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May 20, 2022 Training Room 1 1:00 p.m. Agenda Virginia Board of Veterinary Medicine Inspection Committee Meeting

Call to Order – Tregel Cockburn, DVM, Chair

- Welcome
- Emergency Egress Procedures
- Mission Statement

Page 1

Ordering of Agenda – Dr. Cockburn

Public Comment - Dr. Cockburn

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Cockburn

Pages 2-4

April 20, 2022 Inspection Committee Meeting

Discussion Items – Dr. Cockburn/Kelli Moss

Pages 5-52

- Regulations:
- Recommendations for 18 VAC 150-20-201(A) Standards for agricultural or equine ambulatory practice (Kelli/Dr. Gottschalk, **p 5**)
- Proposed regulation amendment to 18 VAC 150-20-185 Renewal of veterinary establishment registrations (**pp 6-10**)
- o Comparison of DHP boards' regulations for facility renewal/reinstatement Guidance Documents:
- Proposed changes to Guidance document 150-8 Disposition of Cases Involving Practicing on an Expired License or Registration (**pp 11-12**)
- Final draft of new guidance document for veterinarian-in-charge (Dr. Gottschalk, **pp** 13-20)
- Final draft of Guidance Document 76-21.2.1 Veterinary Establishment Inspection Report (Kelli/Taryn Singleton, pp 21-52)
 - Consolidation of related regulations
 - Additional guidance
 - o Points value adjustments
- Staff review of inspection frequency and type

New Business - Dr. Cockburn

Next Meeting – Ms. Moss

Meeting Adjournment – Dr. Cockburn

This information is in **DRAFT** form and is subject to change.



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MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

VIRGINIA BOARD OF VETERINARY MEDICINE VETERINARY ESTABLISHMENT INSPECTIONS COMMITTEE MEETING MINUTES April 20, 2022

TIME AND PLACE: A meeting of the Veterinary Establishment Inspections Committee

(Committee) was called to order at 1:11 p.m. at the Department of Health Professions (DHP), Perimeter Center, 2nd Floor Conference Center, Training Room 1, 9960 Mayland Drive, Henrico, Virginia 23233.

PRESIDING OFFICER: Tregel Cockburn, DVM, Board President, Committee Chair

COMMITTEE MEMBERS Tom Massie, DVM, Board Member **PRESENT:** Wendy Ashworth, DHP Senior Inspector

MEMBERS NOT Heather Carter, LVT

PRESENT: Jason Bollenbeck, DVM, Virginia Veterinary Medical Association

STAFF PRESENT: Kelli Moss, Deputy Executive Director

Heather Pote, Senior Discipline Case Specialist Melissa Moore, Discipline Case Administrator

Taryn Singleton, LVT, Discipline Case Specialist for Inspections

Kelly Gottschalk, DVM, Veterinary Review Coordinator

CALL TO ORDER &

QUORUM:

Dr. Cockburn welcomed attendees and asked Committee members and staff to identify themselves. With three members of the Committee present, a quorum was established. Dr. Cockburn read the Department of Heath Professions' Mission Statement.

ORDERING OF

AGENDA: No changes were made to the agenda.

PUBLIC COMMENT: No public comment was received.

APPROVAL OF T

MINUTES:

The minutes from the February 11, 2022, meeting were approved as

presented.

DISCUSSION ITEMS: Draft Guidance Document for VIC

Ms. Moss and staff presented the final draft of the Guidance Document for Veterinarians-in-Charge, and asked the Committee to consider recommending that the full Board adopt this document as presented, or direct staff to incorporate amendments made by the Committee to present to the Committee at the next meeting. The Committee discussed and recommended additional amendments to the draft document.

Dr. Massie moved to direct staff to amend the draft VIC Guidance Document as discussed to present to the Committee at its next meeting. The motion was seconded by Ms. Ashworth and carried unanimously.

18 VAC 150-20-195(B) Recordkeeping and 18 VAC 150-20-10 Definitions

Ms. Moss and staff provided information for the Committee to review and discuss the drafted amendment on medical recordkeeping for "agricultural" animals.

Ms. Moss asked the Committee consider amending the Board's definitions of animal classifications to clarify recordkeeping requirements, and the Committee agreed to do so.

Dr. Gottschalk presented proposed amendments to the definitions of different classifications of animals under 18 VAC 150-20-10 for the Committee's consideration to include updating "companion" and "agricultural" animals, and adding a separate classification for equidae.

Dr. Massie moved that the Committee recommend to the full Board to accept the definitions of agricultural animals, companion animals and equidae under 18 VAC 150-20-10, as presented. The motion was seconded by Ms. Ashworth and carried unanimously.

The Committee then considered the drafted amendments to recordkeeping requirements, and discussed minor changes needed for clarification. Dr. Massie moved that the Committee recommend to the full Board to accept the changes as presented with the Committee's changes. The motion was seconded by Ms. Ashworth and carried unanimously.

18 VAC 150-20-201(A)

Ms. Moss clarified that the previous minutes on February 11, 2022 mislabeled this regulation as subsection (B), but the correct subsection is (A).

Ms. Moss and staff provided information for the Committee to review and discuss clarifying standards for agricultural or equine ambulatory practice under ambulatory establishments. She requested the Committee allow staff additional time to research and draft proposed amendments.

Dr. Massie moved that the staff continue research this topic to present proposed amendments at its next meeting. The motion was seconded by Ms. Ashworth and carried unanimously.

Inspection Guidelines

Ms. Singleton presented to the Committee preliminary findings that identified logistical and safety concerns with conducting virtual or focused inspections of veterinary establishments. Ms. Moss requested additional time to gather more data before presenting guidelines for inspection frequency and type for the Committee's consideration. The

Committee agreed that the staff will continue research on the practicality of focused and virtual inspections.

Guidance Document 76-21.2.1 Veterinary Establishment Inspection Report

Ms. Moss and staff provided information for the Committee to review and discuss the draft of the inspection report.

Ms. Singleton presented for the Committee's consideration corrections and updates to the demographics page and proposed changing "facility" to "establishment" throughout the report.

Dr. Massie moved to accept the corrections and updates as presented. The motion was seconded by Ms. Ashworth and carried unanimously.

Ms. Singleton presented three additional categories for proposed changes to this report, including consolidating related regulations, adding guidance to regulations where none currently exists, and amending the point values to more accurately reflect deficiencies. She reported that this review is ongoing and proposed changes will be presented at the next Committee meeting. The Committee agreed that the categories as presented are appropriate to amend and directed staff to present the proposed changes at its next meeting.

NEW BUSINESS:

Guidance Document 150-8 Disposition of Cases Involving Practicing on an Expired License or Registration

Dr. Cockburn reported that staff have requested consideration of amendments to this document to align the reinstatement requirements for establishments with those of licensees. Ms. Moss provided information that the current requirement to reinspect a registration that has lapsed for 31 days or more is overly burdensome and does not enhance safety of the patients or the public. She requested the Committee to consider increasing the allotted grace period for renewal of veterinary establishments to 90 days and direct staff to draft amendments to Guidance document 150-8 to present at the Committee's next meeting.

Ms. Ashworth moved that the Committee extend the grace period for renewal of veterinary establishment registrations, and direct staff to present an amended document at its next meeting. The motion was seconded by Dr. Massie and motion carried unanimously.

NEXT MEETING:

Ms. Moore informed the Committee that the next meeting is scheduled for May 20, 2022 at 1:00 p.m.

ADJOURNMENT:

With all business concluded, the meeting adjourned at 3:49 p.m.

18VAC150-20-201. Standards for ambulatory veterinary establishments.

A. Agricultural or equine ambulatory practice. An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery on large animals may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed. All agricultural or equine ambulatory establishments shall meet the requirements of a stationary establishment for laboratory, radiology, and minimum equipment, with the exception of equipment for assisted ventilation.

PROPOSED AMENDMENTS TO ESTABLISHMENT RENEWAL REGULATIONS

18VAC150-20-185. Renewal of veterinary establishment registrations.

- A. Every veterinary establishment shall be required to renew the registration by January 1 of each year and pay to the board a registration fee as prescribed in 18VAC150-20-100.
- B. Failure to renew the establishment registration by January 1 of each year shall cause the registration to expire and become invalid. Practicing veterinary medicine in an establishment with an expired registration may subject a licensee or registration holder to disciplinary action by the board. The registration may be renewed without reinspection within 30 90 days of expiration, provided the board receives a properly executed renewal application, renewal fee, and a late fee as prescribed in 18VAC150-20-100.
- C. Reinstatement of an expired registration after 30 90 days shall be at the discretion of the board and contingent upon a properly executed reinstatement application and payment of the late fee, the reinspection fee, the renewal fee and the veterinary establishment registration reinstatement fee. A reinspection is required when an establishment is reinstated.

Facility Renewal/Reinstatement Comparison with Other Boards

Board of Veterinary Medicine:

Regulation 18 VAC 150-20-185 allows renewal of veterinary establishment registration within 30 days of expiration by paying the renewal fee and late fee. Reinstatement of an expired registration after 30 days requires a reinstatement application, and payment of renewal fee, late fee, reinstatement fee and reinspection fee.

Allowing additional time before requiring reinstatement of a veterinary establishment registration will be cost beneficial to the board and more equitable to registration holders while maintaining safety to patients and the public:

- Board staff identify expired registrations after the renewal period ends, and contact each establishment to determine current status. This process may take longer than a 30-day period to complete, which may result in some establishments to renew after the 30-day deadline before reinstatement is required.
- As routine inspections are already conducted on a regular schedule, requiring a reinspection for an expired registration after 90 days still provides protection to the public without placing an undue burden on agency staff resources.
- Any additional fees the Board collects from registration reinstatements are offset by the costs of performing a reinstatement investigation and inspection, drafting legal documents per the Board's Guidance Document 150-8, and conducting administrative proceedings for registration holders who do not agree to proffered settlement documents.
- Other boards allow renewal of facility permits/licenses/registration up to one year after expiration.

Board of Pharmacy:

The Board of Pharmacy has no guidance document for disciplinary action for expired permits.

18VAC110-20-20. Fees.

- E. Reinstatement fees.
- 1. Any person or entity attempting to renew a permit or registration more than one year after the expiration date shall submit an application for reinstatement with any required fees. Reinstatement is at the discretion of the board and, except for reinstatement following revocation or suspension, may be granted by the executive director of the board upon completion of an application and payment of any required fees.
- 2. Facilities or entities that cease operation and wish to resume shall not be eligible for reinstatement but shall apply for a new permit or registration. Facilities or entities that

failed to renew and continued to operate for more than one renewal cycle shall pay the current and all back renewal fees for the years in which they were operating plus the following reinstatement fees:

a. Pharmacy permit

\$315

Staff confirmed that reinstatement does require payment of reinspection and reinspection fees.

Board of Dentistry (sedation permits only):

The Board of Dentistry has no guidance document for disciplinary action for expired permits.

Part VI Licensure Renewal

18VAC60-21-240. License renewal and reinstatement.

E. The board shall renew a license or permit if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection B of this section provided that no grounds exist to deny said renewal pursuant to $\S 54.1-2706$ of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

F. Reinstatement procedures.

1. Any person whose license or permit has expired for more than one year or whose license or permit has been revoked or suspended and who wishes to reinstate such license or permit shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.

Board of Funeral Directors and Embalmers:

A. The following fees shall apply for initial licensure or registration:

18VAC65-20-70. Required fees.

\$600
\$400
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C. The following fees shall apply for late renewal of licensure or registration up to one year following expiration:

2. Funeral service establishment license	\$135

D. The following fees shall apply for reinstatement of licensure or registration:

2. Establishment license	\$635

18VAC65-20-140. Reinstatement of expired license or registration.

A. The board may consider reinstatement of an expired license or registration that has not been renewed within one year of expiration for up to three years following expiration. An application request for reinstatement shall be submitted to the board and shall include payment of the reinstatement fee prescribed in 18VAC65-20-70.

Guidance Document: 65-2 Adopted: July 16, 2012 Re-adopted: April 17, 2018

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DISPOSITION OF DISCIPLINARY CASES FOR PRACTICING ON EXPIRED LICENSES

The Board of Funeral Directors and Embalmers delegates to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which a Funeral Service Licensee or Funeral Service Establishment has been found to be practicing with an expired license.

Disciplinary Action for Practicing with an Expired License

The Board adopted the following guidelines for resolution of cases of a Funeral Establishment practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to 180 days	Consent Order; Monetary Penalty of \$1,500

Guidance document: 150-8 Adopted: May 17, 2012 Revised: xxxxx xx, 2022

VIRGINIA BOARD OF VETERINARY MEDICINE

DISPOSITION OF CASES INVOLVING PRACTICING ON AN EXPIRED LICENSE OR REGISTRATION

The Board adopted the following guidelines for resolution of cases of practicing with an expired license or registration:

Practicing with an Expired Individual License

Veterinarian (Veterinarian-in-Charge may be subject to disciplinary action for allowing unlicensed persons to practice)

Cause	Possible Action		
First offense; 31 90 days or less	Advisory Letter		
First offense; 32 91 days to one year	Confidential Consent Agreement		
First offense; more than one year	Consent Order; Reprimand or may result in the Board holding an		
	informal conference		
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the		
	Board holding an informal conference		

Veterinary Technician/Equine Dental Technician

Cause	Possible Action	
First offense; 31 90 days or less	Advisory Letter	
First offense; 32 91 days to one year	Confidential Consent Order Agreement	
First offense; more than one year	Consent Order; Reprimand or may result in the Board holding an	
	informal conference	
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the	
	Board holding an informal conference	

Practicing with an Expired Veterinary Establishment Registration

Veterinary Establishment

Cause	Possible Action	
First offense; 31 90 days or less	Advisory letter	
First offense; 32 91 days to one year	Confidential Consent Agreement	
First offense; more than one year	Consent Order; Reprimand or may result in the Board holding an	
informal conference		
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the	
	Board holding an informal conference	

Veterinarian-in-Charge

Cause	Possible Action	
First offense; 31 90 days or less	Advisory letter	
First offense; 32 91 days to one year	Confidential Consent Agreement	
First offense; more than one year	Consent Order; Reprimand or may result in the Board holding an	
	informal conference	
Second offense; one or more days	Consent Order; Monetary Penalty of \$1000 or may result in the	
	Board holding an informal conference	

Virginia Board of Veterinary Medicine

Veterinarian-in-Charge (VIC)

- 1. What is a Veterinarian-in-Charge (VIC)?
- 2. Is the VIC required to practice at the establishment?
- 3. What types of establishments require a VIC?
- 4. What are the responsibilities of the VIC?
- 5. How often does a VIC need to be on site in the establishment? How does the Board determine the VIC is in compliance with this regulation?
- 6. What are the VIC's responsibilities during a board inspection?
- 7. What are the VIC's responsibilities regarding drug security?
- 8. What is the VIC's responsibility if a facility is closing? How does the VIC inform the board? How are patient records maintained?
- 9. How is a change in VIC made?
- 10. Is the VIC responsible for employees? Is the VIC's responsible for unlicensed activity?
- 11. Is the VIC responsible for fee complaints from consumers/clients?
- 12. Is the VIC responsible for business practices if he is not the owner of the establishment?

1. What is a Veterinarian-in-Charge (VIC)?

- The VIC is required to be a veterinarian with an active Virginia license.
- The VIC is responsible for maintaining the veterinary establishment within the standards set by the Regulations Governing the Practice of Veterinary Medicine.
- The VIC ensures the establishment is complying with federal and state laws and regulations.
- The VIC notifies the board if the establishment closes.
- The VIC notifies the board when no longer acting as VIC.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-10. Definitions.

"Veterinarian-in-charge" means a veterinarian who holds an active license in Virginia and who is responsible for maintaining a veterinary establishment within the standards set by this chapter, for complying with federal and state laws and regulations, and for notifying the board of the establishment's closure.

2. Is the VIC required to practice at the establishment?

The regulations are silent as to if or where the VIC practices. However, the VIC needs to maintain a current, active license in Virginia and be on site as necessary to provide routine oversight to the establishment.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

- A. The veterinarian-in-charge of a veterinary establishment is responsible for:
- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.

3. What types of establishments require a VIC?

Every establishment must be registered with the Board and must have a VIC who is registered to the establishment. Every veterinarian practicing in Virginia must be practicing from a registered establishment. Ownership of the practice is not affected by this requirement, so corporate owned or non-veterinarian owned practices must have a VIC. A practice with a single practitioner must be registered and have a VIC, usually the solo practitioner.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-180. Requirements to be registered as a veterinary establishment.

- A. Every veterinary establishment shall apply for registration on a form provided by the board and submit the application fee specified in 18VAC150-20-100. The board may issue a registration as a stationary or ambulatory establishment. Every veterinary establishment shall have a veterinarian-in-charge registered with the board in order to operate.
 - 1. Veterinary medicine may only be practiced out of a registered establishment except in emergency situations or in limited specialized practices as provided in 18VAC150-20-171. The injection of a microchip for identification purposes shall only be performed in a veterinary establishment, except personnel of public or private animal shelters may inject animals while in their possession.

4. What are the responsibilities of the VIC?

The VIC should be familiar with all currently laws and regulations governing the practice of veterinary medicine in Virginia. These, along with guidance documents that help interpret and apply the laws and regulations, may be found under the Practitioner Resources tab at www.dhp.virginia.gov/Boards/VetMed.

The specific duties noted in the Board's regulations are as follows:

- 1. Regularly being onsite. See Question 5.
- 2. Maintaining the facility within the standards set forth in this chapter. See Question 6.
- 3. Drug security, including performing the biennial inventory. See Question 7.
- 4. Notifying the Board if the facility closes. See Question 8.
- 5. Notifying the Board immediately if he is no longer VIC. See Question 9.
- 6. Keeping the facility registration current. See Question 10.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

- A. The veterinarian-in-charge of a veterinary establishment is responsible for:
- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.
- 2. Maintaining the facility within the standards set forth by this chapter.
- 3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.

- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.
- 6. Ensuring the establishment maintains a current and valid registration issued by the board.

5. How often does a VIC need to be on site in the establishment? How does the Board determine the VIC is in compliance with this regulation?

Recognizing that time spent on site will differ with practice type and hours of operation, the regulations do not state how often or how long a VIC must be in the establishment. However the regulations state that the VIC is responsible for being "on site as necessary to provide routine oversight" for patient safety and compliance with law and regulation. If an inspection or investigation of a complaint identifies deficiencies or violations relating to a VIC's responsibility, action **may** be taken against the license of the VIC for violating this provision.

6. What are the VIC's responsibilities during a board inspection?

The VIC is not required to be present for an inspection. However, the VIC is responsible for the oversight of the establishment, therefore deficiencies found during inspection **may** result in action against the VIC's license. Inspectors conduct inspections with as little disruption to the practice as possible. Inspectors will require access to patient records, Schedules II through V invoices, Schedules II through V drug logs and records, and biennial inventories <u>for all scheduled drugs on premises</u>; therefore the VIC <u>should must</u> ensure that these are available.

The following **Guidance Documents** may be helpful.

<u>76-21.2.1</u> Veterinary Establishment Inspection Report.

150-15 Disposition of Routine Inspection Violations

150-26 Guidance on the regulations for veterinary establishments

7. What are the VIC's responsibilities regarding drug security?

The VIC ensures the establishment is in compliance with laws and regulations, and this includes drug laws and regulations. The VIC is responsible for completing the biennial inventory of Schedules II through V drugs at the practice. The biennial inventory must include his or her signature and the date the inventory was conducted, and document whether the inventory was conducted at open or close of the business day. In the event of an unexplained drug loss or theft of Schedules II through V drugs, the VIC must report the incident immediately to the Virginia Board of Veterinary Medicine, the Virginia Board of Pharmacy, and the DEA.

The following **Guidance Documents** may be helpful.

150-13 Controlled Substances (Schedules II through VI) in Veterinary Practice

150-16 Protocol to follow upon discovery of a loss or theft of drugs

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

B. Upon any change in veterinarian-in-charge, these procedures shall be followed:

1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.

- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.
- 3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.
- 4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.

A. All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 USC § 801 et seq.), as well as applicable portions of Title 21 of the Code of Federal Regulations.

8. What is the VIC's responsibility if a facility is closing? How does the VIC inform the board? How are patient records maintained?

The VIC is responsible for sending written notification to the Board of an establishment's closure 10 days prior to the closure by completing a form found under Veterinary Establishment Forms under Practitioner Resources tab on the Board's website.

- The VIC must ensure that patient records are available to owners/clients as outlined in Section 54.1-2405 of the *Code of Virginia* (Code), below.
- Patient records must be maintained and available for three years <u>from the last date of patient</u> contact
- The VIC must ensure that all Schedules II through VI drugs have been properly disposed.
 - Schedules II through V drugs must be destroyed or transferred to another entity such as another DEA registrant.
 - o If destroyed, a DEA destruction form must be filled out and maintained.
 - o If Schedules II through V drugs are transferred to another DEA registrant, an invoice should be created which includes the name and address of the DEA registrant transferring the drugs, the name and address of the DEA registrant receiving the drugs, all drugs, quantities, and form of the drugs (for example, injectable, tablet, capsule, etc.). There is no requirement that there be a cost of the drugs or that moneys need to be exchanged for the drugs.
 - o For more information about Federal regulations governing controlled drugs, Drug Enforcement Administration (https://www.deadiversion.usdoj.gov/) may be helpful.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

- A. The veterinarian-in-charge of a veterinary establishment is responsible for:
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.

- C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:
- 1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and
- 2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.

§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.

A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324. The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.

B. For the purposes of this section:

"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.

E. Schedules II through V drugs shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state, and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site with other inventory records.

9. How is a change in VIC made?

As described in Question 4 above, a licensee who is no longer acting as the VIC of an establishment must immediately provide written notification to the Board. The VIC remains responsible for the establishment and stock of controlled drugs until a new VIC is registered or for five days, whichever occurs sooner. The VIC is a required in order to maintain an establishment's registration. Therefore, an application for a new registration, with the new VIC's name must be submitted five days prior to the change, found on the Board's website under Forms. Until the Board receives a completed Change of VIC form and all applicable fees, the former VIC remains responsible for the establishment and its stock of controlled drugs.

Former VIC Responsibilities:

- Immediately notify the Board in writing they are no longer VIC
- Properly destroy or transfer to the new VIC's DEA registration all controlled drugs in accordance with all applicable state and federal laws and regulations
- Returning the previous establishment registration within five days following the date of the change

New VIC Responsibilities:

- At least five days prior to the change, the new VIC must submit an application for Change of VIC and applicable fees, notifying the Board on what date this change will occur.
- Prior to the open of business on the date of the change, perform (or oversee), date and sign a biennial inventory of every Schedules II through V drug on the premises.

If there are circumstances in which these activities cannot be completed, the Board should be contacted as soon as possible for additional guidance.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-181. Requirements for veterinarian-in-charge.

- B. Upon any change in veterinarian-in-charge, these procedures shall be followed:
- 1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.
- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.
- 3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.
- 4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

10. Q: Is the VIC responsible for employees? What is the VIC's responsibility for unlicensed activity?

The Board does not regulate any employment laws, but does regulate unlicensed activity. If an unlicensed person is performing duties restricted to a licensee, action against the VIC's license **may** result.

- Special attention should be directed to the requirements for preceptees and externs, as they require a formal, documented relationship among a veterinarian, a student, and a veterinary faculty member of the college or program.
- A preceptee or extern may perform duties that constitute the practice of veterinary medicine or veterinary technology for which he has received adequate instruction by the college or school and only under the on-premises supervision of a licensed veterinarian, or for veterinary technology preceptees and externs, a licensed veterinarian or veterinary technician.

See the following regulations and guidance documents for further information pertaining to licensed and unlicensed activities.

Regulations Governing the Practice of Veterinary Medicine state the following:

18VAC150-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Preceptee" or "extern" means a student who is enrolled and in good standing in an AVMA accredited college of veterinary medicine or AVMA accredited veterinary technology program and who is receiving practical experience under the supervision of a licensed veterinarian or licensed veterinary technician.

"Preceptorship" or "externship" means a formal arrangement between an AVMA accredited college of veterinary medicine or an AVMA accredited veterinary technology program and a veterinarian who is licensed by the board and responsible for the practice of the preceptee. A preceptorship or externship shall be overseen by faculty of the college or program.

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807 of the Code of Virginia shall *include the following:*

2. Practicing veterinary medicine or equine dentistry where an unlicensed person has the authority to control the professional judgment of the licensed veterinarian or the equine dental technician 10. Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology, or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.

18VAC150-20-130. Requirements for practical training in a preceptorship or externship.

- A. The practical training and employment of qualified students of veterinary medicine or veterinary technology shall be governed and controlled as follows:
- 1. A veterinary student who is enrolled and in good standing in a veterinary college or school accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary preceptee or extern may perform duties that constitute the practice of veterinary medicine for which he has received adequate instruction by the college or school and only under the on-premises supervision of a licensed veterinarian.
- 2. A veterinary technician student who is enrolled and in good standing in a veterinary technology program accredited or approved by the AVMA may be engaged in a preceptorship or externship. A veterinary technician preceptee or extern may perform duties that constitute the practice of veterinary technology for which he has received adequate instruction by the program and only under the onpremises supervision of a licensed veterinarian or licensed veterinary technician.
- B. Whenever a veterinary preceptee or extern is performing surgery on a patient, either assisted or unassisted, the supervising veterinarian shall be in the operatory during the procedure. Prior to allowing a preceptee or extern in veterinary medicine to perform surgery on a patient unassisted by a licensed veterinarian, a licensed veterinarian shall receive written informed consent from the owner.
- C. When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.
- D. A veterinarian or veterinary technician who supervises a preceptee or extern remains responsible for the care and treatment of the patient.

The following **Guidance Documents** may be helpful.

- 150-1 Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure
- 150-2 Guidance on Expanded Duties for Licensed Veterinary Technicians 150-3 Preceptorships and Externships for Veterinary Technician Students

- 150-12 Administration of rabies vaccinations
- 150-19 Position on Delegation of Dental Polishing and Scaling
- 150-20 Duties of an Unlicensed Veterinary Assistant

11. Is the VIC responsible for fee complaints from consumers/clients?

The board does not regulate fees charged for services provided.

12. Is the VIC responsible for business practices if he is not the owner of the establishment?

There are some business practices that **may** fall under the responsibility of the VIC. <u>It is the responsibility</u> of the VIC to ensure the practice is in compliance with all applicable laws and regulations governing the practice of veterinary medicine, all state and federal laws and regulations governing controlled substances and board regulations governing registered veterinary establishments.

Regulations Governing the Practice of Veterinary Medicine state the following:

18 VAC150-20-140 Unprofessional Conduct.

- (2) Practicing veterinary medicine where an unlicensed person has the authority to control the professional judgement of the licensed veterinarian.
- (5) Advertising in a manner that is false, deceptive, or misleading or that makes subjective claims of superiority.
- (10) Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology, or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.
- (12) Refusing to release a copy of a valid prescription upon request from an owner, unless there are medical reasons documented in the patient record and the veterinarian would not dispense the medication from his own practice.
- (14) Failing to release a copy of patient records when request by the owner; a law-enforcement entity; or a federal, state or local health regulatory agency.
- (16) Committing an act constituting fraud, deceit, or misrepresentation in dealing with board or in the veterinarian-owner-patient relationship, or with the public.

18VAC150-20-181. Requirements for veterinarian-in-charge.

- A. The veterinarian-in-charge of a veterinary establishment is responsible for:
- (1) Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.
- (2) Maintaining the facility within the standards set forth by this chapter.
- (3) Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.
- (4) Notifying the board in writing of the closure of the registered facility 10 days prior to closure.
- (5) Notifying the board immediately if no longer acting as the veterinarian-in-charge.
- (6) Ensuring the establishment maintains a current and valid registration issued by the board.



Virginia Board of Veterinary Medicine

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	Email: / ctba@anp./ii gima.go/	144. 001102711171	
Registration Number:		Inspection Type:	
Name of Veterinary Establishment:		Inspection Results:	
Address:		Inspection Date:	
City:		Inspection Start Time and End Time: 24-hour format (13:00)	
State:		Inspector Name:	
Zip Code:		PMP Reporting Status:	
Establishment Hours of Operation:		Stationary:	
Establishment Phone Number:		Ambulatory:	
Establishment Fax Number:		Number of Mobile Units:	
Establishment Website:		Inspection Emailed To (person):	
Establishment Email:		Inspection Emailed To (email address):	
Veterinarian-in-Charge:		Inspector Commen	ts Below:
Veterinarian-in-Charge License Number:			
Veterinarian-in-Charge Phone Number:			
Veterinarian-in-Charge Email:			

Kev				
- J	NC= Non Compliant	NC-R= Non Compliant R	epeat Violatio NA= Not Applicable	
"Written Response" deta	ils the steps taken to correc	et the deficiency		
"Proof of Corrective Acti	at corrective steps have been			
"Corrected on Site" does	not require additional resp	onse		

76-21.2:1, Veterinary Establishment Inspection Report Revised: XXXXXXX XX, 2022



	Licenses and Registrations - All Establishments	Result	Response	Notes
1		Titles		
1	18VAC150-20-30(A) All licenses and registrations issued by the board shall be posted in a place conspicuous to the public or available at the establishment where veterinary services are being provided. Licensees who do relief work in an establishment shall carry a license with them or post at the establishment. Ambulatory veterinary practices that do not have an office accessible to the public shall carry their licenses and registrations in their		Written Response	
	vehicles. <u>Guidance:</u> A license or registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed by the public for review. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a license can be obtained through the Board of Veterinary Medicine's offices for a small fee.			
	<u>Violation</u> : Minor - 1 point			
2	§ 54.1-3805			
	No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.		Written Response	
	Violation: Major - 5 points			
3	18VAC150-20-70(A)			
	Failure to renew an individual license shall cause a license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board.		Written Response	
	Guidance: All individual licenses must be current. An expired license will be reported as a violation and documentation of practicing without a valid license will be obtained.		Change to Proof of Corrective	
	<u>Violation:</u> Major - 5 points		Action	
4	18VAC150-20-185(B)			
	All veterinary establishment registrations are current. Failure to renew a veterinary establishment <u>permit</u> registration shall cause the <u>permit</u> registration to lapse and become invalid.		Written Response	
	Guidance: An expired registration will be reported as a violation and documentation of practicing without a valid registration will be obtained. Reinspection required after registration has been expired for more than 30 days.		Change to Proof of Corrective	
	<u>Violation:</u> Major - 5 points		Action	

	Veterinarian-in-Charge (VIC)	Result	Response	Notes
5	18VAC150-20-180(A)		_	
	Every veterinary establishment shall have a veterinarian-in-charge (VIC) who is registered with the Board in order to operate.		Proof of Corrective Action	
	Guidance: Every establishment must be registered with the Board and must have a VIC who is registered to the establishment. Every veterinarian practicing in Virginia must be practicing from a registered establishment. Ownership of the practice is not affected by this requirement, so corporate owned or non-veterinarian owned practices must have a VIC. A practice with a single practitioner must be registered and have a VIC, usually the solo practitioner. When there is a change in the VIC, an application for a new permit, registration naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new permit registration naming a new veterinarian-in-charge shall be filed as soon as possible but no more than 10 days after the change. Days are counted as calendar days.			This new statement comes from VIC
	<u>Violation:</u> Major - 5 points			GD
6	18VAC150-20-181(A)(1)			
	Veterinarian-in-Charge is responsible for regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation. Guidance: Recognizing that time spent on site will differ with practice type and hours of operation, the regulations do not state how often or how long a VIC must be in the establishment. However the regulations state that the VIC is responsible for being "on site as necessary to provide routine oversight" for patient safety and compliance with law and regulation. If an inspection or investigation of a complaint identifies deficiencies or violations relating to a VIC's responsibility, action may be taken against the license of the VIC for violating this provision.		Written Response	This new statement comes from VIC
	Violation: Major - 5 points			GD
7	18VAC150-20-181(B)(4)		•	
	Prior to opening of the business, on the date of the change of VIC, the VIC shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.		Written Response	
	Violation: Major - 5 points 5 points for no record, 1 point for each missing component up to 5 points.			

Requirements for drug storage, dispensing, destruction, and records for all veterinary establishments.	Result	Response	Notes
8 18VAC150-20-190(A)			
All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 § 801 et seq.) as well as applicable portions of Title 21 of the Code of Federal Regulations.		Proof of Corrective Action	
<u>Guidance:</u> This regulation incorporates by reference all applicable laws and regulations related to drug storage, dispensing, destruction, <u>PMP reporting</u> , and records. It is not cited as a violation if there is a specific violation identified in this section of the inspection report form.			
<u>Violation:</u> Major - 5 points			
9 18VAC150-20-190(B)			
§ 54.1-3461			
§ 54.1-3462			
Repackaged tablets and capsules dispensed for companion animals are in approved safety closure containers, except safety caps are not required when medication cannot be reasonably dispensed in such containers. A client requesting non-safety packaging shall be documented in the patient record.		Written Response	
<u>Guidance:</u> When drugs are taken from a stock bottle and put into another container at the time of dispensing, the drugs are considered to be repackaged. As provided in § 54.1-3300, the definition of "dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for delivery.			
<u>Violation:</u> Minor - 1 point			
10 18VAC150-20-190(C) § 54.1-3410			
All drugs dispensed for companion animals shall be labeled with the following:		Proof of Corrective Action	
1. Name and address of the establishment;			
2. First and last name of owner;			
3. Animal identification and species;			
4. Date dispensed;			
5. Directions for use;			
6. Name, strength (if more than one dosage form exists) and quantity of the drug; and			
7. Name of the prescribing veterinarian.			

Guidance: For drugs that do not have a pharmaceutical insert, consider providing information to clients about drug reactions, interactions and side effects. An uninformed client may receive misinformation from friends or the internet regarding a drug. The label of any drug listed as a "controlled substance" in Schedules II, III, or IV of the Federal Controlled Substances Act shall, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." Violation: Major - 5 points for no label; or 2 points for an incomplete label. 5 points for no label, 1 point for each missing component up to 5 points 11 18VAC150-20-190(D)(6)		New Guidance comes from 290.5 FDSA
All veterinary establishment shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedules II through V drugs with the exception provided in subdivision 6 of this subsection.	Proof of Corrective Action	
6. Access to drugs by unlicensed persons shall be allowed only under the following conditions: a. Animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility; b. The drugs are limited to those dispensed to a specific patient; and c. The drugs are maintained separately from the establishment's general drug stock and kept in such a		
manner so they are not readily available to the public. Guidance: Only personnel designated in the subsection shall have access to Schedules II, III, IV and V drugs. Drug stocks in establishments where keys and lock combinations are accessible to staff or the public (i.e. keys left in the lock, on a counter, hung on a hook; or combinations widely distributed or posted) are not considered secure. If the key or the combination is not secure, the drugs are not secure. The veterinary establishment may want to ask self-assessment questions such as the following: • Do procedures cover securing drugs from arrival at the establishment until administration to the patient or distribution to the client? • Are drugs that must be maintained in a secure manner ever stored in an unlocked refrigerator? • Are blank prescription pads lying around the office where anyone could tear one or more off? An unlicensed person may receive and open packages with unknown contents that may potentially contain drugs. However, once it is determined that the contents include Schedules II, III, IV or V drugs, the handling of the package contents must be turned over to the veterinarian, veterinary technician, pharmacist or pharmacy technician. • Are DEA registration numbers easily accessable?		
Violation: Major - 5 points 12 18VAC150-20-190(D)(1)		
In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable. Guidance: General stock refers to Schedules II - V drugs on premises that are not currently in use or that have been dispensed to a patient. Violation: Major - 5 points	Proof of Corrective Action	

13	18VAC150-20-190(D)(2)		
	The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.	Written Response	
	Guidance: Working stock that is in use during a procedure or treatment must remain within eyesight and supervision of a veterinarian or veterinary technician at all times.		
	<u>Violation:</u> Major - 5 points		
14	18VAC150-20-190(D)(3)		
	Whenever the establishment is closed, all general and working stock of Schedules II through V drugs shall be securely stored as required for the general stock.	Written Response	
	<u>Violation:</u> Major - 5 points		
15	18VAC150-20-190(D)(4)		
	Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian. Guidance: Dispensed controlled medication prescriptions that are awaiting delivery to the client shall not be left unattended at any time.	Written Response	
	<u>Violation:</u> Major - 5 points		
16	18VAC150-20-190(D)(5)		
	§ 54.1-3404(E)		
	Whenever a theft of or any unusual loss of Schedules II through V drugs is discovered the VIC, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report the DEA shall be in accordance with 21 CFR 1301.76(b). If the VIC is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.	Proof of Corrective Action	
	Guidance: Whenever a theft or any other unusual loss of a controlled substance is discovered, the veterinarian-in-charge is required by state and federal laws and/or regulations to immediately report such theft or loss to all of the following: 1. Virginia Board of Veterinary Medicine; 2. Virginia Board of Pharmacy; and 3. U.S. Drug Enforcement Administration. The Boards of Veterinary Medicine and Pharmacy request written notification sent via email or letter. The Board of Veterinary Medicine recommends contacting local law enforcement. Reports to the DEA must be made in accordance with 21 C.F.R. § 1301.76(b). Records shall be maintained for 2 years from the date of reporting.		This comes from 21CFR 1304.04(a)an
	<u>Violation:</u> Major - 3 points 5 points for not reporting, 3 points for reporting that does not meet all of the requirements		54.1-3404(F) of the Drug Control Act

17 10VA C150 20 100(E)		_
17 18VAC150-20-190(E)		
Schedules II through V shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinary practice site with other inventory records.		
Guidance: Inspectors will verify that Schedules II, III, IV and V drugs are properly destroyed in accordance with DEA requirements available at http://www.deadiversion.usdoj.gov/drug_disposal/index.html Disposal of Controlled Substances A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office for a list of authorized Reverse Distributors. Schedules I and II controlled substances should be transferred via the DEA Form 222, while Schedule III—V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of (two) years. It is recommended that Schedules VI drugs be destroyed in the same manner as Schedules III through V drugs. Expired drugs may be considered adulterated drugs, may not be transferred or donated, and must be destroyed as required by federal/state laws and regulations.		DEA requires 2 years. BOVM regs require 3 years for patient records. The Board may consider requiring 3 year
Violation: Major - 2 points 5 points for no record of destruction, 1 point for each missing component up to 5 points (DEA form 41, 2 witnesses, irretrievable substance, noted on drug log, patient record)		retention for drug destruction records or follow DEA requirements.
18 18VAC150-20-190(F)		
The drug storage area has appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature are maintained between 59°F and 86°F.	Proof of Corrective Action	
<u>Violation:</u> Major - 5 points for controlled drugs not secured, 3 points for not maintaining temperature Guidance for inspectors: when rabies vaccines are maintained at an improper temperature, the Board may also consider this to be a public health concern.		

21	18VAC150-20-190(I)		
	§ 54.1-3404		
	Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.	Written Response	
	Guidance: The original invoices, not copies, for all Schedules II through V drugs on site need to be filed in chronological order. Do not file the invoices by supplier, by drug or any other filing method other than in chronological order. Original invoices that are not available during inspection are considered to be the same as having no records. Records must be maintained for 3 years.		
	Violation: Major - 5 points for no record; or 3 points for an incomplete record or a record not maintained for three years. 5 points for no record, or 1 point for records not maintained in chronological order, or other missing component up to 3 points. (originals, chronological order, dated, maintained for 3 years)		BOVM Regulations retention schedule. The Drug Control Act requires 2 years
22	18VAC150-20-190(J)		
	§ 54.1-3404		
	A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date which is within two years of the previous biennial inventory.	Written Response	
	The biennial inventory:		
	1. Must have the drug strength specified.		
	2. Shall indicate if it was taken at the opening or closing of business.		
	3. Shall be maintained on premises where the drugs are held for two years from the date of taking the inventory.		
	Guidance: The inventory must be taken on any date which is within two year of the previous inventory, but may be taken more often. The purpose of indicating whether the biennial inventory was taken at the opening or closing of business is to determine whether the drugs received or used on the day of the inventory should be counted, if a drug audit is conducted. Expired Schedules II through V drugs that are removed from working stock but still on premises during a biennial inventory must be counted. The performance of the biennial inventory may be delegated to another licensee, provided the VIC signs and dates the inventory and remains responsible for its content and accuracy. VIOIALTOR: INTRIJOR - 3 points II INVENTORY NOT USE TO USE		

23	18VAC150-20-190(K)	
	Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution records. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.	Written Response
	Violation: Major - 5 points if inventory not done monthly and/or is missing required information; or 3 points if the inventory is only missing required information. 5 points for inventory not done within 2 years of previous inventory, 3 points for not maintaining continuous inventory or 1 point for each missing component up to 5 points	
24	18VAC150-20-190(L)	
	Every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.	Written Response
	<u>Violation</u> : Major - 5 points for no record; or 3 points for incomplete record(s). Requirement for the dispensing records is new; non-compliance will be noted, but no violation will be cited for failure to maintain the required records until July 1, 2020.	
25	18VAC150-20-190(N)	
	If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarians who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.	Written Response
	Violation: Major - 5 points for no record; or 3 points for incomplete record(s). 5 points for no record	

Bulk Reconstitution of Injectable, Bulk Compounding or Prepackaging	Result	Response	Notes
²⁶ 18VAC150-20-190(M)			
Veterinary establishments in which bulk reconstitution of injectable, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater.		Written Response	
Reconstitution, compounding and prepackaging records shall show the following:			
1. Name of the drugs used;			
2. Strength, if any;			
3. Date repackaged;			
4. Quantity prepared;			
5. Initials of the veterinarian verifying the process;			
6. Assigned lot or control number;			
7. Manufacturer's or distributor's name and lot or control number; and			
8. Expiration date.			
Guidance: When drugs are taken from a stock bottle and put into another container prior to prescribing in anticipation of future dispensing, the drugs are considered to be prepackaged. Dispensing, labeling and recordkeeping requirements must be followed when prepackaging drugs. Transferring drugs to another container can affect the stability of the product. Expiration dates play an important role in maintaining the stability of a drug. The expiration date for a drug prepackaged is the same as the original stock bottle or is one year from the date of transfer whichever is less. It is best practice to store drugs under conditions which meet the United States Pharmacopeia and the National Formulary (USP-NF) specifications or manufacturers' suggested storage for each drug.			
Violation: Major - 2 points 5 points for no label and 1 point for each item missing component up to 5 points			

	Patient/Medical Recordkeeping	Result	Response	Notes
27	18VAC150-20-200(A)(6)(f)			
	All veterinary establishments must have storage for records.		Written Response	
	<u>Violation:</u> Major - 2 points			
28	18VAC150-20-195(A)			
	A legible, daily record of each patient treated shall be maintained at the veterinary establishment and shall include at a minimum:		Written Response	
	 Name of the patient and the owner; Identification of the treating veterinarian and of the person making the entry (Initials may be used if a master list that identifies the initials is maintained.); Presenting complaint or reason for contact; 			
	 4. Date of contact; 5. Physical examination findings; 6. Tests and diagnostics performed and results; 			
	 Procedures performed, treatment given, and results; Drugs administered, dispensed or prescribed, including quantity, strength and dosage, and route of administration. For vaccines identification of the lot and manufacturer shall be maintained; 			
	9. Radiographs or digital images clearly labeled with identification of the establishment the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a records of this transfer or release shall be maintained on or with the patient's records; and			
	10. Any specific instructions for discharge or referrals to other practitioners. Guidance: A medical record should allow any veterinarian, by reading the record, to proceed with the proper treatment and care of the animal and allow the Board or other agency to determine the advice and treatment			
	recommended and performed by the practitioner. The use of preprinted forms, stamps, or stickers is encouraged. Standardized medical abbreviations may be			
	used to make recordkeeping. Handwritten records must be legible to be useful. If the veterinarian discovers that the record is incomplete or in error, the veterinarian may amend the record, being sure to date and initial when the amendment was made. Each record entry should be dated and identify the person making the entry.			
	Violation: 5 points for no records; or 3 points for only missing required information. 5 points for no records, or 1 point for each missing component up to 5 points			
29	18VAC150-20-195(B)			
	An individual record shall be maintained on each patient, except that records for economic animals or litters of companion animals under the age of four months may have records maintained on a per owner basis. Patient records, including radiographs or digital images, shall be kept for a period of three years following the last office visit or discharge of such animal from a veterinary establishment.		Written Response	
	<u>Violation:</u> 3 points if individual records not maintained on each patient; and/or 1 point if records not maintained for required time period.			

30	18VAC150-20-195(C)			
	An initial rabies certificate for an animal receiving a primary rabies vaccination shall clearly display the following information: "An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered."		Proof of Corrective Action	
	<u>Violation:</u> Major - 2 points			
	All Veterinary Establishments	Result	Response	Notes
31	18VAC150-20-130(C)			
	When there is a veterinary preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form. <i>Prior to allowing a preceptee or extern in veterinary medicine to perform surgery on a patient unassisted by a licensed veterinarian, a licensed veterinarian shall receive written informed consent from the owner.</i>		Written Response	
	<u>Violation:</u> Minor - 1 point 2 points			
	All Stationary Veterinary Establishments	Result	Response	Notes
32	18VAC150-20-200(D)			
	A separate establishment registration is required for separate practices that share the same location.		Written Response	
	<u>Violation:</u> Major - 5 points		Change to Proof of Corrective Action	

Establishments Performing Surgery	Result	Response	Notes
18VAC150-20-200(A)(2)© The areas within the facility shall include a room that is reserved only for surgery and used for no other purpose. 1. The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling. 2. The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery. 3. The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. 4. The surgery room shall have a surgical table made of non-porous material. 5. The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided. 6. The surgery room shall have surgical and automatic emergency lighting to facilitate performance of procedures. 7. The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice. Guidance: Items that are not normally related to surgery may not be stored in the surgery room. Dentistry can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.) Therefore, dental units may be stored and used in a surgery room. Section 150-20-10 of the Regulations Governing the Practice of Veterinary Medicine defines "automatic emergency lighting" to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal moved to		Written Response	
<u>Violation:</u> Minor - 1 point 1 point for each up to 5 points		Change to Proof of Corrective Action	
34 18VAC150-20-200 (A)(2)(c)(1) Remove The surgery room shall have walls constructed of nonporous material and extending from the floor to ceiling. Violation: Minor - 1 point			
35 18VAC150-20-200(A)(2)(c)(2) Remove			
The surgery room shall be of a size adequate to accommodate a surgical table, anesthesia support equipment, surgical supplies, and all personnel necessary for safe performance of the surgery.			
<u>Violation:</u> Minor - 1 point			

36	18VAC150-20-200(A)(2)(c)(3) Remove	
	The surgery room shall be kept so that storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures.	
	Guidance: Items that are not normally related to surgery may not be stored in the surgery room. Dentistry	
	can include surgical procedures (for example: extractions, fistula repair, subgingival cleaning, etc.) Therefore, dental units may be stored and used in a surgery room.	
	Violation: Minor - 1 point	
37	18VAC150-20-200(A)(2)(c)(4) Remove	
	The surgery room shall have a surgical table made of non-porous material.	
	<u>Violation:</u> Minor - 1 point	
38	18VAC150-20-200(A)(2)(c)(5) Remove	
	The surgery room shall have surgical supplies, instruments, and equipment commensurate with the kind of services provided.	
	<u>Violation:</u> Minor - 1 point	
39	18VAC150-20-200(A)(2)(c)(6) Remove	
	The surgery room shall have surgical and automatic emergency lighting to facilitate performance of procedures.	
	Guidance: Section 150-20-10 of the Regulations Governing the Practice of Veterinary Medicine defines	
	"automatic emergency lighting" to mean lighting which is powered by battery, generator, or alternate power source other than electrical power, is activated automatically by electrical power failure, and provides	
	sufficient light to complete surgery or to stabilize the animal until surgery can be continued or the animal	
	moved to another establishment.	
40	<u>Violation:</u> Minor - 1 point	
40	18VAC150-20-200(A)(2)(c)(7) Remove	
	The surgery room for establishments that perform surgery on small animals, have a door to close off the surgery room from other areas of the practice.	
	<u>Violation:</u> Minor - 1 point	
41	18VAC150-20-180(A)(3)	
	Any addition or renovation of a stationary establishment or ambulatory establishment that involves changes	
	to the structure or composition of a surgery room shall require reinspection by the board and payment of the	Weitten Desney
	required fee prior to use. Guidance: Surgery remodels found during inspections will still be required to submit surgery remodel application form and pay the applicable fees. The routine inspection may serve as	Written Response
	the reinspection required for all surgery remodels.	
		Change to Proof
	Violation: Minor - 1 point 2 points	of Corrective Action
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	Laboratory	Result	Response	Notes
42	18VAC150-20-200(A)(3)			
	The veterinary establishment shall have, at a minimum, proof of use of either in-house laboratory service or outside laboratory services for performing lab tests, consistent with appropriate professional care for the species being treated.		Proof of Corrective Action	
	Guidance: Stationary facilities open 24 hours a day are required to have onsite laboratory services. For all other veterinary establishments which may opt to use an outside laboratory service, a letter, email, or invoice may serve as documentation for compliance purposes.			
	<u>Violation:</u> Major - 5 points			
	Housing	Result	Response	Notes
43	18VAC150-20-200(A)(4)(<u>a)</u>			
	a. For housing animals, the establishment shall provide an animal identification system at all times when housing an animal. b. For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury. c. For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients. d. For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals. Guidance: This includes, all animals, including but not limited to, clinic pets, staff pets, and boarding patients. A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.		Written Response	
	<u>Violation:</u> Minor - 1 point for each missing component up to 4 points		Change to Proof of Corrective Action	
44	18VAC150-20-200(A)(4)(b) Remove			
	For housing animals, the establishment shall provide accommodations of appropriate size and construction to prevent residual contamination or injury.		Proof of Corrective Action	
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided. Violation: Minor - 1 point			
45	18VAC150-20-200(A)(4)(c) Remove			
	For housing animals, the establishment shall provide accommodations allowing for the effective separation of contagious and noncontagious patients.		Proof of Corrective Action	
	Violation: Minor - 1 point			
46	18VAC150-20-200(A)(4)(d) Remove			
	For housing animals, the establishment shall provide exercise areas that provide and allow effective separation of animals or walking the animals at medically appropriate intervals.		Written Response	
	Violation: Minor - 1 point			

	Radiology	Result	Response	Notes
47	18VAC150-20-200(A)(5)			
	A veterinary establishment shall either have radiology service in-house or documentation of outside service for obtaining diagnostic-quality radiographs.		Proof of Corrective Action	
	Guidance: Stationary facilities open 24 hours a day are required to have onsite radiology/imaging services. For all other veterinary establishments which may opt to use an outside radiology/imaging service, a letter, email, or invoice may serve as documentation for compliance purposes.			
	<u>Violation:</u> Minor - 1 point			
48	18VAC150-20-200(A)(5)(a)			
	If radiology is in-house, the establishment shall document that radiographic equipment complies with Part VI (12VAC5-481-1581 et seq.), Use of Diagnostic X-Rays in the Healing Arts, of the Virginia Radiation Protection Regulations of the Virginia Department of Health.		Proof of Corrective Action	
	Guidance: Dental units are considered to be radiographic equipment.			
	<u>Violation:</u> Major - 5 points			
49	18VAC150-20-200(A)(5)(b)			
	If radiology is in-house, maintain and utilize lead aprons and gloves and individual radiation exposure badges for each employee exposed to radiographs.		Proof of Corrective Action	
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.			
	<u>Violation:</u> Major - 5 points			

	Minimum Equipment	Result	Response	Notes
50	18VAC150-20-200(A)(6)(<u>a)</u>			
	 a. Minimum equipment in the establishment shall include an appropriate method of sterilizing instruments. b. Minimum equipment in the establishment shall include internal and external sterilization monitors. c. Minimum equipment in the establishment shall include a stethoscope. e. Minimum equipment in the establishment shall include adequate means of determining patient's weight. 		Proof of Corrective Action	
	Guidance: Veterinary establishments must have an appropriate method of sterilizing instruments, including interal and external sterilization monitors. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Single use sterile items that are appropriate for services provided may be utilized. Veterinary establishments must have an appropriate method of determining a patient's weight. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			
51	18VAC150-20-200(A)(6)(b) Remove			
	Minimum equipment in the establishment shall include internal and external sterilization monitors.		Proof of Corrective Action	
	<u>Guidance:</u> Veterinary establishments must have an appropriate method for internal and external sterilization monitoring. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	Violation: Minor - 1 point			
52	18VAC150-20-200(A)(6)(c) Remove			
	Minimum equipment in the establishment shall include a stethoscope.		Written Response	
	Violation; Minor - 1 point			
53	18VAC150-20-200(A)(6)(e) Remove			
	Minimum equipment in the establishment shall include adequate means of determining patient's weight.		Written Response	
	Guidance: Veterinary establishments must have an appropriate method of determining a patient's weight. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Violation: Minor - 1 point			Consider not including guidance about weight in above combined guidance if determined to be redundant.

_	Virginia Department of
-	Health Professions
	Roard of Veterinary Medicine

Board of Veterinary Medicine			
Stationary Veterinary Establishments - Open 24 hours/	day Result	Response	Notes
1 18VAC150-20-200(B)(1) A stationary establishment that is open to the public 24 hours a day shall have licensed person premises at all times and shall be equipped to handle emergency critical care and hospitalizat establishment shall have radiology/imaging and laboratory services available on site. Guidance: Should practice model change requirements for S<24 hours may be required Violation: Major - 5 points			
Buildings and Grounds	Result	Response	Notes
2 18VAC150-20-200(A)(1)			
Buildings and ground must be maintained to provide sanitary facilities for the care and medic of patients.	al well-being		
<u>Violation:</u> Major - 2 points			SEE S<24 tab for suggested updates
3 18VAC150-20-200(A)(1)(a)			
Temperature, ventilation, and lighting must be consistent with the medical well-being of patie	ents.		
<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the se provided.	rvices		
<u>Violation:</u> Minor - 1 point			
4 18VAC150-20-200(A)(1)(b)(1)			
There shall be on premises hot and cold running water of drinking quality, as defined by the Department of Health.	/irginia		
<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the se provided.	rvices		
<u>Violation:</u> Minor - 1 point			

5	18VAC150-20-200(A)(1)(b)(2)	
	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.	
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.	
	Violation: Minor - 1 point	
6	18VAC150-20-200(A)(1)(b)(3)	
	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.	
7	Violation: Minor - 1 point	
/	18VAC150-20-200(A)(1)(c)	T
	Sanitary toilet and lavatory shall be available for personnel and owners.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.	
	<u>Violation:</u> Minor - 1 point	
8	18VAC150-20-200(A)(2)(a)	
	The areas within the facility shall include a reception area separate from other designated rooms.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.	
	<u>Violation:</u> Minor - 1 point	
9	18VAC150-20-200(A)(2)(b)	
	The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.	
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.	
	<u>Violation:</u> Minor - 1 point	

	Minimum Equipment	Result	Response	Notes
10	18VAC150-20-200(A)(6)(d)			
	Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.			
	<u>Guidance:</u> Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			



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5	18VAC150-20-200(A)(1)(b)(2)		
	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.	Written Response	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided. When a deceased animal is to be returned to its owner, the veterinarian or his/her designee should discuss with the owner preferences for the return of the animal to include type of container and/or wrapping.		
	<u>Violation:</u> Minor - 1 point		Pulled from GD
6	18VAC150-20-200(A)(1)(b)(3)		
	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.	Proof of Corrective Action	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.		
Ļ	Violation: Minor - 1 point		
7	18VAC150-20-200(A)(1)(c) Do we need to inspect?/Falls in 200 (A) (1)		
	Sanitary toilet and lavatory shall be available for personnel and owners.	Written Response	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.		
	Violation: Minor - 1 point		
8	18VAC150-20-200(A)(2)(a)		
	The areas within the facility shall include a reception area separate from other designated rooms.	Proof of Corrective Action	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.		
L	Violation: Minor - 1 point		
9	18VAC150-20-200(A)(2)(b)		
	The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.	Proof of Corrective Action	
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.	120001	
	Violation: Minor - 1 point		

Minimum Equipment	Result	Response	Notes
10 18VAC150-20-200(A)(6)(d) (Move this to All establishments) N/A would apply to A/EA/HCP			
Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.		Proof of Corrective Action	
Guidance: Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided. Violation: Minor - 1 point			



	Stationary Veterinary Establishments - Limited	Result	Response	Notes
1	18VAC150-20-200© (Isn't this covered under 150-20- 30 (A)?)			
	When the scope of practice is less than full service, a specifically limited [stationary] establishment registration shall be required. Such establishments shall have posted in a conspicuous manner the specific limitations on the scope of practice on a form provided by the board.			
	Guidance: The registration will include any limitations and will be considered the "form provided by the board." A registration is considered to be in a "place conspicuous to the public" when it is hung in an area that is easily accessed and read by the public. The original license or registration (not a photocopy) should be posted or available for inspection. Duplicate copies of a registration can be obtained through the Board of Veterinary Medicine's office for a small fee. Any license or registration that is expired will be reported and documentation of practicing without a valid license or permit will be obtained. Violation: Minor - 1 point			
2	18VAC150-20-200(B)(2)			
	§ 54.1-3806.1			
	A stationary establishment that is not open to the public 24 hours a day shall have licensed personnel available during its advertised hours of operation and shall disclose to the public that the establishment does not have continuous staff, in compliance with § 54.1-3806.1 of the Code of Virginia.			
	Guidance: The Disclosure form cannot be printed on the front or back of another document. It can be smaller than a standard piece of paper.			
	<u>Violation:</u> 3 points for missing form; and/or 1 point if form not compliant.			
	Buildings and Grounds	Result	Response	Notes
3	18VAC150-20-200(A)(1)			
	Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.			
	<u>Violation:</u> Major - 2 points			SEE S<24 tab for suggested updates

4	18VAC150-20-200(A)(1)(a)		
	Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.		
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.		
	<u>Violation:</u> Minor - 1 point		
5	18VAC150-20-200(A)(1)(b)(1)		
	There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.		
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided. Violation: Minor - 1 point		
6	18VAC150-20-200(A)(1)(b)(2)		
	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any local ordinance or state and federal regulations.		
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.		
	<u>Violation:</u> Minor - 1 point		
7	18VAC150-20-200(A)(1)(b)(3)		
	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.		
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.		
	<u>Violation:</u> Minor - 1 point		
8	18VAC150-20-200(A)(1)(c)		
	Sanitary toilet and lavatory shall be available for personnel and owners.		
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.		
	<u>Violation:</u> Minor - 1 point		

9	18VAC150-20-200(A)(2)(a)			
	The areas within the facility shall include a reception area separate from other designated rooms.			
	<u>Guidance:</u> A mobile service establishment shall meet this requirement if appropriate to the services provided.			
	<u>Violation:</u> Minor - 1 point			
10	18VAC150-20-200(A)(2)(b)			
	The areas within the facility shall include an examination room or rooms containing a table or tables with nonporous surfaces.			
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			
	Minimum Equipment	Result	Response	Notes
11	18VAC150-20-200(A)(6)(d)			
	Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.			
	Guidance: Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			



	Ambulatory Veterinary Establishments - Agricultural and Equine Establishments	Result	Response	Notes
1	18VAC150-20-201(A)			
	An agricultural or equine ambulatory establishment is a mobile practice in which health care is performed at the location of the animal. Surgery may be performed as part of an agricultural or equine ambulatory practice provided the establishment has surgical supplies, instruments, and equipment commensurate with the kind of surgical procedures performed.			
	<u>Violation:</u> Major - 5 points			
	Ambulatory Veterinary Establishments - House Call or Proceduralist Establishment	Result	Response	Notes
2	18VAC150-20-200(B)			
	A house call or proceduralist establishment is an ambulatory practice in which health care of small animals is performed at the residence of the owner of the small animal or another establishment registered by the board. A veterinarian who has established a veterinarian-owner-patient relationship with an animal at the owner's residence or at another registered veterinary establishment may also provide care for that animal at the location of the animal.			
3	<u>Violation:</u> Major - 5 points 18VAC150-20-200(B)(1)			
3	A house call or proceduralist practice may only perform surgery in a surgical suite at a registered establishment that has passed inspection. However, surgery requiring only local anesthetics may be performed at a location other than in a surgical suite. Guidance: The locations where surgeries are performed should be maintained for the inspector's review. The house call or proceduralist practice is compliant if the surgery suite used was inspected and part of another registered veterinary establishment. Violation: Major - 5 points			

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Ambulatory Veterio
18VAC150-20-201©

	Board of Veterinary Medicine					
	Ambulatory Veterinary Establishments - Mobile Service	Result	Response	Notes		
	18VAC150-20-201©					
	A mobile service establishment is a veterinary clinic or hospital that can be moved from one location to another and from which veterinary services are provided. A mobile service establishment shall meet all the requirements of a stationary establishment appropriate for the services provided.		Written Response			
	<u>Violation:</u> Major - 5 points					
	Buildings and Grounds	Result	Response	Notes		
1	18VAC150-20-200(A)(1)					
	Buildings and ground must be maintained to provide sanitary facilities for the care and medical well-being of patients.					
	<u>Violation:</u> Major - 2 points			SEE S<24 tab for suggested updates		
2	18VAC150-20-200(A)(1)(a)					
	Temperature, ventilation, and lighting must be consistent with the medical well-being of patients.					
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services					
	provided. <u>Violation:</u> Minor - 1 point					
3	18VAC150-20-200(A)(1)(b)(1)					
	There shall be on premises hot and cold running water of drinking quality, as defined by the Virginia Department of Health.					
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.					
	<u>Violation:</u> Minor - 1 point					

4	18VAC150-20-200(A)(1)(b)(2)	
	There shall be on premises an acceptable method of disposal of deceased animals, in accordance with any	
	local ordinance or state and federal regulations.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services	
	provided.	
-	Violation: Minor - 1 point	
3	18VAC150-20-200(A)(1)(b)(3)	
	There shall be on premises refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services provided.	
	Violation: Minor - 1 point	
6	18VAC150-20-200(A)(1)(c)	
	20 1120100 20 200(11)(1)(0)	
	Sanitary toilet and lavatory shall be available for personnel and owners.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services	
	provided.	
	Violation: Minor - 1 point	
7	18VAC150-20-200(A)(2)(a)	
	The areas within the facility shall include a reception area separate from other designated rooms.	
	Guidance: A mobile service establishment shall meet this requirement if appropriate to the services	
	provided.	
	Violation: Minor - 1 point	
8	18VAC150-20-200(A)(2)(b)	
	The areas within the facility shall include an examination room or rooms containing a table or tables with	
	nonporous surfaces.	
	Guidance: A mobile service establishment shall meet all requirements of a stationary establishment	
	appropriate for the services provided.	
	Violation: Minor - 1 point	

	Minimum Equipment	Result	Response	Notes
9	18VAC150-20-200(A)(6)(d)			
	Minimum equipment in the establishment shall include equipment for delivery of assisted ventilation appropriate to the species being treated, including endotracheal tubes.			
	Guidance: Ambulatory agricultural/equine and house call/proceduralist veterinary establishment are exempt from meeting the requirements for assisted ventilation. Ambulatory mobile veterinary establishments must meet this requirement if appropriate for the services provided.			
	<u>Violation:</u> Minor - 1 point			

Virginia Department of Health Professions Board of Veterinary Medicine						
Pictures						
Veterinary Establishment: Date:						