 and 18VAC110-20-240	Cite Deficiency 113 if only expired drugs not included in inventory.	Over 30 days late and first documented occurrence = no penalty Over 30 days late and repeat = $ penalty 500
14. No incoming change of Pharmacist-in-Charge inventory, inventory taken or over 5 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V	54.1-3434 and 18VAC110-20-240	Per occurrence. Cite Deficiency 113 if only expired drugs not included in inventory.	500

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15. Perpetual inventory not being maintained as required as it does not: • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical count of each Schedule II drug "on-hand" at the time of performing the inventory; • Include a reconciliation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical count and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	18VAC110-20-240	Review 10 drugs for six consecutive months. Includes expired drugs. Deficiency if more than 5 reconciliations not compliant.	250
16. Theft/unusual loss of drugs not reported to the Board as required	54.1-3404 and 18VAC110-20-240	per report/theft-loss	250
17. Hard copy prescriptions not maintained or retrievable as required (i.e. hard copy of fax for Schedule II, III, IV & V drugs and refill authorizations)	54.1-3404 and 18VAC110-20-240		250
18. Records of dispensing not maintained as required	54.1-3404, 18VAC110-20-240, 18VAC110-20-250, 18VAC110-20-420, and 18VAC110-20-425		250

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19. Pharmacists not verifying or failing to document verification of accuracy of dispensed prescriptions	18VAC110-20-270, 18VAC110-20-420 and 18VAC110-20-425	10% threshold for documentation	500
20. Pharmacist not checking and documenting repackaging or bulk packaging	54.1-3410.2, 18VAC110-20-355 and 18VAC110-20-425	Review all entries for 5 drugs for six consecutive months. Deficiency if 10% or more are not compliant.	250
20a. Pharmacist not documenting verification of accuracy of non-sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355	10% threshold	500
20b. Pharmacist not documenting verification of accuracy of sterile compounding process and integrity of compounded products	54.1-3410.2, 18VAC110-20-355		5000
21. No clean room	54.1-3410.2		10000
21a. Performing sterile compounding outside of a clean room.	54.1-3410.2	Compliant clean room present but not utilized for preparation of compounded sterile drug products.	3000

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21b. Presterilization procedures for Category 2 or Category 3 CSPs, such as weighing and mixing, are completed in areas not classified as ISO Class 8 or better.	54.1-3410.2		500
22. Certification of the direct compounding area (DCA) for compounded sterile preparations indicating ISO Class 5 not performed by a qualified individual no less than every 6 months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	3000
23. Certification of the buffer or clean room and ante room indicating ISO Class 7 / ISO Class 8 or better not performed by a qualified individual no less than every six months, whenever there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow quality, and/or certification does not include airflow testing, HEPA filter integrity testing, total particle count testing, and dynamic airflow smoke pattern test.	54.1-3410.2	Review 2 most recent reports; certification must be performed no later than the last day of the sixth month from the previous certification	1000

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24. Sterile compounding of hazardous drugs performed in a non-compliant clean room	54.1-3410.2		2000
25. No documentation of sterilization methods or endotoxin pyrogen testing for Category 2 CSPs and/or Category 3 CSPs when required by USP	54.1-3410.2		5000
25a. No documentation of initial and at least every 3 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 3 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved fingertip testing must be performed no later than the last day of the third month from the date the previous media-fill test and gloved fingertip testing was initiated.	5000
25b. Category 3 compounded sterile preparations intended for use are improperly stored	54.1-3410.2		5000
25c. Category 1 or 2 CSPs intended for use are improperly stored	54.1-3410.2		500

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25d. No documentation of results of the evaluation to determine cause of failure for a person who failed a media-fill test or gloved fingertip and thumb sampling	54.1-3410.2		5000 if performing Category 3 500 if performing Category 1 and 2
26. No documentation of initial and at least every 6 months media-fill testing or gloved fingertip testing for persons performing compounding of Category 1 and Category 2 CSPs.	54.1-3410.2	Review 2 most recent reports. Media-fill testing and gloved finger-tip testing must be performed no later than the last day of the sixth month from the date the previous media-fill test and gloved fingertip testing was initiated.	500
26a. Repealed 12/2023			
26b. No documentation of initial and at least every 12 months media-fill testing or gloved fingertip testing for persons who have direct oversight of compounding personnel, but do not compound.	54.1-3410.2		500
27. Compounding using ingredients in violation of 54.1-3410.2.	54.1-3410.2		1000

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28. Compounding copies of commercially available products	54.1-3410.2	per Rx dispensed up to maximum of 100 RX or $5000	50
29. Unlawful compounding for further distribution by other entities	54.1-3410.2		500
30. Security of after-hours stock not in compliance	18VAC110-20-450		First documented occurrence and no drug loss = no penalty Drug loss or repeat = $ penalty 500
31. Drugs removed and administered to a patient from an automated dispensing device in a nursing home prior to review of the order and authorization by a pharmacist.	18VAC110-20-555	Except for drugs that would be stocked in an emergency drug kit as allowed by 18VAC110-20-555 (3)(C)	First documented occurrence and no known patient harm = no penalty Repeat = $ penalty 250
32. Have clean room, but not all physical standards in compliance, e.g., flooring, ceiling	54.1-3410.2		2000
33. Immediate use, Category 1, or Category 2 CSPs assigned inappropriate beyond use date (BUD)	54.1-3410.2		1000
33a. Category 3 CSPs assigned inappropriate BUD	54.1-3410.2		5,000
34. Combined with Deficiency 142 – 12/2013.			

Deficiency	Law/Reg Cite	Conditions	$ Monetary Penalty
35. Schedule II through VI drugs are being purchased from a wholesale distributor or warehouse not licensed or registered by the board or from another pharmacy in a non-compliant manner	18VAC110-20-395		250

Other Deficiencies

If five (5) or more deficiencies in this category are cited, a $250 monetary penalty shall be imposed. Another $100 monetary penalty will be added for each additional deficiency cited in this category, over the initial five.

Deficiency	Law/Regulation Cite	Conditions
101. Repealed 6/2011		
102. Special/limited-use scope being exceeded without approval	18VAC110-20-120	
103. Repealed 12/2013		
104. Sink with hot and cold running water not available within the prescription department.	18VAC110-20-150	
105. No thermometer or non-functioning thermometer in refrigerator/freezer, but temperature within range, +/-4 degrees Fahrenheit. Temperature not being recorded daily or record of such not maintained properly.	18VAC110-20-150 and 18VAC110-20-10	determined using inspector's calibrated thermometer
106. Prescription department substantially not clean and sanitary and in good repair	18VAC110-20-160	must have picture documentation

Deficiency	Law/Regulation Cite	Conditions
107. Current dispensing reference not maintained	18VAC110-20-170	
108. Emergency access alarm code/key not maintained in compliance	18VAC110-20-190	
109. Expired drugs in working stock, dispensed drugs being returned to stock not in compliance, dispensed drugs returned to stock container or automated counting device not in compliance. (i.e. appropriate expiration date not placed on label of returned drug, mixing lot numbers in stock container)	54.1-3457 18VAC110-20-200 18VAC110-20-355	10% threshold
110. Storage of paraphernalia/Rx devices not in compliance	18VAC110-20-200	

Deficiency	Law/Regulation Cite	Conditions
111. Storage of prescriptions awaiting delivery outside of the prescription department not in compliance	18VAC110-20-200	
112. Biennial taken late but within 30 days	54.1-3404 and 18VAC110-20-240	
113. Inventories taken on time, but not in compliance, i.e., no signature, date, opening or close, Schedule II drugs not separate, failure to include expired drugs.	54.1-3404, 54.1-3434 and 18VAC110-20-240	
114. Records of receipt (e.g. invoices) not on site or retrievable	54.1-3404 and 18VAC110-20-240	
115. Other records of distributions not maintained as required	54.1-3404 and 18VAC110-20-240	
116. Prescriptions do not include required information. Prescriptions not transmitted as required (written, oral, fax, electronic, etc.)	54.1-3408.01, 54.1-3408.02, 54.1-3410, 18VAC110-20-280 and 18VAC110-20-285 18VAC110-20-270	10% threshold
117. Deficiency 117 combined with Deficiency 116 – 6/2011		
118. Schedule II emergency oral prescriptions not dispensed in compliance	54.1-3410 and 18VAC110-20-290	>3
119. Not properly documenting partial filling of prescriptions	54.1-3412, 18VAC110-20-255,18VAC110-20-310, and 18VAC110-20-320	
120. Offer to counsel not made as required	54.1-3319	

Deficiency	Law/Regulation Cite	Conditions
121. Prospective drug review not performed as required	54.1-3319	
122. Engaging in alternate delivery not in compliance	18VAC110-20-275	
123. Engaging in remote processing not in compliance	18VAC110-20-276 and 18VAC110-20-515	
124. Labels do not include all required information	54.1-3410, 54.1-3411 and 18VAC110-20-330	10% Threshold Review 25 prescriptions
125. Repealed.		
126. Special packaging not used or no documentation of request for non-special packaging	54.1-3426, 54.1-3427 and 18VAC110-20-350	10% threshold Review 25 prescriptions
127. Repackaging records and labeling not kept as required or in compliance	18VAC110-20-355	10% threshold
128. Unit dose procedures or records not in compliance	18VAC110-20-420	
129. Robotic pharmacy systems not in compliance	18VAC110-20-425	
130. Required compounding/dispensing/distribution records not complete and properly maintained	54.1-3410.2	
130a Compounded products not properly labeled	54.1-3410.2	

Deficiency	Law/Regulation Cite	Conditions
131. Required "other documents" for USP-NF 797 listed on the pharmacy inspection report are not appropriately maintained	54.1-3410.2	
132. Personnel preparing compounded sterile preparations and/or who have direct oversight of compounding personnel, but do not compound, do not comply with cleansing and garbing requirements	54.1-3410.2	
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2	54.1-3410.2	
134. Policies and procedures for proper storage, security and dispensing of drugs in hospital not established or assured	18VAC110-20-440	
135. Policies and procedures for drug therapy reviews not maintained or followed	18VAC110-20-440	
136. After hours access to a supply of drugs or records not in compliance	18VAC110-20-450	10% threshold
137. Floor stock records not in compliance, pharmacist not checking, required reconciliations not being done	18VAC110-20-460	10% threshold
138. Automated dispensing device loading, records, and monitoring/reconciliation not in compliance	54.1-3434.02, 18VAC110-20-490 and 18VAC110-20-555	Cite if no documentation of monitoring. Review ADD in areas that do not utilize patient specific profile. Review 3 months of records – 30% threshold. Cite if exceeds threshold. Describe in comment section steps pharmacy is taking to comply. Educate regarding requirements.

Deficiency	Law/Regulation Cite	Conditions
139. Emergency medical services procedures or records not in compliance	18VAC110-20-500	10% threshold
140. Emergency kit or stat-drug box procedures or records not in compliance	18VAC110-20-540 and 18VAC110-20-550	10 % threshold
141. Maintaining floor stock in a long-term care facility when not authorized	18VAC110-20-520 and 18VAC110-20-560	
142. No record maintained and available for 12 months from date of analysis of dispensing errors or submission to patient safety organization	18VAC110-20-418	
143. Repealed 6/21/2018		
144. Repealed 6/21/2018		
145. Repealed 6/21/2018		
146. Repealed 6/21/2018		
147. Particle counts, environmental sampling, and smoke pattern testing not performed under dynamic conditions.	54.1-3410.2	
148. Theft/unusual loss of drugs reported to board but report not maintained by pharmacy	54.1-3404 and 18VAC110-20-240	

Deficiency	Law/Regulation Cite	Conditions
149. Surface sample testing not being performed	54.1-3410.2	

NOTE: A "repeat" deficiency is a deficiency that was cited during the routine or focused inspection performed immediately prior to the current routine inspection and after July 1, 2018.

Examples:
Routine inspection on 7/1/18 – Cited for Deficiency 3. No monetary penalty.
Routine inspection on 7/1/20. Cited for Deficiency 3. Monetary penalty.

Routine inspection on 7/1/18 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/20 – No deficiency.
Routine inspection on 7/1/22 – Cited for deficiency 3. No monetary penalty.
Routine inspection on 7/1/24 – Cited for deficiency 3. Monetary penalty.