

**CITRUS COUNTY  
CLERK OF THE CIRCUIT COURT AND COMPTROLLER**

**Follow-Up Audit of Selected Business Processes Within the  
Citrus County Animal Services Department**

**FINAL REPORT  
September 30, 2016**

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September 30, 2016

Ms. Angela Vick  
Clerk of the Circuit Court and Comptroller  
Citrus County, Florida  
110 N. Apopka Ave.  
Inverness, Florida 34450

Dear Ms. Vick:

We have conducted a follow-up audit of the Citrus County Board of County Commissioners' (County) Animal Services program. The purpose of the follow-up audit was to determine the implementation status of recommendations included in our *Citrus County Animal Services Department – Internal Auditing Services for Selected Business Processes* report, dated March 10, 2015 (herein referred to as the original audit).

The three business processes assessed included: A) Internal controls over cash management; B) Inventory practices over supplies and fixed assets; and C) Inventory practices over controlled substances. Of the 18 recommendations included in our audit report, we determined that 8 have been implemented, 2 were implemented through an acceptable alternative, 7 were partially implemented, and 1 was not implemented. The status of each recommendation is described in this follow-up report.

We appreciate the cooperation of management and staff of the County's Animal Services Department and the Community Services Department during follow-up audit procedures.

Respectfully submitted,



CliftonLarsonAllen LLP  
Michael E. Carter, CPA  
Principal  
863-680-5614  
Mike.Carter@CLAconnect.com

## **I. SCOPE AND METHODOLOGY**

CLA conducted the follow-up audit of the County's Animal Services Department, the purpose of which is to determine the implementation status of the recommendations of the audit report dated March 10, 2015.

The objectives of the original audit were:

- Verify that current cash collection practices are consistent with existing cash collection policies and procedures.
- Determine whether controls over the inventory of equipment and supplies, including controlled substances, are adequate.
- Perform a physical inventory of controlled substances to determine that the perpetual inventory records accurately reflect the quantities on-hand.

To determine the current status of the recommendations, CLA interviewed incumbent management and documented the specific actions taken to improve the conditions identified. As applicable, CLA performed necessary walkthroughs and observations to verify the changes made. Follow-up fieldwork took place between June 3 and July 22, 2016.

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## II. SUMMARY OF RESULTS

Overall, management has made certain key changes such as developing procedures for tracking inventory of items sold to the public, increasing qualifications of Animal Services Technicians, and developing policies for better supervision of controlled substance use, including procedures to reconcile bottle inventories as they move between transfer points and ultimately depleted.

CLA noted however, that the process to track controlled substances is still mostly manual and technology is not fully leveraged to increase management control. Inventory control and movement of controlled substances from one location to the next continues to be manually intensive. Procedures have not been established to verify reasonable use, compare usage among technicians, and identify trends, patterns or exceptions, likely because following manual procedures represents a considerable effort.

PetPoint is not fully used to improve usage control and to identify errors through exception reports generated by the system. Until the system is configured to automatically generate usage information, data analysis is limited and the ability to reconcile usage is very time-consuming. Nonetheless, management is working with PetPoint and looking into additional modules to improve inventory control and tracking ability in the future.

Of the 18 recommendations included in the March 10, 2015 report, we determined that

- 8 have been implemented
- 2 were implemented through an acceptable alternative
- 7 were partially implemented
- 1 was not implemented

### **Management Response - Subsequent Changes in Management**

Subsequent to the monitoring conducted in June 2016 and before the close of the follow up audit in September 2016, Animal Services Division has seen a change in the department director, division director, and administrative assistant. During this transition time, the recommendations from the original audit have been reviewed by current staff and we acknowledge these recommendations. The new department director has tasked the new division director to address the “partially implemented”

recommendations and the one “not implemented” recommendation in the coming weeks. We feel all of these recommendations can be accomplished and staff is currently working on achieving this goal. We have scheduled training with PetPoint to address our needs within the data management system. We are currently reviewing the standard operating procedures for this division and will provide training for staff once the final version has been completed. We will be establishing usage ratios for FY 2017 for commonly used supplies. We will continue to work with the Fiscal Operations Section to strengthen procedures and review new or updated policies with staff.

### III. STATUS OF MANAGEMENT ACTION PLAN

The following table presents a summary of the implementation status of original audit recommendations, by assessment area and as documented during the follow-up audit.

#### Implementation Status as of August 2016

Number	Recommendation by Assessment Area	Implemented	Acceptable Alternative	Partially Implemented	Not Implemented	No Longer Applicable
<b>A. INTERNAL CONTROLS OVER CASH MANAGEMENT</b>						
1	Management should continue to perform continuous monitoring of revenue-producing activities to verify that all transactions are recorded in PetPoint and all revenues are collected and deposited (see Observation 2). Additionally –  a. The Department should consider the cost-benefit of tracking inventory of items sold (see Recommendation 4), which would allow for a strong control by comparing the amounts sold by the amounts in inventory.	X				
2	<i>No recommendation made.</i>					
3	We recommend that a study be conducted in the future to ascertain the potential uncollected revenue, and look into measures that could be undertaken to ensure a higher degree of compliance with established policy, and consequently, increase revenue.		X			
<b>B. INVENTORY PRACTICES OVER SUPPLIES AND FIXED ASSETS</b>						
4	We recommend the Department develop manual inventory control procedures, starting with items that are sold, such as medication, by implementing a disbursement log that is updated with purchase invoices and sales. Further, the Department should consider the development of usage ratios for commonly used supplies, such as medication, vaccines and food.			X		
<b>C. INVENTORY PRACTICES OVER CONTROLLED SUBSTANCES</b>						
5	Undertake the following actions to improve bottle inventory tracking –					
5.1	Formalize a policy requiring that the person verifying receipt of controlled substances must be independent from the person making the purchase. Additionally, implement the use of a “receiving stamp” to capture the name and date the items were received.		X			
5.2	Use Excel worksheets to track controlled substance procurement information, including invoice number, date ordered and delivered, number of units, and bottle numbers assigned.			X		
5.3	Modify the Drug Safe Inventory log to reference the purchase invoice number. Likewise, reflect the bottle numbers assigned to the order on the invoice.		X			

Number	Recommendation by Assessment Area	Implemented	Acceptable Alternative	Partially Implemented	Not Implemented	No Longer Applicable
5.4	Simplify the numbering system currently used for Fatal Plus and Buprenex by eliminating dashes and using incremental numbers without a fiscal year reference.	X				
6	The Department should develop formal policy and procedures to periodically reconcile the number of bottles of controlled substances transferred from the Controlled Drug Safe to transient inventory in the Euthanasia Cabinet, and from the Euthanasia Cabinet to the individual temporary locations of the Euthanasia, Surgery and ACO teams. Similar to ACO procedures, all depleted bottles should be retained and turned into administration along with a copy of the usage log.			X		
7	As soon as possible, the Department should develop policies and procedures to strengthen controls to monitor and reconcile the use of controlled substances. As such, the Department should undertake the following specific actions –					
7.1	<p>Once individual controlled substance bottles have been depleted, the usage sheet should be submitted to a supervisor or independent employee who ensures that the usage recorded on the sheet equals the amount of substance issued. Further, and to the extent possible, use any management reports and/or exception reports already existing PetPoint to monitor controlled substance use by container number. Additionally:</p> <ul style="list-style-type: none"> <li>a. Research an inventory module that PetPoint appears to offer, which may be used to reflect the amount of drugs on hand after each use and allows a supervisor to reconcile the amount of drugs used with the amount of drugs remaining in stock at any given point. Discuss with PetPoint the possibility of creating beginning inventory for the bottles against which usage can be discharged. This would facilitate the comparison of initial versus used volume and allow management to establish a maximum amount of product that can be administered from each bottle.</li> <li>b. In the future, management should determine whether it can use PetPoint further to reduce some of the redundancy and paperwork involved in recording controlled substance usage, while maintaining the manual documentation requirements of the Drug Enforcement Administration.</li> <li>c. Due to the amount of time it takes to deplete the Fatal Plus bottle assigned to Surgery and ACOs, establish procedures to perform interim comparisons of the usage per the log to the amounts on hand to verify reasonable use. Alternatively, consider assigning a smaller amount of Fatal Plus in a different container that is commensurate with the Fatal Plus amounts used by the Surgery and ACO teams.</li> <li>d. Develop a procedure to periodically reconcile the Ketaset and the Telazol used for creating TKX to determine whether the two substances were used in proportionate amounts.</li> </ul>			X		
7.2	Collaborate with PetPoint to change data entry configuration for Surgery procedures (non-euthanasia) to the same method used to capture drug usage for euthanasia procedures. As established for euthanasia, records of drugs used in non-euthanasia procedures			X		

Number	Recommendation by Assessment Area	Implemented	Acceptable Alternative	Partially Implemented	Not Implemented	No Longer Applicable
	should be captured by making drop-down field selections, and not typed as comments in the PetPoint animal record.					
7.3	<p>Develop standard margins of error for controlled substance usage, based on the manufacturer’s stated container amount. Additionally –</p> <ul style="list-style-type: none"> <li>a. Establish a procedure to periodically and on a sample basis, check the established margins of error of used bottles.</li> <li>b. Consolidate the mixing of TKX in a single location, the Safe Room. With the minimal usage of TKX by the ACO team, it may not seem necessary for them to mix TKX directly when it could be mixed and recorded in Euthanasia Cabinet, by the Senior Euthanasia Technician.</li> <li>c. Consider the advantage of creating a unique numbering system for TKX in order to allow for better inventory differentiation between the Telazol and the TKX (prepared in the Telazol bottle).</li> <li>d. Consider the practicality of assigning TKX bottles individually to technicians as a means of increasing accountability. In this model, each technician would have his/her own TKX bottle and be able to clarify any usage discrepancy. This practice is not uncommon in the industry.</li> </ul>			X		
7.4	Develop monitoring procedures to track the “blank” technician name entries to the responsible staff and establish a policy of zero blank entries. Discuss changes to system setting with PetPoint that would prevent the technician name field blank or that force the user to select the technician name before completing the entry.				X	
7.5	Develop a policy for animal weight to be recorded in every instance. If available, use PetPoint exception reports to monitor instances where animal weight is not entered.			X		
7.6	Take measures to increase technician’s recordkeeping accuracy. Establish standards for controlled substance administration and keep technicians accountable. Schedule training for all staff regarding measurement mechanisms, accuracy of usage per animal weight, PetPoint data entry, inventory transfers, among others.)	X				
7.7	<p>Expand controlled substance inventory procedures to be inclusive of the drugs exclusively ordered for and used by the Surgery team, such as Diazepam and Phenobarbitol. The new procedure consists of creating a record of these drugs in the Controlled Drug Safe log. Additionally –</p> <ul style="list-style-type: none"> <li>a. Evaluate the need for stocking Buprenex, based on the fact that there was no usage recorded of this drug during FY 2014.</li> </ul>	X				
7.8	Develop a written policy that prohibits the acceptance of controlled substances donations. Communicate the policy widely to all personnel.	X				

Number	Recommendation by Assessment Area	Implemented	Acceptable Alternative	Partially Implemented	Not Implemented	No Longer Applicable
8	To the extent possible, have a second person validating usage at the end of the day. Also, revise the existing logs to capture the initials of two employees, one to record receipt into the new location and one to record the discharge or administration of the substance.	X				
9	As soon as possible, acquire a new locked box for the Surgery area that has two or three key sets.	X				

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#### **IV. OVERVIEW OF THE BUSINESS PROCESSES EVALUATED - AS OF MARCH 10, 2015**

##### **A. INTERNAL CONTROLS OVER CASH MANAGEMENT**

The Animal Services Department (the Department) collects cash from the sale of animal licenses (tags/microchips), heartworm and flea medication, animal adoptions, and donations. All cash receipts are processed through PetPoint, the application that supports Animal Services operations. The internal controls over cash management include:

1. Individually-assigned cash drawers that are locked when not in use.
2. Receipts issued by the system and handed to client for each completed transaction.
3. "Blind deposit" at the end of the day.
4. Daily reconciliation by the Accounting Clerk of manual summaries with the cash drawer PetPoint reports.
5. Director's review and approval of daily Deposit Report.

##### **B. INVENTORY PRACTICES OVER SUPPLIES AND FIXED ASSETS**

The Department does not have a policy in place for inventory controls over the supplies used for animals, such as antibiotics, vaccines, heart worm test, dog food, cat litter, etc. When the kennel team determines the need to replenish supplies, the Senior Animal Services Technician prepares a list of items and submits to the Accounting Clerk, who then completes a form listing the items to be ordered and submits to the Director for review and approval prior to placing the order.

##### **C. INVENTORY PRACTICES OVER CONTROLLED SUBSTANCES**

The Department routinely uses controlled substances to sedate for surgery or euthanizing. Department protocols for surgery and euthanasia require the use of mixture known as TKX, which is the combination in specific proportions of Telazol, Ketaset and Xyglyzine (not a controlled substance). The amount of drugs administered is determined by the animal's weight. There are three distinct teams that use controlled drugs routinely to conduct their business (Euthanasia, Surgery, and Animal Control Officers) and as of March 2015, there were 12 euthanasia-certified employees authorized to handle controlled substances.

Receiving controlled substances and their subsequent distribution to the teams is controlled through a system of manual logs kept at the points where the product enters inventory and moves from one physical location to another. All records are kept manually, and substance usage is only recorded in the system when the drug is dispensed and an animal's PetPoint record is updated. Usage logs of each bottle are retained by each operating team.

## V. STATUS OF RECOMMENDATIONS

This section of the report includes a detailed description of the actions taken by management to improve the observations documented in the original audit report. The recommendations herein are those included in the original audit, followed by CLA's description of current state.

### **Observation 1**

A vulnerability of PetPoint is that the program does not require a receipt to be issued prior to completing sale transactions. Additionally, the Department does not maintain inventory of items that are sold, and therefore, it is not possible to identify missing inventory.

### **Recommendation 1**

Management should continue to perform continuous monitoring of revenue-producing activities to verify that all transactions are recorded in PetPoint and all revenues are collected and deposited (see Observation 2). Additionally –

- a. The Department should consider the cost-benefit of tracking inventory of items sold (see Recommendation 4), which would allow for a strong control by comparing the amounts sold by the amounts in inventory.

### **Status: Implemented**

Management implemented an inventory log to document cost of goods sold (COGS). This log is kept with the items sold and documented every time an item is sold. When needing to restock for sale, the product is logged out from the inventory log in the safe room and logged into the items for sale cabinet. The Community Services Fiscal Section performs a monthly reconciliation of the items purchased and stored in the safe, transferred from the safe to the sale cabinets, and sold, as well as the cost of any inventory differences found.

**Observation 2**

The Department has effective internal controls in place for cash handling, which include monitoring and reconciling procedures, and two layers of approvals – one by the Accounting Clerk and one by the Department Director. When operating together, these controls decrease the risk of theft. The Department, however, should ensure that all deposits are made within two business days of the transaction date, and that all check payee information is complete.

**Recommendation 2**

None.

**Observation 3**

There may be a considerable amount of uncollected revenue from citizen noncompliance with animal registration requirements.

**Recommendation 3**

We recommend that a study be conducted in the future to ascertain the potential uncollected revenue, and look into measures that could be undertaken to ensure a higher degree of compliance with established policy, and consequently, increase revenue.

**Status: Acceptable Alternative**

On July 12, 2016, the BOCC's Animal Services Stakeholders' Advisory Group (SAG) voted unanimously to support the current policy used by the Sheriff's Office for issuing citations for noncompliance with rabies vaccinations and animal licenses.

The Animal Services SAG also voted in favor of having animal licenses available in all veterinarian offices. To this effect, Animal Services agreed to send a letter to all veterinarians in the County reminding them of the statutory requirement to provide rabies vaccination information to the local animal control office and the possibility of a civil penalty for noncompliance with this requirement. According to management, a letter was sent out and currently eight (8) veterinarian offices are sending the state required certificates and four (4) offices are not providing state required certificates.

Management is also working with PetPoint to create a report that identifies animals that have a record of rabies vaccination but do not have a current County license. This information will be useful in reducing safety hazards and collecting related revenue.

**Observation 4**

There are no inventory control procedures for animal supplies.

**Recommendation 4**

We recommend the Department develop manual inventory control procedures, starting with items that are sold, such as medication, by implementing a disbursement log that is updated with purchase invoices and sales. Further, the Department should consider the development of usage ratios for commonly used supplies, such as medication, vaccines and food.

**Status: Partially implemented**

Management implemented mechanisms to monitor inventory of goods sold, which is supplemented with an independent reconciliation of inventory performed by the Community Services Fiscal Section.

Management has begun tracking inventory of animal food used in operations and of cleaning supplies, but the process does not include an independent reconciliation of amounts used as it is not deemed necessary. Inventory of medicine, vaccines, antibiotic and medical supplies, which accounted for approximately 70% of all animal supplies during FY 2014, is still not tracked. Management determined that tracking of these items is cumbersome and inefficient.

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**Observation 5**

An analysis to verify that all the controlled substances ordered and received were entered into the Controlled Drug Safe as inventory in an accurate and timely manner disclosed one unaccounted order of Buprenex.

**Recommendation 5**

Undertake the following actions to improve bottle inventory tracking –

**Recommendation 5.1**

Formalize a policy requiring that the person verifying receipt of controlled substances must be independent from the person making the purchase. Additionally, implement the use of a “receiving stamp” to capture the name and date the items were received.

**Status: Implemented**

Purchasing duties are now segregated from receiving duties. Orders are placed by the Accounting Clerk, located at County Center, and received by the Administrative Assistant or designee, located at Animal Services. A "receiving stamp" has been implemented to capture the date of receipt and the signature of the person receiving.

**Recommendation 5.2**

Use Excel worksheets to track controlled substance procurement information, including invoice number, date ordered and delivered, number of units, and bottle numbers assigned.

**Status: Partially implemented**

Tracking of controlled substances entering inventory continues to be a manual process. As a step toward improvement however, management merged all the controlled drugs inventory logs and information into a "drug log book" to have all the information in a single place, including the invoices for items entering inventory.

**Recommendation 5.3**

Modify the Drug Safe Inventory log to reference the purchase invoice number. Likewise, reflect the bottle numbers assigned to the order on the invoice.

**Status: Acceptable alternative**

The Drug Safe Inventory log was modified to include a transfer out date, the initials of both the person removing from inventory and the person receiving controlled substances, and the unit to which the controlled substance is transferred to. While the log was not modified to reference the invoice, a copy of the invoice is kept in the new “drug log book”.

**Recommendation 5.4**

Simplify the numbering system currently used for Fatal Plus and Buprenex by eliminating dashes and using incremental numbers without a fiscal year reference.

**Status: Implemented**

Management simplified the numbering system used for Fatal Plus and Buprenex by eliminating dashes and using incremental numbers without a fiscal year reference.

**Observation 6**

There is no periodic reconciliation of the controlled substances bottles as they move between the various inventory transfer points and are ultimately depleted. However, CLA accounted for all controlled substances bottles assigned to the teams in fiscal year 2014.

**Recommendation 6**

The Department should develop formal policy and procedures to periodically reconcile the number of bottles of controlled substances transferred from the Controlled Drug Safe to transient inventory in the Euthanasia Cabinet, and from the Euthanasia Cabinet to the individual temporary locations of the Euthanasia, Surgery and ACO teams. Similar to ACO procedures, all depleted bottles should be retained and turned into administration along with a copy of the usage log.

**Status: Partially implemented**

Management has not developed a formal policy and procedures to periodically reconcile the number of bottles of controlled substances transferred from the Controlled Drug Safe to transient inventory in the Euthanasia Cabinet, and from the Euthanasia Cabinet to the individual temporary locations of the

Euthanasia, Surgery and ACO teams. As a step toward improvement, however, management implemented a procedure whereby staffs are required to turn-in the empty controlled drug bottles to the Director or designee who then adds the usage record for the particular bottle and assesses reasonable use.

**Observation 7**

Overall, monitoring and reconciliation procedures over usage of controlled substances are weak, which places the operation at risk of fraud. Specifically:

- 7.1 There is no formal, independent reconciliation of drug amounts used compared to initial bottle volume for the Euthanasia and the Surgery teams.
- 7.2 PetPoint does not capture the data associated to surgeries or other non-euthanasia procedures in a systematic manner. This limitation hinders the ability to evaluate control substance usage in non-euthanasia procedures.
- 7.3 A comparison of the volume of every bottle of TKX assigned to the three operating teams to the total volume administered to animals showed that the TKX unaccounted volume was not reasonable for both the Euthanasia and the Surgery teams. Usage of Fatal Plus bottles assigned to Euthanasia was reasonable.
- 7.4 There is a significant amount of activity in PetPoint where the technician performing the procedure is not identified, likely because the field that captures the technician's name was left blank.
- 7.5 CLA noted that animal weight is not always recorded. This practice may impact a supervisor's ability to verify the reasonableness of the amount of controlled substances used in performing euthanasia.
- 7.6 A comparison of the recommended dosage based on animal weight to the dosage actually administered showed that some technicians may be dispensing TKX and Fatal Plus in imprecise amounts when performing euthanasia.
- 7.7 There are certain controlled substances that are used exclusively by the Surgery team for which inventory is not recorded in the Controlled Drug Safe.
- 7.8 The Department's policy regarding controlled substance donations needs to be formalized.

## **Recommendation 7**

As soon as possible, the Department should develop policies and procedures to strengthen controls to monitor and reconcile the use of controlled substances. As such, the Department should undertake the following specific actions –

### **Recommendation 7.1**

Once individual controlled substance bottles have been depleted, the usage sheet should be submitted to a supervisor or independent employee who ensures that the usage recorded on the sheet equals the amount of substance issued. Further, and to the extent possible, use any management reports and/or exception reports already existing in PetPoint to monitor controlled substance use by container number. Additionally:

- a. Research an inventory module that PetPoint appears to offer, which may be used to reflect the amount of drugs on hand after each use and allows a supervisor to reconcile the amount of drugs used with the amount of drugs remaining in stock at any given point. Discuss with PetPoint the possibility of creating beginning inventory for the bottles against which usage can be discharged. This would facilitate the comparison of initial versus used volume and allow management to establish a maximum amount of product that can be administered from each bottle.
- b. In the future, management should determine whether it can use PetPoint further to reduce some of the redundancy and paperwork involved in recording controlled substance usage, while maintaining the manual documentation requirements of the Drug Enforcement Administration.
- c. Due to the amount of time it takes to deplete the Fatal Plus bottle assigned to Surgery and ACOs, establish procedures to perform interim comparisons of the usage per the log to the amounts on hand to verify reasonable use. Alternatively, consider assigning a smaller amount of Fatal Plus in a different container that is commensurate with the Fatal Plus amounts used by the Surgery and ACO teams.
- d. Develop a procedure to periodically reconcile the Ketaset and the Telazol used for creating TKX to determine whether the two substances were used in proportionate amounts.

**Status: Partially implemented**

Management has developed some high level policies and procedures to strengthen controls to monitor and reconcile the use of controlled substances. Specifically:

- Management has implemented a procedure whereby staff is required to turn-in the empty controlled drug bottles to the Director or designee who then adds the usage records for the bottle and assesses reasonable use. This policy however, has not been formalized in writing.
- Management updated the Euthanasia Policy instructing staff that two technicians must be present to perform euthanasia (see also Recommendation 8).
- Instead of assigning to the Surgery Team a full bottle of 250cc of Fatal Plus that takes a long time to deplete, management has now assigned a 30cc bottle available for this team.

Although management responded that a periodic verification that the correct amount of TKX created is proportionate to the amount utilized of Ketaset, Xylazine and Telazol, there was no evidence found of such verification process. Further, management and/or exception reports already existing in PetPoint to monitor controlled substance are not being produced.

**Recommendation 7.2**

Collaborate with PetPoint to change data entry configuration for Surgery procedures (non-euthanasia) to the same method used to capture drug usage for euthanasia procedures. As established for euthanasia, records of drugs used in non-euthanasia procedures should be captured by making drop-down field selections, and not typed as comments in the PetPoint animal record.

**Status: Partially implemented**

Management has developed a procedure for the veterinary/surgery team to generate a report from PetPoint to reconcile the surgery/non-euthanasia usage of controlled drugs. The procedure however has not been executed as of June 15, 2016, and the usage records of non-euthanasia procedures are still not captured by the system and cannot be viewed separately.

### **Recommendation 7.3**

7.3 Develop standard margins of error for controlled substance usage, based on the manufacturer's stated container amount. Additionally –

- a. Establish a procedure to periodically and on a sample basis, check the established margins of error of used bottles.
- b. Consolidate the mixing of TKX in a single location, the Safe Room. With the minimal usage of TKX by the ACO team, it may not seem necessary for them to mix TKX directly when it could be mixed and recorded in Euthanasia Cabinet, by the Senior Euthanasia Technician.
- c. Consider the advantage of creating a unique numbering system for TKX in order to allow for better inventory differentiation between the Telazol and the TKX (prepared in the Telazol bottle).
- d. Consider the practicality of assigning TKX bottles individually to technicians as a means of increasing accountability. In this model, each technician would have his/her own TKX bottle and be able to clarify any usage discrepancy. This practice is not uncommon in the industry.

### **Status: Partially implemented**

Management has taken certain measures to increase control of TKX dispensed to animals:

- Management is calculating the total amount used by TKX bottle as documented in the consumption logs, and comparing to the manufacturer's stated container amount, margins of error have not been formalized in documented policy. The acceptable margin of error has not been formally documented in policy.
- Mixing of TKX was consolidated in a single location, the Safe Room. The procedure is not documented in policy.

Nonetheless, although changes made allow for increased control of the TKX bottles, no procedures have been established to monitor the amount and difference of controlled items used to make the TKX. Further, a unique numbering system for TKX to allow for better inventory differentiation between the Telazol and the TKX (prepared in the Telazol bottle) was not evident.

Management decided to not assign TKX bottles individually to technicians as a means of increasing accountability because it was deemed to be impractical.

**Recommendation 7.4**

Develop monitoring procedures to track the “blank” technician name entries to the responsible staff and establish a policy of zero blank entries. Discuss changes to system setting with PetPoint that would prevent the technician name field blank or that force the user to select the technician name before completing the entry.

**Status: Not implemented**

Although management has discussed changes to system setting with PetPoint to prevent the technician name field to be left blank, no specific actions have occurred as of June 15, 2016.

**Recommendation 7.5**

Develop a policy for animal weight to be recorded in every instance. If available, use PetPoint exception reports to monitor instances where animal weight is not entered.

**Status: Partially implemented**

Management added a clause to the Euthanasia Policy that requires that animal weights be documented on the “Kennel Card” whenever possible. Additionally, the Director verifies that the animal weight record is present in the "Record of Control Substance Administered" as part of the verification of usage of depleted controlled drug bottles.

Nonetheless, PetPoint exception reports to monitor instances where animal weight is not entered have not been created or used.

**Recommendation 7.6**

Take measures to increase technician’s recordkeeping accuracy. Establish standards for controlled substance administration and keep technicians accountable. Schedule training for all staff regarding measurement mechanisms, accuracy of usage per animal weight, PetPoint data entry, inventory transfers, among others.)

**Status: Implemented**

Management secured training for the technicians via completion of "Euthanasia of Animals" certification. All four Animal Services Technicians had achieved the certification as of June 2016. The curriculum for such certificate includes proper administration and storage of euthanasia solutions.

**Recommendation 7.7**

Expand controlled substance inventory procedures to be inclusive of the drugs exclusively ordered for and used by the Surgery team, such as Diazepam and Phenobarbitol. The new procedure consists of creating a record of these drugs in the Controlled Drug Safe log. Additionally –

- a. Evaluate the need for stocking Buprenex, based on the fact that there was no usage recorded of this drug during FY 2014.

**Status: Implemented**

Management developed inventory procedures to include the drugs used solely by the Surgery Team. Additionally, no additional Buprenex has been ordered since the new Veterinarian and Director have been employed.

**Recommendation 7.8**

Develop a written policy that prohibits the acceptance of controlled substances donations. Communicate the policy widely to all personnel.

**Status: Implemented**

In April 2015, management briefed staff regarding the rule of non-acceptance of any donated controlled and minutes of this meeting exist. This rule should be formalized as policy and included in the procedures manual.

**Observation 8**

Because euthanasia is often performed by one staff member, a control weakness exists in that there is not a second person validating the accuracy of the records.

**Recommendation 8**

To the extent possible, have a second person validating usage at the end of the day. Also, revise the existing logs to capture the initials of two employees, one to record receipt into the new location and one to record the discharge or administration of the substance.

**Status: Implemented**

Management updated the Euthanasia Policy instructing staff that two technicians must be present to perform euthanasia. Signatures are documented in the "Record of Controlled Substance Administered/Dispensed" log.

**Observation 9**

Physical access to the controlled substances at the various transfer locations is adequate.

**Recommendation 9**

As soon as possible, acquire a new locked box for the Surgery area that has two or three key sets.

**Status: Implemented**

Management acquired a new locked box for the Surgery area that has two key sets.

**Observation 10**

Administration of controlled substances during non-working hours displays reasonable patterns. The analyses of controlled substances used by day of the week shows a reasonable pattern as well.

**Recommendation 10**

None.