

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to revoke Tara Hsiung's Pharmacy Technician's License.

Second: Tallie Pederson

Aye: Blomstrom, Desmond, Pederson, Wentworth

Nay: Basch, Penrod

Action: Motion Carried

7. Application for Pharmacist License by Reciprocation

Genda Zareei

Genda Zareei appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Zareei explained that she worked as a hospital pharmacist from 1991 up until her discipline by the South Carolina Board of Pharmacy in 2011. She stated that she is currently teaching at a pharmacy technology program in California.

Ms. Zareei explained that the discipline against her South Carolina Pharmacist license occurred in 2011, when a duplicate label was printed for her Tramadol prescription. The error resulted in Ms. Zareei receiving an unauthorized refill and removing the medication from the pharmacy. After discovering the unauthorized refill, Ms. Zareei reported to the Recovering Professional Program and received outpatient treatment at the South Carolina Board of Pharmacy's recommendation.

Ms. Zareei answered questions to the Board's satisfaction.

The Board expressed concern that Ms. Zareei has not practiced as a pharmacist in 4 years.

Ms. Zareei explained that she also applied for her Pharmacist license in California, which was denied based on the 2011 disciplinary action in South Carolina. She stated that she is currently in the process of appealing that decision.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Pharmacist License by Reciprocation for Genda Zareei pending successful completion of the PARE exam.

Mr. Wentworth offered a friendly amendment to include Ms. Zareei submitting 30 hours of CE to Board Staff.

Ms. Blomstrom accepted the friendly amendment

Mr. Pinson recommended to alter the motion from pending successful completion to pending passing the PARE exam.

Mr. Wuest recommended including the option for Ms. Zareei to pass the Naplex exam.

Ms. Blomstrom accepted Mr. Pinson's and Mr. Wuest's recommendations.

Second: Kevin Desmond

Action: Passed unanimously

8. Request for Pharmacist License by Examination – Appearance

Karen A. Kinan

Karen Kinan appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Kinan stated that she appeared before the Board to get permission to take the Naplex exam. Ms. Kinan explained that she is a recovering alcoholic and addict.

Larry Espadero, Director of PRN-PRN, was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Espadero explained that he provided a letter from the Director of PRN-PRN in Georgia.

Mr. Pinson recapped Ms. Kinan's history with the Board. He explained that she has been revoked by 4 different Board Presidents, was addicted to drugs, alcohol, and gambling, was fined \$20,000.00, which remains unpaid, and was ordered to undergo psychiatric evaluation.

Ms. Kinan explained that she applied for a Pharmacist License in Georgia, but the Georgia Board of Pharmacy won't consider her application until she resolves all outstanding disciplinary action with the Nevada State Board of Pharmacy.

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Genda Middle: Anita Last: Zareei

Mailing Address: 39469 Gallaudet Dr #314

City: Fremont State: Ca Zip Code: 94538

Telephone

E-mail Address:

Date of Birth:

Place of Birth: Anderson SC

Social Security Number

Sex: M or F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: SC 7837 Date of Issuance: 1/2/1992

College of Pharmacy Information

Graduation Date: 06/07/1991
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Mercer University

Location of School: Atlanta Ga

If you are a foreign graduate you must attach a copy of your FPGE certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: 2/25/15 Amount: \$330.00 Entity #: 83519

Laws _____ MPJE 10/13

Other states where you are (or were) licensed as a pharmacist or print "none"

| | | | | | |
|-------|-------|---|-------|-------|--|
| State | Lic # | Is the license active? | State | Lic # | Is the license active? |
| Ga | 16963 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Attach separate sheet if needed

| | |
|---|----|
| Yes | No |
| <p>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:</p> | |

| | | | | | |
|---------------------------------|-------|----------|--------------|--------|-------|
| Board Administrative Action: SC | State | Date: | Case #: | | |
| Board of Pharmacy | SC | 6/3/2012 | OIE #2011-18 | | |
| Criminal Action: | State | Date: | Case #: | County | Court |
| | | 1/1 | | | |

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?..... Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?..... Yes No

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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Menda Anita Zaree
Original Signature, no copies or stamps accepted

2/15/2015
Date

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION
BEFORE THE STATE BOARD OF PHARMACY**

IN THE MATTER OF:

GENDA ZAREEI, R.Ph.,
License No.: PH. 7837

RESPONDENT.

ORDER

This matter is before the Board pursuant to the petition of the Respondent. Genda Zareei, Respondent, is requesting release of her June 13, 2012, Consent Agreement. At its meeting on November 20, 2013, the Board considered this request with a quorum present. Applicant appeared without counsel and offered testimony to supplement her request. The Board voted to grant Respondent's request.

FINDINGS OF FACT

1. Respondent is licensed as a Pharmacist in South Carolina, with license number 7837.
2. Respondent voluntarily entered into the Consent Agreement on June 13, 2012.
3. Respondent has successfully completed the terms of her Consent Agreement, which included placing her license a in probationary status for a period of 1 year from the effective date of the Consent Agreement.

CONCLUSIONS OF LAW

Having testified and supplied the Board with evidence that she has fulfilled the terms of her Consent Agreement, Respondent's request is hereby GRANTED and her license is returned to good standing.

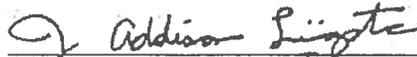
THEREFORE, IT IS ORDERED that:

1. Respondent's petition for release is GRANTED.

AND IT IS SO ORDERED.

**SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING & REGULATION**

STATE BOARD OF PHARMACY



**J. ADDISON LIVINGSTON, R.Ph., PharmD
Chairman**

January 7, 2014.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

GENDA A. ZAREEI
License No. PH.7837

OIE # 2011-18

Respondent

CONSENT AGREEMENT

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below.

FINDINGS OF FACT

1. Respondent was licensed as a pharmacist at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent was a pharmacist at Cannon Memorial Hospital, located at 123 W.G. Acker Drive, in Pickens, South Carolina 29671. On April 6, 2011, Respondent admitted that she removed quantity of Tramadol from the hospital. DHEC took action against the Respondent as a result of this conduct. Respondent reported to the Recovering Professional Program (hereinafter "RPP") and received outpatient treatment.
 - b. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-86(DD)(5) and 40-1-110(1)(f) and (g)(Supp. 2010).
3. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and 40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understand and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent's license shall hereby be reinstated on the effective date of this Consent Order. Thereafter, Respondent's license shall be suspended; however, such suspension shall be immediately stayed and Respondent's license will continue uninterrupted in a probationary status, contingent upon Respondent's compliance with the following terms and conditions, which shall remain in effect for a period of not less than one (1) year and until further Order of the Board:
 - a. Respondent shall pay a fine of Two Hundred Fifty Dollars (\$250.00). The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate temporary suspension of the Respondent's license to practice as a pharmacy in this State until such amount is paid in full.
 - b. Respondent shall not act as a pharmacist-in-charge or permit holder during the effective dates of this Consent Agreement.
2. Respondent shall promptly advise this Board in writing of any changes in address, practice, professional status, or any other factors affecting compliance with this Consent Agreement. Correspondence and copies of reports and notices mentioned herein shall be directed to:

LLR-Board of Pharmacy
P.O. Box 11927
Columbia, SC 29211-1927
3. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
4. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's license to practice as a pharmacist may be immediately administratively suspended pending compliance. Non-compliance may

result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement.

5. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of pharmacy.
6. Respondent shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Respondent's practice and compliance with the provisions of this Consent Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's practice, and it is Respondent's responsibility to comply with all reasonable requests in a timely fashion. Failure to comply with such requests is a violation of this Consent Agreement, and may result in the immediate temporary suspension of Respondent's license to practice pharmacy, pending a hearing and until further Order of the Board.
7. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
8. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel. Respondent's probationary period will run from the date of her participation agreement as set forth herein above.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

June 13, 2012
Date

Joseph D. Bushardt
Chairman of the Board

WE CONSENT:

Genda A Zareei

GENDA A. ZAREEI

Respondent

5-23-12

Date

W.A.

WITNESS OR ATTORNEY

5-23-12

Date

PATRICK D. HANKS

Assistant General Counsel

South Carolina Department of Labor,

Licensing & Regulation

Date

