

10/21

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Physical Address: 13825 Cerritos Corporate Drive, Ste A, Cerritos, CA 90703

Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895

City: Cerritos State: CA Zip Code: 90703

Telephone: 562-229-3500 Fax: 562-229-3590

Toll Free Number: 888-678-0505 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com Website: _____

Managing Pharmacist: Katrina Nguyen License Number: RPH59998

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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.

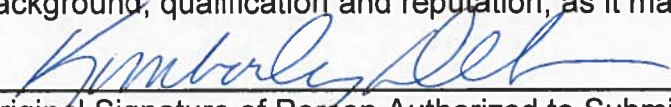
Within the last five (5) years:

- 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

Kimberley M. DeSousa

Print Name of Authorized Person

Date

10/16/19

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: Omnicare Holding Company
Mailing Address: One CVS Drive
City: Woonsocket State: RI Zip: 02895
Telephone: 401-770-6431 Fax: 401-216-0381
Contact Person: Kimberley Desousa

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) N/A - Omnicare Holding Company - 100% owner
Name Address
 - b) _____
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? .01
- 4) What date did the corporation actually receive the cash assets? 1/27/1998
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm
Sunday _____am _____pm 24 Hours X

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

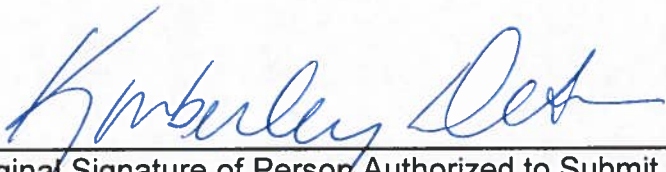
I, Kimberley M. DeSousa

Responsible Person of Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

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

Kimberley M. DeSousa, Assistant Secretary

Print Name of Authorized Person

10/16/15
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Los Angeles COUNTY)

I, Katrina Nguyen, 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 Pharmacist-in-Charge for Omnicare of Cerritos (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, Katrina Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
___ day of ___, 20__.

NOTARY PUBLIC

Katrina
Name KATRINA NGUYEN

Please see attached for
CA Gov't Code 8202
compliant jurat.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Los Angeles

Subscribed and sworn to (or affirmed) before me on this

8th day of October

20

19

by

Katrina Nguyen

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

[Signature]

(Seal)



OPTIONAL INFORMATION

INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit for out of state

(Title or description of attached document)

Pharmacy license

(Title or description of attached document continued)

Number of Pages 01 Document Date —

Unnicated Certificates

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



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

Retail Pharmacy Permit

LICENSE NO. PHY 54226
RECEIPT NO. 00159874

VALID UNTIL AUGUST 01, 2020

OMNICARE OF CERRITOS
13825 A & A2 CERRITOS CORP. DR
CERRITOS CA 90703

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.

06/06/19
06/06/19

The official status of this license can be verified at www.pharmacy.ca.gov

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

EVERGREEN PHARMACEUTICAL OF CALIFORNIA
13825 A & A2 CERRITOS CORP DR
CERRITOS, CA 90703-0000



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|--|------------------------------|-------------|
| BE9471652 | 10-31-2021 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N, 3,3N,4,5 | CHAIN PHARMACY | 08-15-2017 |
| EVERGREEN PHARMACEUTICAL OF CALIFORNIA OMNICARE OF CERRITOS 13825 A & A2 CERRITOS CORP DR CERRITOS, CA 90703-0000 | | |

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

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| | |
|--------------------|---|
| Entity Name | Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos |
|--------------------|---|

Corporate Officers

| Management Name | Title | % of Ownership | Business Address | Telephone |
|-----------------------|---------------------|----------------|-------------------------------------|--------------|
| Moffatt, Thomas S. | President/Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| DeNale, Carol A. | SVP and Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Temple Cecilia | Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Beaulieu, Sheelagh | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Clark, Jeffrey E. | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Buchanan-Wood, Carrie | Assistant Treasurer | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Cimbron, Linda M. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| DeSousa, Kimberley M. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |
| Luker, Melanie K. | Assistant Secretary | 0 | One CVS Drive, Woonsocket, RI 02895 | 401-765-1500 |



BOARD OF PHARMACY

ISSUANCE DATE
AUGUST 5 2016
EXPIRATION DATE
AUGUST 1 2020
CURRENT DATE / TIME
OCTOBER 4 2019
7 24 26 AM

LICENSING DETAILS FOR: PHY 54226

NAME: OMNICARE OF CERRITOS
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR 

ADDRESS
13825 A & A2 CERRITOS CORP DR
CERRITOS CA 90703
LOS ANGELES COUNTY

LICENSE RELATIONSHIPS

NAME: OMNICARE OF CERRITOS
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 100935 **PRIMARY STATUS:** CLEAR

ADDRESS :
13825 A & A2 CERRITOS CORPORATE DR
CERRITOS CA 90703
LOS ANGELES COUNTY

NAME: NGUYEN KATRINA KLEIN
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 99998 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EVERGREEN PHARMACEUTICAL OF CALIFORNIA, INC.

FILE NUMBER: C2067811
FORMATION DATE: 01/27/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 03, 2019.

ALEX PADILLA
Secretary of State

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| | |
|---|---|
| Citation Number CI 2014 63230 | Name, License No. OMNICARE OF CERRITOS, PHY 46722 (Cancelled) |
|---|---|

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMOUNT OF FINE |
|-----------------------------------|--|-----------------------|
| CCR, Title 16, § 1793.7 subd. (f) | Requirements for pharmacies employing pharmacy technicians; pharmacist to technician ratio | \$5,000.00 |

CONDUCT:

California Code of Regulations section 1793.7 subsection (f) states for the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Omnicare of Cerritos, PHY 46722 was non-compliant. Specifically, during an inspection conducted on 5/2/2016, Omnicare of Cerritos, PHY 46722 located at 13825 A & A2 Cerritos Corp Dr., Cerritos CA, had nine technicians performing job duties of a technician under the supervision of three pharmacists as seen in highlighted portions of table below. The ratio was less than one pharmacist on duty for a total of two technicians on duty. This is a violation of pharmacy law.

Table showing employee location and activity as observed by Inspector Patell between 2 pm and 3.30 pm on 5/2/2016:

| NAME OF EMPLOYEE | LICENSE NUMBER | AREA OBSERVED IN | TASKS BEING PERFORMED |
|---------------------------|-----------------------|-------------------------|---|
| Alvyda Bobineine | TCH83997 | PV2 | Pouring liquid into labeled bottle |
| Caridad Arrogante | TCH15507 | PV2 | Bubble packing |
| Christopher Cortez | TCH104873 | IV order entry | Stocking pumps |
| Dante Bautista | TCH59833 | PV2 | Placing order for drugs/supplies |
| Desiree Gutierrez | Externship trainee | PV2 | Putting away order |
| Gricelda Valencia Morales | TCH131814 | PV2 | Bubble packing |
| Hung Hsien Lin | TCH128081 | IV order entry | Inputting in computer |
| Juan C Carrillo | TCH37504 | IV preparation | Staging drugs and supplies for patient-specific compounding |
| Jung Kang | Externship trainee | PV2 | Putting away order |
| Lida Datamalchi | TCH58012 | PV2 | At computer, doing returns |
| Linh K Hua | TCH57651 | PV2 | Labeling e-kits and |

| | | | |
|----------------------|-----------|----------------|--|
| | | | logging them out to go to facilities |
| Manuel Santana Gijon | TCH143390 | IV order entry | Inputting in computer |
| Matthew L Mena | TCH143390 | IV preparation | Staging drugs and supplies for patient- specific compounding and later, in garbed and in ISO 7 IV room |
| Ngoc T Le | TCH89886 | PV2 | Bubble packing |
| Phoemsuk N To | TCH127767 | PV2 | Bubble packing |
| Saul Mendoza | TCH60126 | PV2 | Bubble packing |
| Shannon M Dunn | TCH44408 | PV2 | Labeling bubble packs- filling |

CITATION ISSUED ON: November 22, 2016

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: December 22, 2016

2068C

OMNICARE PHARMACY OF PUEBLO, L

Page 1 of 1

CHECK NO. 10884069

| PO VEND | INVOICE NO. | INV. DATE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|-------------|-------------|------------|--------------|----------|------------|
| 2068C | CI201570758 | 01-30-2018 | 3,000.00 | 0.00 | 3,000.00 |
| 20 TOTALS > | | | | | \$3,000.00 |

Remittance Advice

Checks cleared through Positive Pay

CVS
CORPORATION

 OMNICARE PHARMACY OF PUEBLO, L
 1 CVS Drive, Woonsocket, RI 02895

Three thousand and 00/100 Dollars

 PAY TO THE
 ORDER OF
 KeyBank National Association
 Portland, ME

CALIFORNIA STATE BOARD OF PHARMACY (L)

 1825 N MARKET BLVD
 STE N219
 SACRAMENTO, CA
 95834

 Date
 02-14-2018

 Corp. Vendor
 2068C

 10884069
 Check Amount
\$3,000.00
 Not Valid Over 180 Days



"10884069" :011200608: 190991900456"

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| Citation Number | Name, License No |
|-----------------|---|
| CI 2015 70758 | OMNICARE OF CERRITOS, PHY 46722 (CANCELLED) |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4300.1 Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---|---|-------------|
| CCR, Title 16, § 1714 subd. (b) | Operational Standards and Security; pharmacy responsible for pharmacy security | \$2,000.00 |
| Bus. & Prof. Code § 4081 subd. (a)/Bus. & Prof. Code § 4105 subd. (a) | Records of dangerous drugs kept open for inspection/Retaining Records of Dangerous Drugs and Devices on Licensed Premises | \$1,000.00 |

CONDUCT:

California Code of Regulations 1714(b) states 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. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to the theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of California Code of Regulations 1714(b) for failing to maintain adequate security of controlled substances.

Business and Professions Code 4081(a) states all records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices. Business and Professions Code 4105(a) states all records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form. Omnicare PHY46722, located at 13825 A & A2 Cerritos Corp. Dr., Cerritos, CA 90703 was not compliant. Specifically, an audit of Omnicare PHY46722 between 10/15/15-5/28/16 revealed the loss of 2,400 tablets of hydrocodone/acetaminophen 10/325mg and 60,875 ml's of promethazine with codeine. An unlicensed employee admitted to theft of hydrocodone/acetaminophen 10/325mg and promethazine with codeine. This was a violation of Business and Professions Codes 4105(a) and 4081(a) for failing to maintain a current inventory and records of disposition.

CITATION ISSUED ON: January 30, 2018

TOTAL AMOUNT OF FINE(S): \$3,000.00

PAYMENT OF FINE(S) DUE BY: March 01, 2018

020002068C

CVS PHARMACY, INC

Page 1 of 1

CHECK NO. 50059005

| PO VEND | INVOICE NO. | INV. DATE | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|----------|-------------|-----------|--------------|----------|------------|
| 02000206 | 201880991 | 10-16-18 | 500.00 | 0.00 | 500.00 |
| 1 | | | TOTALS > | | \$500.00 |

Remittance Advice

Checks cleared through Positive Pay

CVS 48211 ⁶²⁻²⁰/₃₁₁

Date 06-25-2019 Corp. Vendor 020002068C

50059005

Check Amount
*****\$500.00

Not Valid Over 180 Days

CVS PHARMACY, INC
1 CVS Drive, Woonsocket, RI 02895

Five hundred and 00/100 Dollars

PAY TO THE
ORDER OF

CITIBANK, N.A.
One Penn's Way
19720

CALIFORNIA STATE BOARD OF PHARMACY

1625 N MARKET BLVD
STE N219
SACRAMENTO, CA
95834

⑈ 50059005⑈ ⑆031100209⑆ 38258306⑈

48211

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

| | |
|------------------------|---------------------------------|
| Citation Number | Name, License No |
| CI 2018 80991 | OMNICARE OF CERRITOS, PHY 54226 |

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|------------------------------------|--|-------------------------|
| Bus. & Prof. Code § 4201 subd. (f) | Pharmacy license shall authorize the holder to conduct a pharmacy. Renewed annually and shall not be transferable | \$500.00 |
| Bus. & Prof. Code § 4201 subd. (j) | Any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board. | Citation without a fine |
| CCR, Title 16, § 1709 subd. (a) | Names of Owners and Pharmacist in Charge; Each permit to operate a pharmacy shall show the name and address of the pharmacy, the form of ownership, the pharmacist in charge and the names of all owners and the names of the corporate officers (if a corporation). Any changes must be reported to the Board in writing within 30 days | Citation without a fine |
| CCR, Title 16, § 1709 subd. (b) | Any transfer, in a single transaction or in a series of transactions, of 10 percent or more of the beneficial interest in a business entity... Shall require written notification to the board within 30 days | Citation without a fine |
| CCR, Title 16, § 1709 subd. (c) | The following shall constitute a transfer of permit and require application for a change of ownership: any transfer of beneficial interest in a business entity licensed by the board... | Citation without a fine |

CONDUCT:

Business and Professions Code section 4201(f) states that pharmacy licenses shall be renewed annually and are not transferable. Specifically, Evergreen Pharmaceutical of California, d/b/a Omnicare of Cerritos changed ownership and operated with a nontransferable license between August 18, 2015 and August 5, 2016 (approximately 353 days).

Business and Professions Code section 4201(j) requires pharmacy licenses to report any change in beneficial ownership within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(a) requires any changes in the pharmacist-in-charge, or owners, or corporate officers to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(b) requires any transfer of 10 percent or more of the beneficial interest in a business entity licensed by the Board, to a person or entity who did not have a beneficial interest at the time the original license was issued, to be reported to the Board within 30 days. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

California Code of Regulations section 1709(c) requires any transfer of ownership resulting in the transferee's holding 50% or more of the beneficial interest in the licensed entity to be reported to the Board on a change of ownership application. Specifically, Evergreen Pharmaceutical of California had an ownership change that occurred on August 18, 2015 and failed to notify the Board until November 5, 2015 (approximately 79 days later).

CITATION ISSUED ON: October 16, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: November 15, 2018

37152

RECEIVED

OCT 9 2019

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 of the State Board of Pharmacy

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

LICENSE VERIFICATION

Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Cerritos

Address: 13825 Cerritos Corporate Drive, Ste A

City: Cerritos State: CA Zip: 90703

I hereby authorize the California State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant *Kimberly L. Benson*

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) ☐ Yes ☐ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (If yes, please explain) ☐ Yes ☐ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☐ Yes ☐ No

| Signature of State Official | Title | State | Date | State Seal |
|-----------------------------|-------|-------|------|------------|
| | | | | |

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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

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



November 19, 2019

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: OMNICARE OF CERRITOS

License Type: PHARMACY

License Number: PHY 54226

Status: ACTIVE

Issue Date: 08/05/16

Expiration Date: 08/01/20

Address of Record: 13825 A & A2 CERRITOS CORP. DR CERRITOS CA 90703

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Interim Executive Officer

By

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



Visit our website at www.pharmacy.ca.gov