

**17**

**17A**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

☒ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cardinal Health 414, LLC

Physical Address: 201 Lathrop Way, Suite D, Sacramento, CA 95815

Mailing Address: 7000 Cardinal Place, Q&R Dept. NPHS

City: Dublin State: Ohio Zip Code: 43017

Telephone: 916-648-2192 Fax: 916-648-2193

Toll Free Number: 800-888-8041 (Required per NAC 639.708)

E-mail: Eric.Siu@CardinalHealth.com Website: www.CardinalHealth.com

Managing Pharmacist: Eric Siu License Number: PHY46385

### TYPE OF PHARMACY

### AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☒ ☐ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☒ ☐ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☒ ☐ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?  
see attached Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

*Dawn Harmon*

Original Signature of Person Authorized to Submit Application, no copies or stamps

Dawn Harmon

Print Name of Authorized Person

Date

*1/27/2020*

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Board Use Only

Date Processed: \_\_\_\_\_

Amount: *500.00*

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Cardinal Health Inc

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: Ohio Zip: 43017

Telephone: 614-757-7570 Fax: 614-652-4203

Contact Person: Dawn Harmon

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 06/30/2007

Registration number issued: 2007043108722

Stock Exchange: New York (CAH)

**Hours of Operation for the pharmacy:**

Monday thru Friday 1130 ~~pm~~ am 530 pm Saturday 030 am 1230 pm  
Sunday 030 am 1230 pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

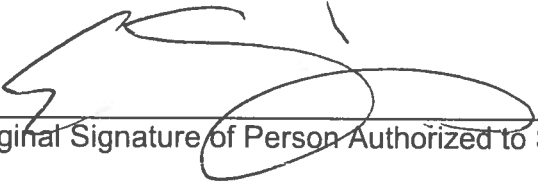
I, Eric Siu

Responsible Person of Cardinal Health 414, LLC (Sacramento, CA)

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Eric Siu

Print Name of Authorized Person

1/16/2020

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF \_\_\_\_\_ )  
 ) ss.  
 \_\_\_\_\_ COUNTY )

I, Eric Siu, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager for Cardinal Health 414, LLC (Sacramento, CA) (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

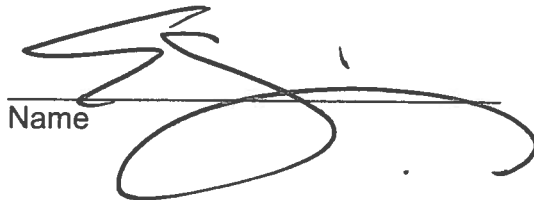
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

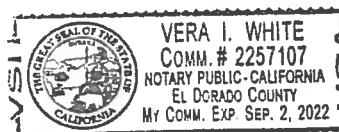
FURTHER AFFIANT SAYETH NOT.

I, Eric Siu, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name



SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
22 day of January, 2020.  
Vera I. White  
 NOTARY PUBLIC



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 414, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2073291 8300

SR# 20200272805

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202185090

Date: 01-14-20





LICENSE NO. PHY 46385  
RECEIPT NO. 00159242

# Retail Pharmacy Permit



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH 414, LLC  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815

05/10/19 The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

-----NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.



LICENSE NO. LSC 99110  
RECEIPT NO. 00159241

## Sterile Compounding License



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH\_414,LLC  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815

05/23/19

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.  
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.



201 Lathrop Way  
Suite D  
Sacramento, California 95815

Officers list

Officer Name	title
Tiffany Olson	President
Paul Gotti	Vice President-Operations
Luis E Garcia	VP Operations
David William Pellicciarini	VP Pharmacy Safety,Practice and Technical Operations NPHS

[Home](#)  
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*The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.*

# BOARD OF PHARMACY

## LICENSING DETAILS FOR: LSC 99110

NAME: CARDINAL HEALTH\_414,LLC  
LICENSE TYPE: STERILE COMPOUNDING PHARMACY  
LICENSE STATUS: CLEAR  
ADDRESS  
201 LATHROP WAY STE D  
SACRAMENTO CA 95815  
SACRAMENTO COUNTY

ISSUANCE DATE  
JULY 28, 2003  
EXPIRATION DATE  
JULY 1, 2020  
CURRENT DATE / TIME  
FEBRUARY 12, 2020  
4:08:55 PM

## LICENSE RELATIONSHIPS

NAME: CARDINAL HEALTH 414,LLC	ADDRESS :
LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)	201 LATHROP WAY STE D
LICENSE NUMBER: 46385 PRIMARY	SACRAMENTO CA 95815
STATUS: CLEAR	SACRAMENTO COUNTY



California State Board of Pharmacy  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Phone: (916) 518-3100 Fax: (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



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February 25, 2020

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy Ste 206  
Reno, NV 89521

**California State Board of Pharmacy License Verification**

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** CARDINAL HEALTH 414, LLC

**License Type:** PHARMACY

**License Number:** PHY 46385

**Status:** ACTIVE

**Issue Date:** 07/25/2003

**Expiration Date:** 07/01/2020

**Address of Record:** 201 LATHROP WAY STE D SACRAMENTO CA 95815

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren  
Executive Officer

By

Barbera Schleicher  
Public Inquiry Analyst  
(916) 518-3081  
[Barbera.Schleicher@dca.ca.gov](mailto:Barbera.Schleicher@dca.ca.gov)




Visit our website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.  
Do not return with application unless it has been completed by the licensing agency.

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**LICENSE VERIFICATION**

Name: <u>Cardinal Health 414, LLC</u> pharmacy license <u>PHY46385</u>	
Address: <u>201 Lathrop Way, Suite D</u>	
City: <u>Sacramento</u>	State: <u>CA</u> Zip: <u>95815</u>
I hereby authorize the <u>California Board of Pharmacy</u> to furnish to the Nevada State Board of Pharmacy, the information requested below.	
Signature of Applicant <u></u>	

**THIS FORM MUST BE FORWARDED TO THE HOME STATE  
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY**

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Has applicant met all licensing requirements of your state? (If no, please explain) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Signature of State Official	Title	State	Date	State Seal



California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## ORDER OF CORRECTION

Date: 5/29/2019

Permit #: LSC99110

Time of Day: 2:36 PM

Name as shown on permit: **CARDINAL HEALTH\_414,LLC**

Address: 201 LATHROP WAY STE D

City: SACRAMENTO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1714(b) Operational Standards and Security Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.  
Top plastic grill on ceiling of hood 3 was cracked. Send correction.
2. CCR 1751.7(b)(1) Sterile Compounding Quality Assurance and Process Validation. The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.  
BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacture directions reviewed, it should be incubated at USP requirements which as 20-25C. Send revised incubation policy and procedure along with plan of correction.



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Sacramento, CA 95834  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



3. BPC 4169(a)(1) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

On 4/26/19, pharmacy acquired dangerous drugs such as Sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction.

4. BPC 4342(a) Actions by Board to Prevent Sales of Preparations or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).

Hetastarch 6% 500ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

*I have reviewed, discussed, understand and received a copy of this form.*

Inspector (sign) \_\_\_\_\_

Inspector (print) Tasha LPR

Date 5/29/19

Signed \_\_\_\_\_

Print Name Eric SJO

Title PIC RPH

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.





California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834  
Phone: (916) 574-7900 Fax: (916) 574-8618  
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## OFFICIAL RECEIPT

May 29, 2019

Receipt Number: 380331

Firm: CARDINAL HEALTH\_414,LLC

Address: 201 LATHROP WAY STE D, SACRAMENTO CA 95815

Permit #: LSC99110

Phone: (916) 648-2181

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
2	Page(s)	Incubation policy
1	Page(s)	Temperature log for March 2019
1	Page(s)	End product testing record for 3/16/19
6	Page(s)	Record of ordering/receiving drugs from Cardinal Health in Glendale Heights

Voluntarily Released for Investigation

Receipt acknowledged by: Eric Sio

PIC RPH  
Title

Inspector: [Signature]

Cardinal Health  
Nuclear Pharmacy Services  
7000 Cardinal Place  
Dublin, OH 43017  
614-757-3174 tel  
614-652-4816 fax



[www.cardinalhealth.com](http://www.cardinalhealth.com)

29 June 2019

Joshua Lee, RPh.  
Inspector  
California State Board of Pharmacy  
1625 N. Market Blvd., Suite N219  
Sacramento, CA 95834  
[joshua.lee@dca.ca.gov](mailto:joshua.lee@dca.ca.gov)

Dear Dr. Lee:

We are in receipt of the Pharmacy Inspection Report dated 29 May 2019 detailing the inspection of our radiopharmacy in Sacramento CA, permit # LSC99110 & PHY46385.

Cardinal Health is fully committed to complying with all applicable California Board of Pharmacy laws and regulations. We are also fully committed to dispensing quality products and to patient safety. We have endeavored to answer completely and fully the observations and areas of concern in the inspection report. Should the Board feel that Cardinal Health has not adequately addressed any of the items, we would welcome the opportunity to meet with Board staff to discuss.

The following deficiencies and alleged deficiencies were noted in the 29 May 2019 report (note that the deficiency or area of concern is listed first, followed by Cardinal Health's response):

**"Order of Correction"**

1. CCR 1714(b) Operational Standards and Security. Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

"top plastic grill on ceiling of hood 3 was cracked. Send correction">

**Response:** The plastic diffuser grill was removed from hood 3.

2. CCR 1751.7(b)(I) Sterile Compounding Quality Assurance and Process Validation  
The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the

manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.

"BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacturer's directions reviewed, it should be incubated at USP requirements which are as 20-25C. Send revised incubation policy and procedure along with a plan of correction."

**Response:** We do not agree that the room temperature was "uncontrolled" as it is reviewed and documented daily. It is our belief that our incubation policy does not require any changes. However, the pharmacy will acquire an additional incubator that will be set to 20-25C for incubation of Trypticase soy broth. This new incubator will be obtained prior to the next time sterility testing is performed.

3. BPC 4169(a)(l) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy "On 4/24/19, pharmacy acquired dangerous drugs such as sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction."

#### Response

- In November 2013, Congress passed the Drug Supply Chain Security Act ("DSCSA"). One of the purposes of the DSCSA was uniform wholesale licensing across all states. DSCSA defined a number of common licensing terms and contained a preemption provision that no state shall continue with any definitions that are inconsistent with the Federal definitions. As of November 27, 2013, the State of California may not continue with any requirements with respect to wholesale licensing that are inconsistent with the Federal law. Excerpts of DSCSA are provided here and the entire law is attached for reference.
  - 21 U.S.C.353(e)(4) *For the purposes of this subsection and subsection (d), the term 'wholesale distribution' means the distribution of a drug subject to subsection (b) to a person other than a consumer or patient, or receipt of a drug subject to subsection (b) by a person other than the consumer or patient, but does not include—*
    - (A) *intracompany distribution of any drug between members of an affiliate or within a manufacturer;*
  - 21 U.S.C. 353(e)(6) **AFFILIATE.** —*For purposes of this subsection, the term "affiliate" means a business entity that has a relationship with a second business entity if, directly or indirectly—*
    - (A) *one business entity controls, or has the power to control, the other business entity; or*
    - (B) *a third party controls, or has the power to control, both of the business entities.*
  - *Federal preemption language:*  
 Chapter V, Subchapter H. SEC. 205: NATIONAL STANDARDS FOR THIRD-PARTY LOGISTICS PROVIDERS; UNIFORM NATIONAL POLICY.  
 SEC. 585. UNIFORM NATIONAL POLICY  
 (b) **WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDER STANDARDS.—**  
 (1) **IN GENERAL.—***Beginning on the date of enactment of the Drug Supply Chain Security Act, no State or political subdivision of a State may establish or continue any standards, requirements, or regulations with respect to wholesale prescription drug distributor or third-party logistics provider licensure that are inconsistent with, less stringent than, directly related to, or covered by the standards and requirements applicable under section 503(e) (as amended by*

*such Act), in the case of a wholesale distributor, or section 584, in the case of a third-party logistics provider.*

- Cardinal Health believes that we were in compliance at the time of the inspection and remains so today.

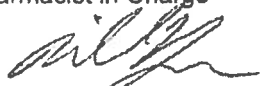
4. Actions by Board to Prevent Sales of Preparation or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).  
"Hetastarch 6% 500 ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

**Response:** The bag of Hetastarch 6% was removed from the refrigerator. We'd like to point out that USP (659) Packaging and Storage Requirements states; "An article for which storage at Controlled room temperature is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label."

We appreciate the consultative, collaborative approach taken by the Board, and we wish to reaffirm our commitment to regulatory compliance and to providing safe and quality radiopharmaceutical care to patients in the Sacramento CA area. Should you have any questions or wish to discuss this reply, please contact me at (614) 757-3174.

Best regards,

Eric K. Siu, PharmD, RPh  
Pharmacist in Charge



Richard L. Green, BSPharm R.Ph. BCNP FAPhA  
Nuclear Pharmacist on NRC's Advisory Committee on the Medical Uses of Isotopes  
Member of the USP Expert Panel authoring <825> Radiopharmaceutical Compounding  
Director of Radiopharmacy Practice

cc: Michael A. Moné, BSPharm, J.D., FAPhA



**California State Board of Pharmacy**  
 1625 N. Market Blvd, N219  
 Sacramento, CA 95834  
 Phone: (916) 574-7900 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



## INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 5/29/2019 Inspector: Joshua Lee

Firm: CARDINAL HEALTH 414,LLC Phone: (916) 648-2181

Address: 201 LATHROP WAY STE D City: SACRAMENTO Zip: 95815

Ownership: CORPORATION

Permit #: LSC99110 PHY46385 Permit Exp: 7/1/2019 DEA#:  DEA Exp:

Date of Self Assessment Form: 5/12/2019 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 2330-1730 Hours Saturday 0130-1230 Hours Sunday: 0130-1230

PIC ERIC K SIU RPH63692 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>JAMES W KORB</u>	<u>RPH43629</u>	<u>ANDREW C FU</u>	<u>TCH23907</u>
	<u>JAMES M BRIGHT</u>	<u>RPH49335</u>	<u>ROSE M KEELER</u>	<u>TCH74031</u>
	<u>ALAN D KIM (SR. DIR OPS)</u>	<u>RPH46730</u>		
	<u>SUNGJIN CHOI (MANAGER)</u>	<u>RPH58391</u>		

### Inspector Remarks:

Annual Sterile Compounding Inspection: Chain closed door nuclear pharmacy. PIC present along with corporate officers and managers. No controlled substances on premise/DEA permit.

Acq: Cardinal Health PET manufacturing in suite D1, BWXT, Jubilant Draximage, Curium,

RD: Stericycle

BOP Emails: Receiving

PDMP: Signed up

Facility: Pharmacy located in suite D. Cardinal PET manufacturing (batch FDG) located in suite D1.

Secured reception

Restroom/break room

Administrative offices/conference room

Volume: About 600 CSPs made daily

CSPs made include FDG patient units, Tc-99 based CSPs such as sestamibi, myoview, pentetate.

Restricted pharmacy room with incubator 33.5C

Sterile Compounding Area:

ISO 8 ante room with refrigerator/freezer combo unit, LOD, gowning supplies, cleaning supplies, sink with hot and cold running water

ISO 7 buffer room with 3 x vertical flow hoods, 1 x ISO 5 hot cell for PET

The following was reviewed: Compounding self-assessment, community pharmacy self-assessment, county of Sacramento medical waste inspection report, rx labeling, documentation of compounding policy review by PIC, end product testing for potency for every CSP, end product testing for sterility done quarterly in house, documentation of training and competency in sterile compounding and manufacture procedure information for incubation.

### Discussion:

17I-3 (10/02)

LSC99110

380331

18 NA



**California State Board of Pharmacy**  
 1625 N. Market Blvd, N219  
 Sacramento, CA 95834  
 Phone: (916) 574-7900 Fax: (916) 574-8618  
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Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



1. Discussed about extended BUD assignment for CSPs.
2. Pharmacy agreed to post the original pharmacy permits in public view.
3. Carabiner in hood 2 needs cleaning.
4. Licensed pharmacy staff must wear nametag with name and license status while on duty
5. Invoice for Cardinal Health PET manufacturing adjacent to pharmacy list address in D1 but the manufacturing facility is in suite D1. Possibly typo. Education provided.
6. Compounding record and master formula need to be a single document. Education provided.

For inquiries regarding the status of your sterile compounding licensure, please use the following:  
[compounding.pharmacy@dca.ca.gov](mailto:compounding.pharmacy@dca.ca.gov)

To complete the inspection, PIC to send Inspector Lee via e-mail (Email [joshua.lee@dca.ca.gov](mailto:joshua.lee@dca.ca.gov)) a response to corrections issued within 30 days

**Licensee Remarks:**

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) \_\_\_\_\_

Pharmacist (print) \_\_\_\_\_

Inspector (sign) \_\_\_\_\_

Owner(sign) \_\_\_\_\_

Inspector (print) \_\_\_\_\_

Owner(print) \_\_\_\_\_

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

*This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites within the last 5 years. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Sacramento, CA, the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.*

Paul Gotti



### **2019- New York State Department of Environmental Conservation**

**Actions Taken:** Consent Order

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Syracuse, NY

**Violation that occurred:** pharmacy did not obtain prior approval before relocating the HVAC system on the roof

**Final Disposition:** signed a consent order. An application to modify the radiation control permit to be submitted regarding the changes in the exhaust system. A Pharmacy Compliance Specialist will be hired. The qualifications, and job responsibilities must be reviewed and approved. In addition, a SOP for all New York licensed pharmacies to follow, that outlines prior approvals for changes must be submitted and approved by the New York State Department of Environmental Conservation.

**Effective date:** 10/11/2019

**Fines:** \$6000.00

### **2019-Rhode Island Board of Pharmacy**

**Actions Taken:** Consent Order

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in E Providence, RI

**Violation that occurred:** pharmacy did not require technicians who compound radiopharmaceuticals to become nationally certified.

**Final Disposition:** signed a consent order. Agreement to have specialized nuclear technicians become nationally certified in addition to their existing specialized examination.

**Effective date:** 08/15/2019

**Fines:** no fine

**2019-US Department of Transportation**

**Actions Taken:** Statement of Violation and Penalty issued

**Location Involved:** National Central Pharmacy-Abilene Nuclear LLC

**Violation that occurred:** Probable violation offered and transported in commerce a DOT specification 7A packaging containing a Class 7 hazardous material without maintaining complete documentation of tests and an engineering evaluation or comparative data

**Final Disposition:** Ticket for Noncompliance

**Effective date:** 03/04/2019

**Fines:** \$1,740.00

**Summary:** During a compliance inspection involving a shipping paper review, it was alleged as a probable violation that the pharmacy transported 7A packaging containing Class 7 hazardous material without maintaining complete documentation.

**2018-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Richmond, VA.

**Violation that occurred:** Wall electrical and data plates were not sealed. The flooring where it meets the wall was not sealed and parts of the wall were not smooth and free from cracks

**Final Disposition:** parties entered into a consent order

**Effective Date:** 01/08/2018

**Fines:** \$2,000

**Summary:**

*The final signed consent order was received referencing the Cardinal Health nuclear pharmacy located in Richmond, VA. Improperly sealed wall electrical and data plates as well as the space where the floor meets the wall. In addition to parts of the wall were not smooth or free from cracks. These were noticed during a Virginia BOP inspection. The issue has been corrected. The pharmacy paid an administrative fine.*



### **2017-Tennessee Board of Pharmacy**

**Actions Taken:** license reprimanded

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Algood, TN

**Violation that occurred:** during a routine inspection, inspector alleged that the pharmacy was non-compliant with some aspects of USP <797>

**Final Disposition:** parties entered into a consent order

**Effective Date:** 03/13/2017

**Fines:** \$2,674.48

**Summary:**

*On March 13, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Algood, TN. During an inspection on April 5, 2016, it was alleged that the pharmacy was non-compliant with USP <797>. The pharmacy was remodeled and was monitored by an independent consultant approved by the Executive Director of the Board of Pharmacy initially and agreed to be monitored for one year. The independent consultant will submit quarterly reports to the Executive Director of the Board of Pharmacy for one year. The pharmacy paid a fine.*

### **2017-California Board of Pharmacy**

**Actions Taken:** citation issued against the pharmacy license

**Location involved:** Cardinal Health 414, LLC, radiopharmacy in Redding, CA

**Violation that occurred:**

Each individual involved in the preparation of sterile injectable products must successfully complete a validation process on technique before being allowed to prepare sterile injectable products.

Equipment used in the designated area or cleanroom must be made of a material which can be easily cleaned and disinfected/Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables and stools, must be disinfected weekly/Operational standards and security; the pharmacy must be maintained in a sanitary condition.

**Final Disposition:** paid the fine

**Effective Date:** 03/28/2017

**Fines:** \$5,000

**Summary:**

*In December 2016, the radiopharmacy in Redding, CA received a citation from the California Board of Pharmacy, for process validation technique not being completed when pharmacists from another California licensed Cardinal Health radiopharmacy came to temporarily work at the Redding location as well as for a window in the pharmacy that had particulates. An area under one of the compounding hoods was also not free of particulates.*

**2017-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Charlottesville, VA

**Violation that occurred:** surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices.

**Final Disposition:** parties entered into a consent order

**Effective Date:** 01/30/2017

**Fines:** \$2,000

**Summary:**

*On January 11, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Charlottesville, VA. The surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices. The facility maintenance department was contacted and the issues corrected. The pharmacy paid an administrative fine.*

**2017-Nevada Board of Pharmacy**

**Actions Taken:** stipulation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Las Vegas, NV.

**Violation that occurred:** A pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016.

**Final Disposition:** parties agreed to a stipulation

**Effective Date:** 01/11/2017

**Fines:** \$500

**Summary:**

*On December 6, 2016, the Nevada Board of Pharmacy notified Cardinal Health of a violation of the Nevada Administrative Code when a pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016. The Pharmacist in Charge as well as the Technician Supervisor were also charged for allowing the technician to work with an expired license. Changes to the software system utilized by Cardinal Health will prevent future occurrences. The pharmacy paid a monetary penalty of \$500*

**2016-Virginia Board of Pharmacy**

**Actions Taken:** citation issued

**Location Involved:** Cardinal Health 414, LLC, radiopharmacy in Virginia Beach, VA.

**Violation that occurred:** Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection.

**Final Disposition:** parties entered into a consent order

**Effective Date:** 08/10/2016

**Fines:** \$2,000

**Summary:**

*On February 4, 2016, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Virginia Beach, VA. Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection. The facility maintenance department was contacted and the issue corrected. The pharmacy paid an administrative fine.*

**17B**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☒ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 915 Airway Avenue, Suite B, Kingman, AZ 86409

Mailing Address: 3140 Neil Armstrong Blvd., Suite 110

City: Eagan State: MN Zip Code: 55121

Telephone: 928-377-1741 Fax: 928-271-8550

Toll Free Number: 1-866-458-0136 (Required per NAC 639.708)

E-mail: licencoordinator@genoahealthcare.com Website: www.genoahealthcare.com

Managing Pharmacist: Courtney Miller License Number: S014257

### TYPE OF PHARMACY **AND**

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☒ ☐ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

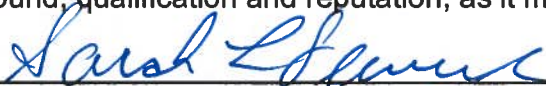
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

**If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Sarah Fenwick - VP Network Contracts

Print Name of Authorized Person

Date

11/21/19

Page 2

Board Use Only

Date Processed:

2.11.2020

Amount:

500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Pennsylvania  
 Parent Company if any: Specialized Pharmaceuticals, Inc.  
 Corporation Name: Genoa Healthcare LLC  
 Mailing Address: 3140 Neil Armstrong Blvd., Suite 110  
 City: Eagan State: MN Zip: 55121  
 Telephone: 253-218-0830 Fax: 253-217-4306  
 Contact Person: Joy Kunz - Implementing Licensing Paralgeal

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: July 15, 2009  
 Registration number issued: 27-0556097  
 Stock Exchange: KNYS:UNH

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8:00</u> am	<u>5:00</u> pm	(closed for lunch 12:00 -1:00 pm)	Saturday	Closed --	On-call
					<u>      </u> am	<u>      </u> pm
Sunday	Closed --	On-call		24 Hours	After hours service	
	<u>      </u> am	<u>      </u> pm				

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Specialized Pharmaceuticals, Inc.

Business Name: Genoa Healthcare LLC

Current Business Address: 707 Grady Way , Suite 700

City: Renton State: WA Zip Code: 98057

Telephone: 253-218-0830 Fax: 253-217-4306

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name:  %:

Name:  %:

Name:  %:

**Hours of Operation for the pharmacy:**

Monday thru Friday	8:00 am	5:00 pm	(Closed for lunch 12:00 - 1:00 pm)	Saturday	Closed - On Call	am	pm
Sunday	Closed - On Call	am	pm	24 Hours	After Hours Service		

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sarah Fenwick  
Responsible Person of Genoa Healthcare LLC  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law  
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)  
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a  
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)  
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision  
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Sarah Fenwick - VP Network Contracts  
Print Name of Authorized Person

11/21/19  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MINNESOTA )  
 ) ss.  
DAKOTA COUNTY )

I, Courtney Miller, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager for Genoa Healthcare LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Courtney Miller, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Courtney Miller, PharmD  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
5<sup>th</sup> day of December, 2019.

[Signature]  
 NOTARY PUBLIC

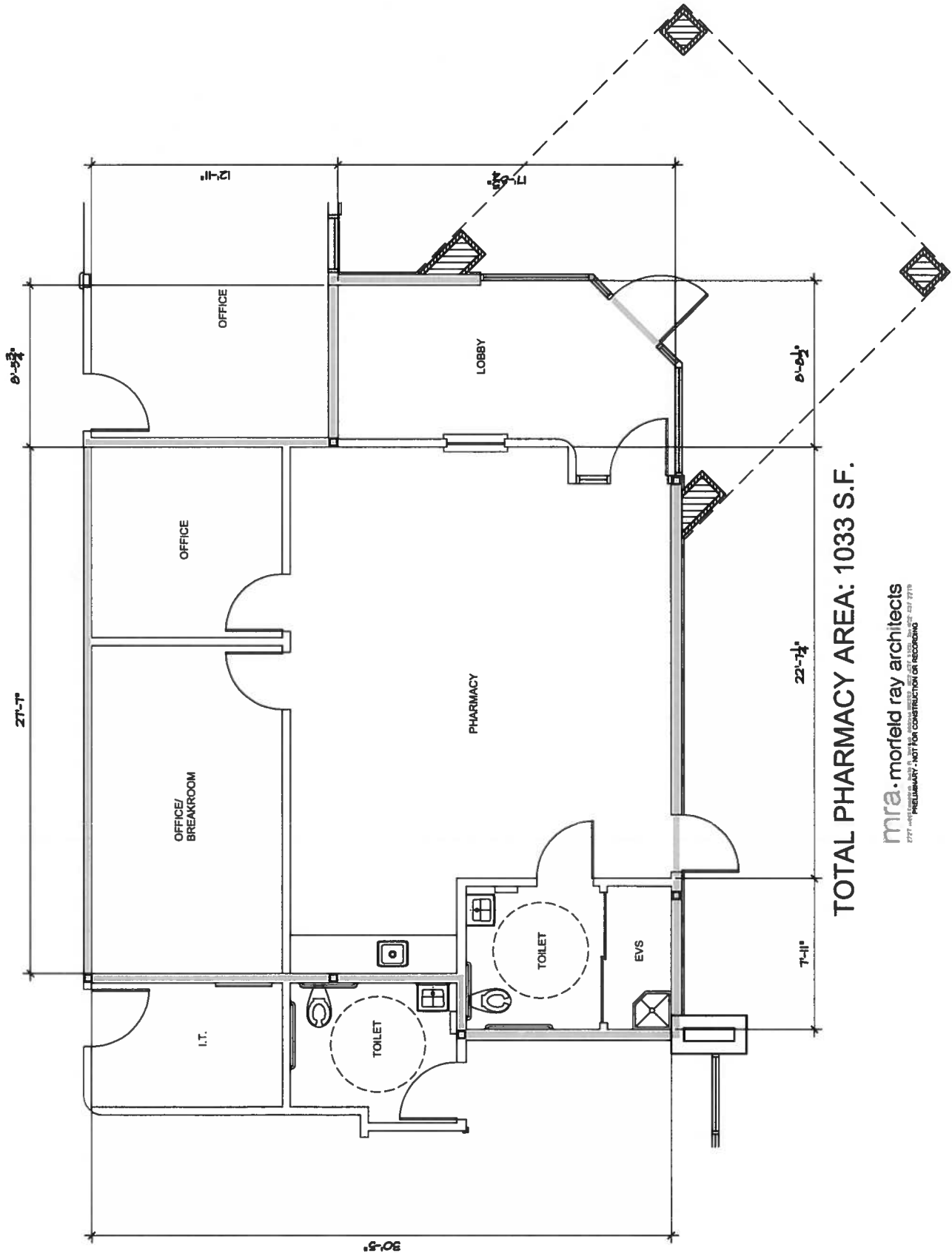


Owner	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%	25-1868213	707 S. Grady Way, Suite 700 Renton, WA 98057

**Officers and Directors of the Board**  
**FEIN: 27-0556097**

Name	Title	Business Address & Phone	% Interest	Professional License Type; Number; State Issued
Mark James Peterson	Manager	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Thomas Mullin (NMN)	Manager	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	N/A
Mark James Peterson	CEO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Andrew Phillip Voss	CFO	707 S. Grady Way Ste 700 Renton, WA 98057 253-218-0830	0	N/A
William Robert Guptail	COO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	N/A
Karen Elizabeth Peterson	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Pharmacist, 051293213, IL Attorney, 6323320, IL Attorney, 4102158, NY Attorney, 19229, IA - inactive Pharmacist, 0202011356, VA - inactive Pharmacist, RPH-0008879, OR - inactive Pharmacist, 045653, NY - inactive
Kirsten Colleen Hines	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 6203446, IL
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 033151X, MN Attorney, 34220, CO - inactive
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Residential Real Estate Salesperson, 545646,MN NASD Series 7 & 63 Unknown; DC NASD Series 24 Unknown; DC

\* Officers have 0% ownership in Genoa Healthcare, LLC



mra·morfeld ray architects  
2771 14TH AVENUE, SUITE 217  
DENVER, CO 80202  
TEL: 303.733.1234  
WWW.MRA-MORFELD.COM

(QUESTION 3)

Within the last five (5) years:

Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes

*Genoa has been subject to the following Disciplinary Action:*

**Oregon Board of Pharmacy (2018) – Salem, Oregon (Case No. 2017-0523):** Disciplinary action alleging an apparent failure to have a PIC at the Salem, OR pharmacy site for a period of six weeks in 2017. Although the site did have a PIC in place at all time, a requisite form documenting a change in PIC was not timely filed by the temporary PIC, creating a gap in Board of Pharmacy online filings. A Consent Order was received by the Oregon Board of Pharmacy on July 30, 2018 and a \$6,000 fine was paid.

**Arizona State Board of Pharmacy (2019)—Gilbert, Arizona (Case No. 2018-0080):** Disciplinary action alleging a failure of not complying with the Arizona state regulations regarding “shared” after-hours pharmacy service following a routine pharmacy inspection on March 5, 2018. In particular, the appropriate notice to customers as to the after-hours pharmacy service Genoa was using there was not sufficient policies and procedures regarding such service. There was no allegation that patient care was impacted. A new after-hours vendor was put in place and we have educated our pharmacies to ensure that patients are aware that their after-hour needs are being met by another pharmacy service that has compliant policies and procedures regarding “shared services”. A Consent Order was received by the Arizona State Board of Pharmacy in March 2019 and a \$500 fine was paid.


**Arizona State Board of Pharmacy**

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

April 11, 2019

Genoa Healthcare, LLC  
 Attn: Ms. Kathleen McGuan  
 18300 Cascade Ave S Suite 251  
 Tukwila, WA 98188

Re: Consent Agreement for Civil Penalty – Board Case No. 18-0080

Dear Ms. McGuan,

Please find enclosed a copy of the Consent Agreement for Civil Penalty in Board Case No. 18-0080. After the Consent Agreement was signed, staff discovered a typographical error. Specifically, the permit number on page 1, line 13 was incorrect. Staff corrected the error and replaced page 1 of the document. The corrected permit number was the only change made to the document.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Kamlesh Gandhi  
 Executive Director

KG/jcm

Enclosure

7018 2290 0001 9383 4973

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Genoa Healthcare, LLC Attn: Ms. Kathleen McGuan 18300 Cascade Ave S Suite 251 Tukwila, WA 98188	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark Here

1 MARK BRNOVICH  
 Attorney General  
 2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN  
 Assistant Attorney General  
 4 State Bar No. 015072  
 2005 North Central Ave. SGD/LES  
 5 Phoenix, Arizona 85004  
 Tel: (602) 542-7983  
 6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8  
**BEFORE THE ARIZONA STATE BOARD OF PHARMACY**  
 9

10 In the Matter of

Board Case No. 18-0080

12 **Genoa Healthcare, LLC, #20120,**

**CONSENT AGREEMENT  
 FOR CIVIL PENALTY**

13 Permit No. Y007067  
 As a Licensed Pharmacy  
 14 In the State of Arizona

15  
 16 In the interest of a prompt and judicious settlement of this case, consistent with the  
 17 public interest, statutory requirements and the responsibilities of the Arizona State Board  
 18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Genoa Healthcare, LLC,  
 19 #20120 ("Respondent"), holder of permit no. Y007067 as a licensed pharmacy in the  
 20 State of Arizona and the Board enter into the following Recitals, Findings of Fact,  
 21 Conclusions of Law and Order ("Consent Agreement") as a final disposition of this  
 22 matter.

23  
 24 **RECITALS**  
 25  
 26

1           1.     Respondent has read and understands this Consent Agreement and has had  
2 the opportunity to discuss this Consent Agreement with an attorney, or has waived the  
3 opportunity to discuss this Consent Agreement with an attorney.

4           2.     Respondent understands that it has a right to a public administrative hearing  
5 concerning this matter at which hearing it could present evidence and cross examine  
6 witnesses. By entering into this Consent Agreement, Respondent knowingly and  
7 voluntarily relinquishes all right to such an administrative hearing, as well as rights of  
8 rehearing, review, reconsideration, appeal, judicial review or any other administrative  
9 and/or judicial action, concerning the matters set forth herein.

10          3.     Respondent affirmatively agrees that this Consent Agreement shall be  
11 irrevocable.

12          4.     Respondent understands that this Consent Agreement or any part of the  
13 agreement may be considered in any future disciplinary action by the Board against it.

14          5.     Respondent understands this Consent Agreement deals with Board  
15 Complaint No. 18-0080 involving allegations of unprofessional conduct against  
16 Respondent. The investigation into these allegations against Respondent shall be  
17 concluded upon the Board's adoption of this Consent Agreement.

18          6.     Respondent understands that this Consent Agreement does not constitute a  
19 dismissal or resolution of any other matters currently pending before the Board, if any,  
20 and does not constitute any waiver, express or implied, of the Board's statutory authority  
21 or jurisdiction regarding any other pending or future investigation, action or proceeding.

22          7.     Respondent also understands that acceptance of this Consent Agreement  
23 does not preclude any other agency, subdivision, or officer of this State from instituting  
24 any other civil or criminal proceedings with respect to the conduct that is the subject of  
25 this Consent Agreement.  
26



1           8.     Respondent acknowledges and agrees that, upon signing this Consent  
2 Agreement and returning this document to the Board's Executive Director, it may not  
3 revoke acceptance of the Consent Agreement or make any modifications to the document  
4 regardless of whether the Consent Agreement has been signed by the Executive Director.  
5 Any modification to this original document is ineffective and void unless mutually agreed  
6 by the parties in writing.

7           9.     This Consent Agreement is subject to the approval of the Board and is  
8 effective only when accepted by the Board and signed by the Executive Director. In the  
9 event that the Board does not approve this Consent Agreement, it is withdrawn and shall  
10 be of no evidentiary value and shall not be relied upon nor introduced in any action by  
11 any party, except that the parties agree that should the Board reject this Consent  
12 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the  
13 Board was prejudiced by its review and discussion of this document or any records  
14 relating thereto.

15          10.    If a court of competent jurisdiction rules that any part of this Consent  
16 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement  
17 shall remain in full force and effect.

18          11.    Respondent understands that this Consent Agreement is a public record that  
19 may be publicly disseminated as a formal action of the Board and may be reported as  
20 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
21 Protection Data Bank.

22          12.    Respondent understands that any violation of this Consent Agreement  
23 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-  
24 1901.01(A)(19) and A.R.S. §32 – 1927.02(A) (1).

1           13.    Respondent agrees that the Board will adopt the following Findings of Fact,  
2 Conclusions of Law and Order.

3  
4 ACCEPTED AND AGREED BY RESPONDENT

5   
6

Dated: 3/27/19

7 On Behalf of  
8 Genoa Healthcare, LLC,  
Permit Holder NO. Y007067

9  
10 **FINDINGS OF FACT**

11           1.    The Board is the duly constituted authority for licensing and regulating the  
12 practice of pharmacy in the State of Arizona.

13           2.    Respondent is Genoa Healthcare, LLC, #20120, holder of permit no.  
14 Y007067, to operate as a pharmacy in the State of Arizona. At all relevant times,  
15 Respondent was located at 5222 East Baseline Rd, Gilbert, AZ 85234.  
16

17           3.    On or about March 5, 2018, Board staff conducted a routine inspection of  
18 Respondent's premise. In response to staff's question about delivery services,  
19 Respondent's PIC, Mr. Kyle Clonts, responded that Genoa Healthcare, LLC, #20120  
20 utilized Medcall to answer after-hours patient questions, noting that Medcall had access  
21 to patient profiles. In addition, it was revealed that Medcall was able to transfer  
22 prescriptions for patients after hours from Genoa to the pharmacy of choice.  
23  
24  
25  
26

1       4.     At the time of inspection, the PIC was unable to produce the shared  
2 services agreement with Medcall or the Respondent's policies and procedures relating to  
3 shared services.

4       5.     Subsequent to the investigation, the Respondent provided what it believed  
5 to be the appropriate shared services agreement, however, upon further review it was  
6 determined that the contract with Medcall listed only two Genoa Arizona locations.

7       6.     Additionally, the permit on file with the Board is Y004817 and belongs to  
8 Homemed. There is no permit for Medcall that would allow it to conduct pharmacy  
9 business in the State of Arizona.  
10

11       7.     Subsequent to the inspection, Respondent notified the Board that it has  
12 discontinued using Medcall to ensure compliance with Arizona regulations.  
13

14  
15                   **CONCLUSIONS OF LAW**  
16

17       1.     The Board possesses jurisdiction over the subject matter and over  
18 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

19       2.     The Board may discipline a permittee who has engaged in unprofessional  
20 conduct. A.R.S. § 32-1927.02(A) (1).

21       3.     The conduct and circumstances described above constitutes unprofessional  
22 conduct pursuant to A.R.S. § 32-1901.01(A)(5) as it relates to Arizona Administrative  
23 Code R4-23-621(A), (B)(2) and (C)(a) and (b).  
24  
25  
26

**ORDER**

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of **\$500.00 for not having complied with shared services regulations by providing advance notice to patients that their orders would be filled by a shared service pharmacy and having adequate policies and procedures regarding shared services.** The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. If the Board determines that Respondent has not complied with **all** the requirements of this Consent Agreement, the Board, in its sole discretion, may institute proceedings for noncompliance with this Consent Agreement, which may result in the suspension or revocation of Respondent's permit. Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(A)(19), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director."

3. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

4. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

1 DATED this 11<sup>th</sup> day of April, 2019.

2  
3 (Seal)

ARIZONA STATE BOARD OF PHARMACY

4  
5  
6 By: 

7 KAMLESH GANDHI, PharmD  
8 Executive Director

9 ORIGINAL OF THE FORGOING FILED  
10 this 11<sup>th</sup> day of April, 2019, with:

11 Arizona State Board of Pharmacy  
12 1616 W. Adams Street  
13 Phoenix, Arizona 85007

14 EXECUTED COPY OF THE FOREGOING MAILED  
15 BY CERTIFIED MAIL  
16 this 11<sup>th</sup> day of April, 2019, to:

17 Genoa Healthcare, LLC  
18 Attn: Ms. Kathleen McGuan  
19 18300 Cascade Ave. S., Ste. 251  
20 Tukwila, WA 98188

21 EXECUTED COPY OF THE FOREGOING MAILED  
22 this 11<sup>th</sup> day of April, 2019, to:

23 Jeanne M. Galvin  
24 Assistant Attorney General  
25 2005 North Central Ave., SGD/LES  
26 Phoenix, Arizona 85004  
Attorneys for the Board

  
Doc #7078160

RECEIVED

JUL 30 2013

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the ) Case No. 2017-0523  
Drug Outlet Registration of )  
GENOA HEALTHCARE, LLC ) CONSENT ORDER  
Registrant )

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

WHEREAS, the registrant admits that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$6,000, said payment to be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

<p><u>Kathleen McMan</u>  Authorized Representative  GENOA Healthcare, LLC  Registrant (Reg. No. RP-0002461)</p>	<p><u>7-27-2018</u>  Date</p>
------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

<p><u>Brianne Efremoff</u>  Brianne Efremoff, Pharm.D., R.Ph.,  Compliance Director</p>	<p><u>7/31/18</u>  Date</p>
-------------------------------------------------------------------------------------------------	---------------------------------

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the	)	Case No. 2017-0523
Drug Outlet Registration of	)	
	)	
GENOA HEALTHCARE, LLC	)	NOTICE OF PROPOSED
	)	DISCIPLINARY ACTION;
	)	ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002461 because Genoa Healthcare, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Genoa Healthcare, LLC, located at 3180 NE Center St Ste 3360 in Salem, OR did not have a pharmacist-in-charge from on or about June 10, 2017 through July 31, 2017, in violation of OAR 855-041-1010(1) and OAR 855-019-0300(1), which is grounds for discipline and imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(e)(B), 689.832(1) and 689.445(1)(d).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of \$1,000 per violation.

### HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the



Board issues a final order by default, it designates its file on this matter as the record.

### ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

#### Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

- (1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:
  - (a) An admission or denial of each factual matter alleged in the notice;
  - (b) A short and plain statement of each relevant affirmative defense the party may have.
- (2) Except for good cause;
  - (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
  - (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
  - (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
  - (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

  
Brianne Efremoff, Pharm.D, R.Ph.,  
Compliance Director

2/15/18  
Date

DATE OF MAILING 2-16-2018

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

11/21/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Genoa Healthcare LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathly Bookman*

Secretary of the Commonwealth

Certification Number: TSC191121121127-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 [www.azpharmacy.gov](http://www.azpharmacy.gov)

### CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/permit but serves as the primary source of verification.**

<b>Name :</b>	Genoa Healthcare LLC
<b>Address :</b>	915 Airway Ave Suite B Kingman AZ 86409
<b>License No :</b>	Y007796
<b>Permit Type :</b>	Pharmacy
<b>Sub Type :</b>	Chain
<b>Date Issued :</b>	10/25/2018
<b>Expiration Date :</b>	10/31/2021
<b>Status :</b>	OPEN
<b>Discipline :</b>	No

**Kam Gandhi**

Executive Director  
Arizona State Board of Pharmacy

Date: 12/16/2019



ARIZONA STATE BOARD OF PHARMACY  
P.O. Box 18520 Phoenix, AZ 85005  
602-771-ASBP (2727)  
FAX: 602-771-2749  
<http://www.azpharmacy.gov>

1064

Receipt Date: 09/30/2019  
Receipt Number: 201969776  
Receipt Amount \$: 480.00

# Pharmacy - Chain

Closed Door, Long Term Care, Retail

PERMIT NO  
Y007796

EXPIRES  
10/31/2021

Issued to :

Genoa Healthcare LLC  
Genoa Healthcare LLC  
3140 NEIL ARMSTRONG BLVD. SUITE 110  
EAGAN, MN 55121

Genoa Healthcare LLC  
915 AIRWAY AVE SUITE B  
KINGMAN, AZ 86409

*Sam Gandhi*  
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY  
P.O. Box 18520  
Phoenix, AZ 85005  
602-771-ASBP (2727)  
FAX: 602-771-2749



## WALLET CARD

NAME : Genoa Healthcare LLC  
LICENSE NUMBER : Y007796  
EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

### LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law. You are required by law to notify the Board of any home address and/or employment change within 10 business days.

### PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-001 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law.

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.