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Nevada State Board of Pharmacy

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License Renewal

Add

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

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	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	08715	Pharmacist	Kimberly	Aksentijevic	09/16/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 08715

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * Kimberly

Middle (initial only) : Briano

Last Name : * Aksentijevic

License # : 08715

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Premier Pharmacy Services

Military Address : ☐

Street : * 410 Cloverleaf Drive

Country : * United States

City : * Baldwin Park

State : * California

Zip : * 91706

Practice Phone : (840) 626-9400

Practice Fax : (626) 626-9840

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * BENEFIT ST #4

Country : * United States

City : * SHERMAN OAKS

State : * California

Zip : * 91423

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address : *

Fax :

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number.☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child.☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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? *

☐ Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

☐ Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes ☐ No

Stipulated agreement with California BOP AC5987 for alleged "unprofessional conduct" for making a statement that the Board disputes as factual. Please be advised that only the Ninth cause on this case pertains to myself. All other causes for discipline were already in process at the time I became involved.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
BOP signed Stipulated Agreement AC5987 part 1 & 2	Legal - Question 3	09/16/2019	(OL)		Document Details	
BOP signed Stipulated Agreement AC5987 part 1 & 2	Legal - Question 3	09/16/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : California

Date : 07/25/2019

Case # : AC5987

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

Yes * No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Kimberly Aksentijevic

Date Of Application * 09/16/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61915080006

Invoice Date : 09/16/2019

Paid

Approve

Close

	05104	Pharmacist	Janet	Balbutin		Backoffice Pending	In Progress
	19523	Pharmacist	SHAWN	BJORNDAL	09/26/2019	Submitted	Verify
	19543	Pharmacist	CARL	BLACK	10/08/2019	Submitted	Verify
	18371	Pharmacist	DEBRA	BOWERSOX	10/04/2019	Submitted	Verify
	13573	Pharmacist	UDECHUKWUNDE	IBENWUKELU		Backoffice Pending	In Progress
	16966	Pharmacist	Suzette	Crumley		Backoffice Pending	In Progress
	CS18169	Controlled Substance	ROGER	ESTEVEZ		Backoffice Pending	In Progress
	16283	Pharmacist	JOSE	FERRAN	10/12/2019	Submitted	Verify
	06324	Pharmacist	Robert	Ferraro		Backoffice Pending	In Progress
	19237	Pharmacist	ELLA	FRIDMAN	09/11/2019	Submitted	Verify
	18609	Pharmacist	GARRET	GARBER	10/14/2019	Submitted	Verify
	10331	Pharmacist	KELLY	GREEN		Backoffice Pending	In Progress
	11741	Pharmacist	Albert	Hu	10/09/2019	Submitted	Verify
	16028	Pharmacist	Melanie	Kelly	10/11/2019	Submitted	Verify
	08156	Pharmacist	J.	Kim	10/01/2019	Submitted	Verify
	13832	Pharmacist	Linh	Le	09/24/2019	Submitted	Verify
	08993	Pharmacist	Mui	Lee	10/14/2019	Submitted	Verify
	16064	Pharmacist	LUCAS	MEYERS	10/14/2019	Submitted	Verify

1 XAVIER BECERRA
Attorney General of California
2 SHAWN P. COOK
Supervising Deputy Attorney General
3 EMILY Y. WADA
Deputy Attorney General
4 State Bar No. 241845
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6271
6 Facsimile: (213) 897-2804
Attorneys for Complainant
7

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **ANATOMY RX LLC DBA ANATOMY**
14 **PHARMACY, BERRY KABOV,**
15 **MEMBER, DALIBOR DABO KABOV,**
16 **MEMBER**
1544 Purdue Avenue
16 Los Angeles, CA 90025
Permit No. PHY 50713
17 Sterile Compounding Pharmacy No. LSC
99715,

18 **MICHAEL PAUL LOWE**
19 5414 Newcastle Ave, #42
Encino, CA 91316
20 Pharmacist License No. RPH 37609,

21 **HARSHAD H. GAJJAR**
20608 Vercelli Way
22 Porter Ranch, CA 91326
Pharmacist License No. RPH 41722,

23 **KIMBERLY BRIANO AKSENTIJEVIC**
24 14441 Benefit St., #4
Sherman Oaks, CA 91423
25 Pharmacist License No. RPH 38483,

26 **and**
27
28

Case No. 5987

OAH No. 2018060116

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO
KIMBERLY BRIANO AKSENTIJEVIC,
ONLY**

1
2 **DALIBOR DABO KABOV**
3 **11693 San Vicente Blvd, #506**
4 **Los Angeles, CA 900549**
5 **Pharmacy Technician Registration No. TCH**
6 **114849,**

Respondents.

7 In the interest of a prompt and speedy settlement of this matter, consistent with the public
8 interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs,
9 the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will
10 be submitted to the Board for approval and adoption as the final disposition of the Accusation
11 solely with respect to Respondent Kimberly Briano Aksentijevic. It does not apply to Anatomy
12 Pharmacy, Michael Paul Lowe, Dalibor Dabo Kabov and Harshad H. Gajjar.

13 **PARTIES**

14 1. Anne Sodergren ("Complainant") is the Interim Executive Officer of the Board of
15 Pharmacy ("Board"). She brought this action solely in her official capacity and is represented in
16 this matter by Xavier Becerra, Attorney General of the State of California, by Emily Y. Wada,
17 Deputy Attorney General.

18 2. Respondent Kimberly Briano Aksentijevic ("Respondent") is represented in this
19 proceeding by attorney Noah E. Jussim Esq., whose address is: 633 West 5th Street, 47th Floor,
20 Los Angeles, California, 90071 (telephone (213) 614-7326).

21 3. On or about March 27, 1984, the Board issued Pharmacist License Number RPH
22 38483 to Respondent. The Pharmacist License was in full force and effect at all times relevant to
23 the charges brought in First Amended Accusation No. 5987 and will expire on July 31, 2019,
24 unless renewed. Respondent was a consultant for Anatomy Pharmacy.

25 **JURISDICTION**

26 4. First Amended Accusation No. 5987 was filed before the Board, and is currently
27 pending against Respondent. The First Amended Accusation and all other statutorily required
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1 documents were properly served on Respondent on December 21, 2018. Respondent timely filed
2 her Notice of Defense contesting the First Amended Accusation.

3 5. A copy of the First Amended Accusation No. 5987 is attached as Exhibit A and
4 incorporated herein by reference.

5 **ADVISEMENT AND WAIVERS**

6 6. Respondent has carefully read, fully discussed with counsel, and understands the
7 charges and allegations in First Amended Accusation No. 5987. Respondent has also carefully
8 read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and
9 Disciplinary Order.

10 7. Respondent is fully aware of her legal rights in this matter, including the right to a
11 hearing on the charges and allegations in the First Amended Accusation; the right to confront and
12 cross-examine the witnesses against her; the right to present evidence and to testify on her own
13 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
14 production of documents; the right to reconsideration and court review of an adverse decision;
15 and all other rights accorded by the California Administrative Procedure Act and other applicable
16 laws.

17 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
18 every right set forth above.

19 **CULPABILITY**

20 9. Respondent understands and agrees that the charges and allegations in the First
21 Accusation No. 5987, if proven at a hearing, constitute cause for imposing discipline upon her
22 Pharmacist License.

23 10. For the purpose of resolving the First Amended Accusation without the expense and
24 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could
25 establish a factual basis for the charges in the First Amended Accusation, and that Respondent
26 hereby gives up her right to contest those charges.

27 ///

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11. Respondent agrees that her Pharmacist License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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1 probation shall be automatically extended until such time as the final report is made and accepted
2 by the board.

3 **3. Interview with the Board**

4 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
5 with the board or its designee, at such intervals and locations as are determined by the board or its
6 designee. Failure to appear for any scheduled interview without prior notification to board staff,
7 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
8 the period of probation, shall be considered a violation of probation.

9 **4. Cooperate with Board Staff**

10 Respondent shall timely cooperate with the board's inspection program and with the board's
11 monitoring and investigation of respondent's compliance with the terms and conditions of her
12 probation, including but not limited to: timely responses to requests for information by board
13 staff; timely compliance with directives from board staff regarding requirements of any term or
14 condition of probation; and timely completion of documentation pertaining to a term or condition
15 of probation. Failure to timely cooperate shall be considered a violation of probation.

16 **5. Continuing Education**

17 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
18 pharmacist as directed by the board or its designee.

19 **6. Reporting of Employment and Notice to Employers**

20 During the period of probation, respondent shall notify all present and prospective
21 employers of the decision in case number 5987 and the terms, conditions and restrictions imposed
22 on respondent by the decision, as follows:

23 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
24 undertaking any new employment, respondent shall report to the board in writing the name,
25 physical address, and mailing address of each of Entity employer(s), and the name(s) and
26 telephone number(s) of all of Entity direct supervisor(s), as well as any pharmacist(s)-in- charge,
27 designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s)
28 and the work schedule, if known. Respondent shall also include the reason(s) for leaving the

1 prior employment. Respondent shall sign and return to the board a written consent authorizing
2 the board or its designee to communicate with all of respondent's employer(s) and supervisor(s),
3 and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
4 concerning respondent's work status, performance, and monitoring. Failure to comply with the
5 requirements or deadlines of this condition shall be considered a violation of probation.

6 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
7 respondent undertaking any new employment, respondent shall cause (a) her direct supervisor, (b)
8 her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other
9 compliance supervisor, and (c) the owner or owner representative of her employer, to report to the
10 board in writing acknowledging that the listed individual(s) has/have read the decision in case
11 number 5987, and terms and conditions imposed thereby. If one person serves in more than one
12 role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's
13 responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the
14 event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term
15 of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in
16 writing within fifteen (15) days of the change acknowledging that he or she has read the decision
17 in case number 5987, and the terms and conditions imposed thereby.

18 If respondent works for or is employed by or through an employment service, respondent
19 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
20 of the decision in case number 5987, and the terms and conditions imposed thereby in advance of
21 respondent commencing work at such licensed entity. A record of this notification must be
22 provided to the board upon request.

23 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
24 (15) days of respondent undertaking any new employment by or through an employment service,
25 respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service
26 to report to the board in writing acknowledging that he or she has read the decision in case
27 number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to
28 ensure that these acknowledgment(s) are timely submitted to the board.

1 Failure to timely notify present or prospective employer(s) or failure to cause the identified
2 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
3 shall be considered a violation of probation.

4 "Employment" within the meaning of this provision includes any full-time, part-time,
5 temporary, relief, or employment/management service position as a pharmacist, or any position
6 for which a pharmacist is a requirement or criterion for employment, whether the respondent is an
7 employee, independent contractor or volunteer.

8 **7. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

9 Respondent shall further notify the board in writing within ten (10) days of any change in
10 name, residence address, mailing address, e-mail address or phone number.

11 Failure to timely notify the board of any change in employer, name, address, or phone
12 number shall be considered a violation of probation.

13 **8. Restrictions on Supervision and Oversight of Licensed Facilities**

14 During the period of probation, respondent shall not supervise any intern pharmacist, be the
15 pharmacist-in-charge, designated representative-in-charge, responsible manager or other
16 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
17 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

18 **9. Reimbursement of Board Costs**

19 As a condition precedent to successful completion of probation, respondent shall pay to the
20 board its costs of investigation and prosecution in the amount of \$5,000.00. Respondent shall be
21 permitted to pay these costs in a payment plan approved by the board or its designee, so long as
22 full payment is completed no later than one (1) year prior to the end date of probation. There
23 shall be no deviation from this schedule absent prior written approval by the board or its designee.
24 Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

25 **10. Probation Monitoring Costs**

26 Respondent shall pay any costs associated with probation monitoring as determined by the
27 board each and every year of probation. Such costs shall be payable to the board on a schedule as
28

1 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
2 be considered a violation of probation.

3 **11. Status of License**

4 Respondent shall, at all times while on probation, maintain an active, current Permit with
5 the board, including any period during which suspension or probation is tolled. Failure to
6 maintain an active, current Permit shall be considered a violation of probation.

7 If respondent's Permit expires or is cancelled by operation of law or otherwise at any time
8 during the period of probation, including any extensions thereof due to tolling or otherwise, upon
9 renewal or reapplication respondent's license shall be subject to all terms and conditions of this
10 probation not previously satisfied.

11 **12. License Surrender While on Probation/Suspension**

12 Following the effective date of this decision, should respondent cease practice due to
13 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
14 respondent may relinquish her license, including any indicia of licensure issued by the board,
15 along with a request to surrender the license. The board or its designee shall have the discretion
16 whether to accept the surrender or take any other action it deems appropriate and reasonable.
17 Upon formal acceptance of the surrender of the license, respondent will no longer be subject to
18 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
19 become a part of the respondent's license history with the board.

20 Upon acceptance of the surrender, respondent shall relinquish her pocket and/or wall
21 license, including any indicia of licensure not previously provided to the board within ten (10)
22 days of notification by the board that the surrender is accepted if not already provided.

23 Respondent may not reapply for any license from the board for three (3) years from the effective
24 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
25 of the date the application for that license is submitted to the board, including any outstanding
26 costs.

27 ///

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1 **13. Practice Requirement – Extension of Probation**

2 Except during periods of suspension, respondent shall, at all times while on probation, be
3 employed as a pharmacist in California for a minimum of eighty (80) hours per calendar month.
4 Any month during which this minimum is not met shall extend the period of probation by one
5 month. During any such period of insufficient employment, respondent must nonetheless comply
6 with all terms and conditions of probation, unless respondent receives a waiver in writing from
7 the board or its designee.

8 If respondent does not practice as a pharmacist in California for the minimum number of
9 hours in any calendar month, for any reason (including vacation), respondent shall notify the
10 board in writing within ten (10) days of the conclusion of that calendar month. This notification
11 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
12 interruption or reduction in practice; and the anticipated date(s) on which respondent will resume
13 practice at the required level. Respondent shall further notify the board in writing within ten (10)
14 days following the next calendar month during which respondent practices as a pharmacist in
15 California for the minimum number of hours. Any failure to timely provide such notification(s)
16 shall be considered a violation of probation.

17 It is a violation of probation for respondent's probation to be extended pursuant to the
18 provisions of this condition for a total period, counting consecutive and non-consecutive months,
19 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
20 probation period on its website.

21 **14. Violation of Probation**

22 If respondent has not complied with any term or condition of probation, the board shall
23 have continuing jurisdiction over respondent, and the board shall provide notice to respondent
24 that probation shall automatically be extended, until all terms and conditions have been satisfied
25 or the board has taken other action as deemed appropriate to treat the failure to comply as a
26 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
27 board or its designee may post a notice of the extended probation period on its website.
28

1 If respondent violates probation in any respect, the board, after giving respondent notice
2 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
3 was stayed. If a petition to revoke probation or an accusation is filed against respondent during
4 probation, or the preparation of an accusation or petition to revoke probation is requested from
5 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
6 probation shall be automatically extended until the petition to revoke probation or accusation is
7 heard and decided.

8 **15. Completion of Probation**

9 Upon written notice by the board or its designee indicating successful completion of
10 probation, respondent's license will be fully restored.

11 **16. Ethics Course**

12 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
13 in a course in ethics, at respondent's expense, approved in advance by the board or its designee
14 that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall
15 provide proof of enrollment upon request. Within five (5) days of completion, respondent shall
16 submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll
17 in an approved ethics course, to initiate the course during the first year of probation, to
18 successfully complete it before the end of the second year of probation, or to timely submit proof
19 of completion to the board or its designee, shall be considered a violation of probation.

20 **17. No Ownership or Management of Licensed Premises**

21 Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager,
22 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
23 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
24 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
25 days following the effective date of this decision and shall immediately thereafter provide written
26 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
27 documentation thereof shall be considered a violation of probation.

28 ///

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Noah E. Jussim, Esq. I understand the stipulation and the effect it
4 will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary
5 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
6 of the Board of Pharmacy.

7
8 DATED: 4-19-19


9 KIMBERLY BRIANO AKSENTIJEVIC
Respondent

10 I have read and fully discussed with Kimberly Briano Aksentijevic the terms and conditions
11 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
12 its form and content.

13 DATED: 4/23/19


14 Noah E. Jussim, Esq.
Attorney for Respondent

15
16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
18 submitted for consideration by the Board of Pharmacy.

19
20 Dated:

Respectfully submitted,

21 XAVIER BECERRA
Attorney General of California
22 SHAWN P. COOK
Supervising Deputy Attorney General

23
24 EMILY Y. WADA
Deputy Attorney General
25 Attorneys for Complainant
26

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Exhibit A

First Amended Accusation No. 5987

1 XAVIER BECERRA
Attorney General of California
2 THOMAS L. RINALDI
Supervising Deputy Attorney General
3 EMILY Y. WADA
Deputy Attorney General
4 State Bar No. 241845
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-8944
6 Facsimile: (213) 897-2804
E-mail: Emily.Wada@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 5987

12 **ANATOMY RX LLC DBA ANATOMY**
13 **PHARMACY, BERRY KABOV,**
14 **MEMBER, DALIBOR DABO KABOV,**
15 **MEMBER**
16 **1544 Purdue Avenue**
Los Angeles, CA 90025
Permit No. PHY 50713
Sterile Compounding Pharmacy No. LSC
99715,

FIRST AMENDED ACCUSATION

17 **MICHAEL PAUL LOWE**
18 **5414 Newcastle Ave, #42**
19 **Encino, CA 91316**
Pharmacist License No. RPH 37609,

20 **HARSHAD H. GAJJAR**
21 **20608 Vercelli Way**
Porter Ranch, CA 91326
Pharmacist License No. RPH 41722,

22 **KIMBERLY BIRANO AKSENTIJEVIC**
23 **14441 Benefit St., #4**
Sherman Oaks, CA 91423
24 **Pharmacist License No. RPH 38483,**

25 **and**
26
27
28

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and
DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 **DALIBOR DABO KABOV**
2 **11693 San Vicente Blvd, #506**
3 **Los Angeles, CA 900549**
4 **Pharmacy Technician Registration No. TCH**
5 **114849,**

6 Respondents.

7 Complainant alleges:

8 **PARTIES**

9 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
10 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

11 2. On or about February 3, 2012, the Board of Pharmacy issued Permit Number PHY
12 50713 to Global Compounding Pharmacy LLC, Berry Kabov, Member, Dalibor Dabo Kabov,
13 Member, which subsequently changed its name on or around October 30, 2015, to Anatomy RX
14 LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member ("Anatomy
15 Pharmacy"). The Permit was in full force and effect at all times relevant to the charges brought
16 herein and expired on February 1, 2017.

17 3. On or about February 6, 2012, the Board of Pharmacy issued Sterile Compounding
18 Pharmacy Number LSC 99715 to Anatomy Pharmacy. The Sterile Compounding Pharmacy was
19 in full force and effect at all times relevant to the charges brought herein and expired on February
20 1, 2016.

21 4. On or about March 30, 1983, the Board of Pharmacy issued Pharmacist License
22 Number RPH 37609 to Michael Paul Lowe ("Pharmacist Lowe"). The Pharmacist License was in
23 full force and effect at all times relevant to the charges brought herein and will expire on October
24 31, 2020, unless renewed. Pharmacist Lowe was the Pharmacist-in-Charge at Anatomy Pharmacy
25 from approximately February 3, 2012, to November 15, 2015.

26 5. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License
27 Number RPH 41722 to Harshad H. Gajjar ("Pharmacist Gajjar"). The Pharmacist License was in
28 full force and effect at all times relevant to the charges brought herein and was voluntarily
surrendered, which was accepted by the Board by a decision that became effective on or about

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1 August 2, 2018. Pharmacist Gajjar was the Pharmacist-in-Charge at Anatomy Pharmacy from
2 approximately November 16, 2015, to February 12, 2016.

3 6. On or about March 27, 1984, the Board of Pharmacy issued Pharmacist License
4 Number RPH 38483 to Kimberly Briano Aksentijevic ("Pharmacist Aksentijevic"). The
5 Pharmacist License was in full force and effect at all times relevant to the charges brought herein
6 and will expire on July 31, 2019, unless renewed. Pharmacist Aksentijevic was a consultant for
7 Anatomy Pharmacy.

8 7. On or about October 10, 2011, the Board of Pharmacy issued Pharmacy Technician
9 Registration Number TCH 114849 to Dalibor Dabo Kabov ("Tech. Kabov"). The Pharmacy
10 Technician Registration was in full force and effect at all times relevant to the charges brought
11 herein and expired on September 30, 2017. Tech. Kabov is an owner of Anatomy Pharmacy.

12 JURISDICTION

13 8. This Accusation is brought before the Board of Pharmacy ("Board"), Department of
14 Consumer Affairs, under the authority of the following laws. All section references are to the
15 Business and Professions Code ("Code") unless otherwise indicated.

16 9. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
17 surrender, or cancellation of a license shall not deprive the Board, Registrar, or Director of
18 jurisdiction to proceed with a disciplinary action during the period within which the license may be
19 renewed, restored, reissued or reinstated.

20 10. Section 4011 of the Code provides that the Board shall administer and enforce both
21 the Pharmacy Law, Business and Professions Code, § 4000, *et seq.*, and the Uniform Controlled
22 Substances Act, Health and Safety Code, § 11000, *et seq.*

23 11. Section 4300.1 of the Business and Professions Code ("Code") states:

24 The expiration, cancellation, forfeiture, or suspension of a board-
25 issued license by operation of law or by order or decision of the
26 board or a court of law, the placement of a license on a retired
27 status, or the voluntary surrender of a license by a licensee shall not
deprive the board of jurisdiction to commence or proceed with any
investigation of, or action or disciplinary proceeding against, the
licensee or to render a decision suspending or revoking the license.

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1 15. Section 4301 of the Code provides, in pertinent part, that:

2 The board shall take action against any holder of a license who is
3 guilty of unprofessional conduct or whose license has been issued
4 by mistake. Unprofessional conduct shall include, but is not limited
5 to, any of the following:

6
7 (g) Knowingly making or signing any certificate or other document
8 that falsely represents the existence or nonexistence of a state of
9 facts.

10
11 (i) The violation of any of the statutes of this state, of any other
12 state, or of the United States regulating controlled substances and
13 dangerous drugs.

14
15 (o) Violating or attempting to violate, directly or indirectly, or
16 assisting in or abetting the violation of or conspiring to violate any
17 provision or term of this chapter or of the applicable federal and
18 state laws and regulations governing pharmacy, including
19 regulations established by the board or by any other state or federal
20 regulatory agency. . . .

21 16. Section 4304 of the Code provides that, "The board may deny, revoke, or suspend any
22 license issued pursuant to Section 4161 for any violation of this chapter or for any violation of
23 Park 5 (commencing with Section 109875) of Division 4 of the Health and Safety Code."

24 17. Section 4307 provides, in relevant part, that:

25 (a) Any person who has been denied a license or whose license has
26 been revoked or is under suspension, or who has failed to renew his
27 or her license while it was under suspension, or who has been a
28 manager, administrator, owner, member, officer, director, associate,
29 partner, or any other person with management or control of any
30 partnership, corporation, trust, firm, or association whose
31 application for a license has been denied or revoked, is under
32 suspension or has been placed on probation, and while acting as the
33 manager, administrator, owner, member, officer, director, associate,
34 partner, or any other person with management or control had
35 knowledge of or knowingly participated in any conduct for which
36 the license was denied, revoked, suspended, or placed on probation,
37 shall be prohibited from serving as a manager, administrator,
38 owner, member, officer, director, associate, partner, or any other
39 person with management or control of a licensee as follows:

40 (1) Where a probationary license is issued or where an existing
41 license is placed on probation, this prohibition shall remain in effect
42 for a period not to exceed five years.

43 (2) Where the license is denied or revoked, the prohibition shall
44 continue until the license is issued or reinstated.

45 (b) Manager, administrator, owner, member, officer, director,
46 associate, partner, or any other person with management or control
47 of a license as used in this section and Section 4308, may refer to a
48 pharmacist or to any other person who serves in such capacity in or
49 for a licensee. . . .

1 18. Section 4332 of the Code provides that, "Any person who fails, neglects, or refuses to
2 maintain the records required by Section 4081 or who, when called upon by an authorized officer
3 or a member of the board, fails, neglects, or refuses to produce or provide the records within a
4 reasonable time, or who willfully produces or furnishes records that are false, is guilty of a
5 misdemeanor."

6 19. Health and Safety Code section 111250 provides that, "Any drug or device is
7 adulterated if it consists, in whole or in part, of any filthy, putrid, or decomposed substance."

8 20. Health and Safety Code section 111295 provides that, "It is unlawful for any person to
9 manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated."

10 21. Health and Safety Code section 111397, subdivision (a), provides that, "Any foreign
11 dangerous drug that is not approved by the United States Food and Drug Administration or that is
12 obtained outside of the licensed supply chain regulated by the United States Food and Drug
13 Administration, California State Board of Pharmacy, or State Department of Public Health is
14 misbranded."

15 22. Health and Safety Code section 111440 provides that, "It is unlawful for any person to
16 manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded."

17 **REGULATORY PROVISIONS²**

18 23. California Code of Regulations, title 16, section 1714, subdivision (c), provides, in
19 pertinent part, that: "The pharmacy and fixtures and equipment shall be maintained in a clean and
20 orderly condition."

21 24. California Code of Regulations, title 16, section 1718, provides that:

22 "Current Inventory" as used in Sections 4081 and 4332 of the
23 Business and Professions Code shall be considered to include
24 complete accountability for all dangerous drugs handled by every
licensee enumerated in Sections 4081 and 4332.

25 The controlled substances inventories required by Title 21, CFR,
26 Section 1304 shall be available for inspection upon request for at
least 3 years after the date of the inventory.

27 ² All regulatory references included in the First Amended Accusation are to the 2016
28 version of the regulations referenced herein.

25. California Code of Regulations, title 16, section 1735.1, subdivision (d), provides that, “‘Quality’ means the absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, and absence of active ingredients other than those noted on the label.”

26. California Code of Regulations, title 16, section 1735.2, provides, in pertinent part, that:

• • • •

(d) A drug product shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:

- (1) Active ingredients to be used.
- (2) Equipment to be used.
- (3) Expiration dating requirements.
- (4) Inactive ingredients to be used.
- (5) Process and/or procedure used to prepare the drug.
- (6) Quality reviews required at each step in preparation of the drug.
- (7) Post-compounding process or procedures required, if any.

• • • •

(f) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug product until it is dispensed.

• • • •

(h) Every compounded drug product shall be given an expiration date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising the compounding, it should not be used. This "beyond use date" of the compounded drug product shall not exceed 180 days from preparation or the shortest expiration date of any component in the compounded drug product, unless a longer date is supported by stability studies of finished drugs or compounded drug products using the same components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist. . . .

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27. California Code of Regulations, title 16, section 1735.3, subdivision (a), provides that:

1 (a) For each compounded drug product, the pharmacy records shall
2 include:

3 (1) The master formula record.

4 (2) The date the drug product was compounded.

5 (3) The identity of the pharmacy personnel who compounded
6 the drug product.

7 (4) The identity of the pharmacist reviewing the final drug
8 product.

9 (5) The quantity of each component used in compounding the
10 drug product.

11 (6) The manufacturer, expiration date and lot number of each
12 component. If the manufacturer name is demonstrably unavailable,
13 the name of the supplier may be substituted. Exempt from the
14 requirements in this paragraph are sterile products compounded on
15 a one-time basis for administration within seventy-two (72) hours
16 and stored in accordance with standards for "Redispensed CSPS"
17 found in Chapter 797 of the United States Pharmacopeia--National
18 Formulary (USP-NF) (35th Revision, Effective May 1, 2012),
19 hereby incorporated by reference, to an inpatient in a health care
20 facility licensed under section 1250 of the Health and Safety Code.

21 (7) A pharmacy assigned reference or lot number for the
22 compounded drug product.

23 (8) The expiration date of the final compounded drug product.

24 (9) The quantity or amount of drug product compounded. . . .

25 28. California Code of Regulations, title 16, section 1735.6, subdivision (b), provides that,
26 "Any equipment used to compound drug products shall be stored, used, and maintained in
27 accordance with manufacturers' specifications."

28 29. California Code of Regulations, title 16, section 1735.7, subdivision (a), provides that,
"Any pharmacy engaged in compounding shall maintain written documentation sufficient to
demonstrate that pharmacy personnel have the skills and training required to properly and
accurately perform their assigned responsibilities relating to compounding."

30. California Code of Regulations, title 16, section 1751.4, subdivision (a), provides that:
No sterile injectable product shall be compounded if it is known, or
reasonably should be known, that the compounding environment
fails to meet criteria specified in the pharmacy's written policies and
procedures for the safe compounding of sterile injectable drug
products.

31. California Code of Regulations, title 16, section 1751.6, subdivision (a), provides that,
"Consultation shall be available to the patient and/or primary caregiver concerning proper use of
sterile injectable products and related supplies furnished by the pharmacy."

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1 32. California Code of Regulations, title 16, section 1751.7, subdivision (c), provides that:
2 Batch-produced sterile injectable drug products compounded from
3 one or more non-sterile ingredients shall be subject to documented
4 end product testing for sterility and pyrogens and shall be
5 quarantined until the end product testing confirms sterility and
6 acceptable levels of pyrogens.

7 COST RECOVERY

8 33. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
9 administrative law judge to direct a licentiate found to have committed a violation or violations of
10 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
11 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
12 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
13 included in a stipulated settlement.

14 COMMON ALLEGATIONS

15 34. The Board conducted inspections at Anatomy Pharmacy on January 11, 2016, and
16 April 26, 2016. Both inspections revealed multiple violations of Pharmacy Law as described
17 herein.

18 The First Inspection, January 11, 2016

19 35. During the first inspection on January 11, 2016, the inspector observed three different
20 sections of the pharmacy, one of which was designated for compounding medications. Tech.
21 Kabov informed the inspector that Anatomy Pharmacy specialized in both sterile and non-sterile
22 (general) compounding of numerous commercially unavailable products. However, in preparing
23 compounded sterile preparations ("CSPs"), including injectable CSPs, Tech. Kabov admitted to
24 the inspector that initial preparation steps (e.g., weighing, dissolving, and mixing of non-sterile
25 ingredients, adjusting solutions to proper pH levels, and bringing solutions to an appropriate final
26 volume) took place in the general compounding area outside the ISO ("International Organization
27 for Standardization") Class 5 Compounding Aseptic Isolator ("CAI"), and that once these steps
28 were completed the final product was subjected to terminal sterilization.

36. The inspector reviewed Anatomy Pharmacy's sterile compounding policies and
procedures, including, but not limited to, Chapter II titled "Operational Procedures for Sterile

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Compounding.” The inspector found that the pharmacy was not in compliance with said policies and procedures in a number of aspects. For example, according to the inspector’s observations and discussions with Pharmacist Gajjar and Tech. Kabov, the inspector found that the pharmacy did not comply with policies and procedures concerning the clearing and cleaning of the buffer areas near the ISO Barrier Unit, verifying that all CSP equipment was in good working order and sterilized to an ISO 5 level, verifying master formulas before compounding occurred, complying with various checklists before compounding occurred, ensuring that end-product sterility testing occurred, assigning appropriate beyond use dates (“BUDs”) according to drug stability information and/or sterility considerations, and ensuring that all required personnel become familiar with and acquire competency in CSP processing steps and procedures.

37. The inspector examined the pharmacy’s Fischer Scientific dry heat oven and observed that it had dark yellow-brown sticky stains on the inside and did not look clean. There were no cleaning records available for inspection.

38. The inspector observed a cabinet in the pharmacy’s compounding area marked “Quarantine Compounds.” Pharmacist Gajjar informed the inspector that he did not know the purpose of storing CSPs in that area, and he did not know whether the pharmacy was waiting to receive test results back before releasing CSP lots from the quarantine area. Pharmacist Gajjar further admitted that CSPs from the quarantine area were actually dispensed to patients.

39. The inspector examined Anatomy Pharmacy’s compounding area and all CSP lots and CRs. A broad range of deficiencies were discovered, including, but not limited to, missing compounding records (“CRs”), missing documentation of testing for sterility and pyrogens, missing or incomplete documentation of master formulas, missing or incomplete documentation of quality assurance, and unsubstantiated BUDs. The following chart summarizes the inspector’s findings:

Table 1: CSP Lots at Anatomy Pharmacy on January 11, 2016

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
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#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
1	Alprostadil Injection 60 mcg/ml Exp.: 08/16 (found inside refrigerator)	2013	Not available.	Not available.	Date prepared: 01/06/16. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 03/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared). Active ingredients listed in CR expired: mannitol on 06/14, bacteriostatic on 03/16. No method of terminal sterilization indicated. <i>Dispensed on 2/22/16 by RX No. 500111.</i>
2	Ascorbic Acid Injection 500 mg/ml Exp.: 09/16	2007	Not available.	Not available.	CR not available.
3	DHEA Injection 50 mg/ml Exp.: 09/16	2003	Passed sterility via ARL on 12/17/15. Pyrogen test not available.	Not available.	Date prepared: 12/01/15. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared). Active ingredients listed in CR expired on 05/16. Two active ingredients have no manufacturer listed. No method of terminal sterilization indicated.

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/ Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
4	Estradiol Injection 20 mg/ml Exp.: 09/16	2004	Passed sterility via ARL on 12/17/15. Pyrogen test not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 90 days, which should be 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared). Four active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated.
5	FBA (Fat Burning Accelerator) Injection Exp.: 08/16 (found inside refrigerator)	2002	Not available.	Available.	CR not available.
6	Fat Shredder Injection Exp.: 09/16	2017	Not available.	Not available.	CR not available. <i>Dispensed</i> on 12/16/15 by RX No. 500065. <i>Dispensed</i> on 01/15/16 by RX No. 500088.
7	Glutathione Injection 200 mg/ml Exp.: 09/16	2012	Not available.	Not available.	CR not available.

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
8	Methyl-cobalamine (vit. B12) Injection 1000 mcg/ml Exp.: 09/16	2006	55	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Active ingredient listed in CR: (i) B12 powder had no expiration date; (ii) pyridoxine expired on 04/16; (iii) bacteriostatic water expired on 03/16. No method of terminal sterilization indicated.
9	Oxytocin Injection 10iu/ml Exp.: 01/16 (found inside refrigerator)	2001	Not available.	Not available.	CR not available. Dispensed on 12/16/15 by RX No. 500040.
10	Progesterone Injection 50 mg/ml Exp.: 09/16	2005	Passed sterility via ARL on 12/17/15. Pyrogen test not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Four active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated.

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
11	Pyridoxine (vit. B6) Injection 100 mg/ml Exp.: 09/16	2004	Not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Active ingredient has no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated.
12	Quad Mix Injection (Lyophilized) Exp.: 03/16	1014	Not available.	Not available.	Date prepared: 07/22/15. Prepared by Tech. Kabov. Checked by PIC Lowe. BUD listed in CR: 180 days, which should be 01/16. However, BUD listed on bottle was 03/16 (more than 180 days from the date prepared). Active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated. <i>Dispensed</i> on 09/30/15 by RX No. 0153. <i>Dispensed</i> on 12/16/15 by RX No. 500064.
13	Semoreline Injection 6 mg – 3 ml Exp.: 07/16	898	Not available.	Not available.	CR not available.
14	Semoreline/ GHRP2/ GHRP6 9mg/3mg Exp.: 05/16	983	Not available.	Not available.	CR not available.
14					
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#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
15	Super Shot Injection 30 ml Exp.: 08/16	2000	Not available.	Not available.	<p>Date prepared: 11/13/15.</p> <p>Prepared by Tech. Kabov.</p> <p>Checked by PIC Gajjar.</p> <p>BUD listed in CR: 90 days, which should be 02/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared).</p> <p>Active ingredients listed in CR: (i) choline chloride expired on 3/11/16; (ii) dexpantenol expired on 02/28/16; (iii) bacteriostatic water expired on 02/01/16; (iv) thiamine expired on 03/30/15; (v) l-carnitine expired on 05/31/16; and (vi) methylcobalamine had no lot number and expiration date listed.</p> <p>No method of terminal sterilization indicated.</p> <p><i>Dispensed</i> on 11/16/15 by RX No. 500003 and 500004.</p> <p><i>Dispensed</i> on 11/17/15 by RX No. 500006.</p> <p><i>Dispensed</i> on 12/17/15 by RX No. 500067.</p>

40. The inspector asked to review Pharmacist Gajjar's training records. The records identified thirteen different procedures or tasks upon which training had been purportedly completed in December 2015. However, during the inspector's review, Pharmacist Gajjar admitted that he never actually completed the training for the "glove fingertip test," which was listed on his records as having been "done" on December 15, 2015, "OK for CSP" on December 18, 2015, and "Recert OK" on December 30, 2015. Pharmacist Gajjar further admitted to the inspector that he could not remember which of the other training sessions listed he actually completed. Nevertheless, Pharmacist Gajjar participated in compounding sessions at Anatomy

1 Pharmacy from the date of hire on November 16, 2015, through the date of the first inspection, as
2 identified in Table 1, without having records of training and demonstrated competence.

3 41. The inspector asked to review Tech. Kabov's training records. The records identified
4 thirteen different procedures or tasks upon which training had been purportedly completed in
5 December 2015. However, during the inspector's review, Tech. Kabov admitted that he never
6 actually completed the training for the "glove fingertip test," which was listed on his records as
7 having been "done" on December 8, 2015, "OK for CSP" on December 11, 2015, and "Recert
8 OK" on December 11, 2015. Nevertheless, Tech. Kabov participated in compounding sessions at
9 Anatomy Pharmacy up until the date of the first inspection, as identified in Table 1, without having
10 records of training and demonstrated competence.

11 42. The inspector found that Anatomy Pharmacy produced CSPs when they did not have
12 competent personnel on staff. For example, Pharmacist Gajjar began working at Anatomy
13 Pharmacy as its sole pharmacist on November 16, 2015, and, according to the training records,
14 Pharmacist Gajjar first began to complete his employee training on CSPs on December 15, 2015.
15 Notwithstanding, Anatomy Pharmacy produced multiple CSP lots on December 1, 2015, that were
16 verified by Pharmacist Gajjar, as identified in Table 1.

17 43. The inspector asked Pharmacist Gajjar if consultation was made available to Anatomy
18 Pharmacy's patients and/or primary caregivers concerning the proper use, storage, handling and
19 disposal of CSPs and related supplies furnished by the pharmacy. Pharmacist Gajjar admitted that
20 no such consultations were made available to patients receiving CSPs by mail.

21 44. After the first inspection was concluded, the Board received a letter from Anatomy
22 Pharmacy's sterile compounding consultant, Pharmacist Aksentijevic, dated February 1, 2016. In
23 that letter, Pharmacist Aksentijevic made several statements of fact that were not accurate or
24 truthful when compared against the inspector's findings on January 11, 2016, as identified in Table
25 1. For example, Pharmacist Aksentijevic wrote that each batch of the pharmacy's CSPs are
26 "quarantined until sterility results are confirmed by an outside laboratory." She also wrote that the
27 pharmacy performed "end product testing – endotoxin results were observed on file." She further
28 wrote that she reviewed all "BUD determination with reference materials."

The Second Inspection, April 26, 2016

45. During the second inspection on April 26, 2016, the inspector examined a cabinet in the pharmacy's compounding area marked "Quarantine Compounds." The inspector asked the then pharmacist-in-charge, Sheila Damaris Colon ("Pharmacist Colon" or "PIC Colon") whether the CSP lots therein were in fact quarantined or whether they were being dispensed to patients. Pharmacist Colon informed the inspector that all CSP lots found therein were ready to be dispensed, and she admitted that several vials had already been dispensed from these lots.

46. The inspector examined Anatomy Pharmacy's compounding area and all CSP lots and CRs. A broad range of continuing and new deficiencies were discovered. The following chart summarizes the inspector's findings:

Table 2: CSP Lots at Anatomy Pharmacy on April 26, 2016

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
1	Alprostadil Injection 60 mcg/ml Exp.: 08/16 (found inside refrigerator)	2013	Not available.	Not available.	Date prepared: 01/06/16. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 03/16. However, BUD listed on bottle was 08/16 (more than 180 days from the date prepared). Active ingredients listed in CR expired: mannitol on 06/14, bacteriostatic on 03/16. No method of terminal sterilization indicated. <i>Dispensed on 2/22/16 by RX No. 500111.</i>

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
2	DHEA Injection 50 mg/ml Exp.: 09/16	2003	Passed sterility via ARL on 12/17/15. Pyrogen test not available.	Not available.	Date prepared: 12/01/15. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 03/16. However, BUD listed on bottle was 09/16 (more than 180 days from the date prepared). Active ingredients listed in CR expired on 05/16. No method of terminal sterilization indicated.
3	Energy Cocktail Injection Exp.: 05/16 (found inside refrigerator)	2025	Not available.	Not available.	Date prepared: 01/30/16. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 04/16. However, BUD listed on bottle was 05/16. Dry oven listed for terminal sterilization, however, no records of sterilization temperature and duration. Under storage requirements – room temp was circled, however, this product was found inside the refrigerator. <i>Dispensed</i> on 03/07/16 by RX No. 500123.
4	Fat Shredder Injection Exp.: 09/16	2017	Not available.	Not available.	CR not available. <i>Dispensed</i> on 12/16/15 by RX No. 500065. <i>Dispensed</i> on 01/15/16 by RX No. 500088.
5	Glutathione Injection 200 mg/ml Exp.: 09/16	2012	Not available.	Not available.	CR not available.

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
6	Methyl-cobalamine (vit. B12) Injection 1000 mcg/ml Exp.: 09/16	2006	Not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Active ingredient listed in CR: (i) B12 powder had no expiration date; (ii) pyridoxine expired on 04/16; (iii) bacteriostatic water expired on 03/16. No method of terminal sterilization indicated.
7	Methyl-cobalamine Injection 25 mg/ml Exp.: 09/16	2013	Not available.	Not available.	CR not available.
8	Methyl-cobalamine Injection 5 mcg/ml Exp.: 10/16	2014	Not available.	Not available.	CR not available.
9	Oxytocin Injection 10iu/ml Exp.: 04/16 (found inside refrigerator)	2022	Not available.	Not available.	Date prepared: 01/24/16. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 90 days. Dry oven listed for terminal sterilization, however, no records of sterilization temperature and duration. <i>Dispensed on 02/29/16 by RX No. 500116.</i>

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
10	Oxytocin Injection 10iu/ml Exp.: 01/16 (found inside refrigerator)	2001	Not available.	Not available.	CR not available. <i>Dispensed on 12/16/15 by RX No. 500040.</i>
11	Progesterone Injection 50 mg/ml Exp.: 09/16	2005	Passed sterility via ARL on 12/17/15. Pyrogen test not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Four active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated.
12	Pyridoxine (vit. B6) Injection 100 mg/ml Exp.: 09/16	2004	Not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD listed in CR: 09/16 (more than 180 days from the date prepared). Active ingredient has no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated. No lot number for the compounded product available (this CR submitted by PIC Colon in response to inspector's request for lot 2004)

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
13	Quad Mix Injection (Lyophilized) Exp.: 03/16	1014	Not available.	Not available.	Date prepared: 07/22/15. Prepared by Tech. Kabov. Checked by PIC Lowe. BUD listed in CR: 180 days, which should be 01/16. However, BUD listed on bottle was 03/16 (more than 180 days from the date prepared). Active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated. Dispensed on 09/30/15 by RX No. 0153. Dispensed on 12/16/15 by RX No. 500064.
14	Semoreline Injection 6 mg - 3 ml Exp.: 07/16	898	Not available.	Not available.	CR not available.
15	Semoreline/ GHRP2/ GHRP6 9mg/3ml Exp.: 05/16	981	Passed sterility and pyrogens testing via ARL on 01/18/16 and 01/26/16.	Not available.	CR not available.

#	CSP Name and Listed Exp. Date	Lot No.	Lot Sterility/Pyrogen Testing	Master Formula	CR Review/ Dispensing Dates
16	Super B Complex Injection Exp.: 09/16	2011	Not available.	Not available.	Date prepared: 12/01/15. No identity of compounding personnel and reviewing pharmacist. BUD not listed in CR. BUD listed on vials: 09/16 (more than 180 days from the date prepared). Active ingredients have no manufacturer, expiration date, and lot number listed. No method of terminal sterilization indicated. No lot number for the compounded product available (this CR submitted by PIC Colon in response to inspector's request for lot 2011)
17	Super Shot Injection Exp.: 04/16	2020	Not available.	Not available.	Date prepared: 01/24/16. Prepared by Tech. Kabov. Checked by PIC Gajjar. BUD listed in CR: 90 days. No method of terminal sterilization indicated. <i>Dispensed</i> on 02/26/16 by RX No. 50011. <i>Dispensed</i> on 03/18/16 by RX No. 500138. <i>Dispensed</i> on 04/01/16 by RX No. 500147. <i>Dispensed</i> on 04/05/16 by RX No. 500155. <i>Dispensed</i> on 04/08/16 by RX No. 500159.
<p>47. With respect to the CSP lots identified in Table 2, Pharmacist Colon admitted to the inspector that Anatomy Pharmacy continued to dispense injectable CSPs to patients without having performed sterility or pyrogens tests on all lots, without having first preparing all master</p> <p>(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV, MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION</p>					

1 formulas, without having validation studies or references to justify the BUDs exceeding 180 days,
2 and without having complete CRs for all CSPs.

3 The DEA Investigation

4 48. In or around August 2013, Anatomy Pharmacy became the subject of an investigation
5 by the United States Drug Enforcement Administration ("DEA"), which culminated in a criminal
6 proceeding entitled *United States of America v. Kabov, et al.* (USDC, C.D. Cal., No. 2:15cr511,
7 filed Sept. 22, 2015). During the DEA investigation, the Board learned that Berry Kabov and
8 Tech. Kabov were using Anatomy Pharmacy to unlawfully obtain, compound, and traffic large
9 amounts of dangerous drugs and/or controlled substances.

10 49. As a result of the DEA investigation, a Board inspector conducted a zero based audit
11 for all oxycodone 30mg tablets in the pharmacy, but which were not compounded by Anatomy
12 Pharmacy, as of October 1, 2015. The inspector determined that the pharmacy had an inventory
13 shortage of approximately 1,618 tablets of oxycodone 30mg. Concomitantly, the inspector also
14 found that the pharmacy failed to maintain adequate records of acquisition and disposition to
15 account for the shortage and its current inventory of oxycodone.

16 50. In conjunction with the DEA investigation, the Board inspector learned that Anatomy
17 Pharmacy purchased dangerous drugs at wholesale from foreign entities that were not licensed
18 with the Board as authorized wholesalers. For example, in May 2013, the pharmacy purchased
19 sermorelin acetate (a discontinued drug in the United States), GHRP-2 acetate, and GHRP-6
20 acetate from Attix Pharmaceuticals, an unlicensed entity with the Board, located in Canada. As
21 another example, between 2012 and 2014, the pharmacy purchased and/or received quantities of
22 anabolic steroids from wholesale drug distributors located in China.

23 51. In conjunction with the DEA investigation, the Board inspector asked the pharmacy to
24 produce all records for the dangerous drugs that were compounded at Anatomy Pharmacy,
25 including, but not limited to, oxycodone 30mg. Records provided by Pharmacist Colon on or
26 around April 26, 2016, revealed a number of deficiencies. For example, the pharmacy's
27 compounding records were missing the date of compounding, the identity of the pharmacist
28 reviewing the final drug product, the identity of the pharmacy personnel who compounded the

1 drug product, the manufacture, expiration date, and lot number of each component, and the
2 expiration date of the final compounded drug product.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **Compounding Area for Parenteral Solutions**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 52. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
7 action under Code sections 4127.7 and 4301, subdivision (o), on the grounds that they
8 compounded sterile injectable productions from one or more non-sterile ingredients in an
9 unauthorized environment. Complainant refers to and expressly incorporates the allegations
10 contained within paragraph 35 above as though set forth fully herein.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **Facility and Equipment Standards for Sterile Injectable Compounding**

13 **(Against Respondent Anatomy Pharmacy)**

14 53. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
15 4301, subdivision (o), and California Code of Regulations, title 16, section 1751.4, subdivision (a),
16 on the grounds that Respondent Anatomy Pharmacy knew, or reasonably should have known, that
17 Respondent Anatomy Pharmacy prepared injectable CSPs in an environment that failed to meet
18 criteria specified in the pharmacy's written policies and procedures for the safe compounding of
19 sterile injectable drug products. Complainant refers to and expressly incorporates the allegations
20 contained within paragraphs 36 and 37 above as though set forth fully herein.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **Compounding Facilities and Equipment**

23 **(Against Respondent Anatomy Pharmacy)**

24 54. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
25 4301, subdivision (o), and California Code of Regulations, title 16, section 1714, subdivision (c),
26 on the grounds that the dry heat oven that Respondent Anatomy Pharmacy used in the
27 compounding of injectable CSPs was found to be an unclean and disorderly condition.

1 Complainant refers to and expressly incorporates the allegations contained within paragraph 37
2 above as though set forth fully herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **Sterile Injectable Compounding Quality Assurance and Process Validation**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 55. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
7 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
8 section 1751.7, subdivision (c), on the grounds that Respondents failed to subject batch-produced
9 injectable CSPs, which were compounded from one or more non-sterile ingredients, to
10 documented end product testing for sterility and pyrogens and/or Respondents failed to properly
11 quarantine those batch-produced injectable CSPs until end product testing confirmed sterility and
12 acceptable levels of pyrogens. Complainant refers to and expressly incorporates the allegations
13 contained within paragraphs 38, 39, 45, 46, 47, and Table 1 and Table 2 above as though set forth
14 fully herein.

15 **FIFTH CAUSE FOR DISCIPLINE**

16 **Compounding Master Formulas Requirements**

17 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

18 56. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
19 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
20 section 1735.2, subdivision (d), on the grounds that complete master formulas for injectable CSPs
21 were not available for review upon request by Board inspectors. Complainant refers to and
22 expressly incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and
23 Table 2 above as though set forth fully herein.

24 **SIXTH CAUSE FOR DISCIPLINE**

25 **Compounding Limitations and Requirements**

26 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

27 57. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
28 action under Code section 4301, subdivision (o),²⁵ and California Code of Regulations, title 16,

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV,
MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTUEVIC, and
DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

1 section 1735.2, subdivision (h), on the grounds that they maintained CSP lots with BUDs that
2 exceeded 180 days from the date of preparation, or the shortest expiration date of any component
3 in the CSP, without any support from stability and/or sterility studies. In doing so, Respondents
4 failed to exercise the appropriate professional judgment of a responsible pharmacist. Complainant
5 refers to and expressly incorporates the allegations contained within paragraphs 36 and 47, and
6 Table 1 and Table 2 above as though set forth fully herein.

7 **SEVENTH CAUSE FOR DISCIPLINE**

8 **Records of Compounded Drug Products**

9 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

10 58. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
11 action under Code section 4301, subdivision (o), and California Code of Regulations, title 16,
12 section 1735.3, subdivision (a), on the grounds that multiple CSPs had CRs that were missing
13 statutorily required information, such as the master formula record, the date the drug was
14 compounded, the identity of the personnel who compounded the product, the identity of the
15 pharmacist reviewing the final product, the quantity of each component used in the product, the
16 manufacturer and lot number of each component, the equipment used in compounding, a product
17 lot number, an expiration date, and/or the quantity of product compounded. Complainant refers to
18 and expressly incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and
19 Table 2 above as though set forth fully herein.

20 **EIGHTH CAUSE FOR DISCIPLINE**

21 **Training of Compounding Staff**

22 **(Against Respondent Anatomy Pharmacy)**

23 59. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
24 4301, subdivision (o), and California Code of Regulations, title 16, section 1735.7, subdivision (a),
25 on the grounds that Respondent Anatomy Pharmacy did not maintain written documentation
26 sufficient to demonstrate that pharmacy personnel had the skills and training required to properly
27 and accurately perform their assigned responsibilities relating to compounding. Complainant refers
28

1 to and expressly incorporates the allegations contained within paragraphs 40 through 42 above as
2 though set forth fully herein.

3 **NINTH CAUSE FOR DISCIPLINE**

4 **Unprofessional Conduct**

5 **(Against Respondents Anatomy Pharmacy, Pharmacist Aksentijevic, and Tech. Kabov)**

6 60. Respondents Anatomy Pharmacy, Pharmacist Aksentijevic, and Tech. Kabov are
7 subject to disciplinary action under Code section 4301, subdivision (g), for committing acts of
8 unprofessional conduct in that they falsely represented the existence or nonexistence of a state of
9 facts. Complainant refers to and expressly incorporates the allegations contained within
10 paragraphs 40, 41, and 44 above as though set forth fully herein.

11 **TENTH CAUSE FOR DISCIPLINE**

12 **Training of Sterile Injectable Compounding Staff, Patient, and Caregiver**

13 **(Against Respondent Anatomy Pharmacy)**

14 61. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
15 4301, subdivision (o), and California Code of Regulations, title 16, section 1751.6, subdivision (a),
16 on the grounds that Respondent Anatomy Pharmacy failed to make consultations available to their
17 patients and/or primary caregivers concerning the proper use of injectable CSPs furnished by
18 Anatomy Pharmacy. Complainant refers to and expressly incorporates the allegations contained
19 within paragraph 43 above as though set forth fully herein.

20 **ELEVENTH CAUSE FOR DISCIPLINE**

21 **Adulterated Medications**

22 **(Against Respondents Anatomy Pharmacy)**

23 62. Respondent Anatomy Pharmacy is subject to disciplinary action under Code section
24 4301, subdivision (j), and Health and Safety Code sections 111250 and 111295 on the grounds
25 that Respondent Anatomy Pharmacy maintained expired CSP lots and CSP lots compounded with
26 expired ingredients in the pharmacy's active drug inventory. Complainant refers to and expressly
27 incorporates the allegations contained within paragraphs 36 and 47, and Table 1 and Table 2 above
28 as though set forth fully herein.

1 **TWELFTH CAUSE FOR DISCIPLINE**

2 **Failure to Maintain Records**

3 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

4 63. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
5 action under Code section 4301, subdivision (o), in conjunction with Code sections 4081 and
6 4332, and California Code of Regulations, title 16, section 1718, on the grounds that they failed to
7 maintain a current inventory and all records of manufacture, sale, acquisition, receipt, shipment, or
8 disposition of dangerous drugs for a period of three years from the date of making. Complainant
9 refers to and expressly incorporates the allegations contained within paragraph 49 above as though
10 set forth fully herein.

11 **THIRTEENTH CAUSE FOR DISCIPLINE**

12 **Prohibited Acts**

13 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

14 64. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
15 action under Code section 4301, subdivision (o), in conjunction with Code section 4169,
16 subdivision (a)(1), on the grounds that they engaged in prohibited acts by purchasing, trading,
17 and/or transferring dangerous drugs at wholesale with entities in Canada and China that were not
18 licensed with the Board as a wholesaler, third-party logistics provider, or pharmacy. Complainant
19 refers to and expressly incorporates the allegations contained within paragraph 50 above as though
20 set forth fully herein.

21 **FOURTEENTH CAUSE FOR DISCIPLINE**

22 **Misbranded Drugs**

23 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

24 65. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
25 action under Code section 4301, subdivision (o), in conjunction with Health and Safety Code
26 sections 111397, subdivision (a), and 111440, on the grounds that they manufactured, sold,
27 delivered, held, or offered to sell drugs that were misbranded because they were obtained outside

1 of the licensed supply chain regulated by the Board. Complainant refers to and expressly
2 incorporates the allegations contained within paragraph 50 above as though set forth fully herein.

3 **FIFTEENTH CAUSE FOR DISCIPLINE**

4 **Records of Compounded Drug Products**

5 **(Against Respondents Anatomy Pharmacy and Pharmacist Lowe)**

6 66. Respondents Anatomy Pharmacy and Pharmacist Lowe are subject to disciplinary
7 action under Code section 4301, subdivision (o), in conjunction with California Code of
8 Regulations, title 16, section 1735.3, subdivision (a), on the grounds that compounding records
9 produced on April 26, 2016, for oxycodone 30mg were incomplete in that they were missing the
10 date of compounding, the identity of the pharmacist reviewing the final drug product, the identity
11 of the pharmacy personnel who compounded the drug product, the manufacture, expiration date,
12 and lot number of each component, and the expiration date of the final compounded drug product.
13 Complainant refers to and expressly incorporates the allegations contained within paragraph 51
14 above as though set forth fully herein.

15 **OTHER MATTERS**

16 67. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number
17 PHY 50713 issued to Respondent Anatomy Pharmacy, then Respondent Anatomy Pharmacy shall
18 be prohibited from serving as a manager, administrator, owner, member, officer, director,
19 associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed
20 on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked.

21 68. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number
22 PHY 50713 issued to Respondent Anatomy Pharmacy while Berry Kabov and/or Dalibor Dabo
23 Kabov, Pharmacy Technician Registration Number TCH 114849, have been officers and/or
24 owners and had knowledge or knowingly participated in any conduct for which the licensee was
25 disciplined, then Berry Kabov and/or Dalibor Dabo Kabov shall be prohibited from serving as
26 managers, administrators, owners, members, officers, directors, associates, or partners of a
27 licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until
28 Pharmacy Permit Number PHY 50713 is reinstated if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 50713, issued to Anatomy RX LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member;

2. Revoking or suspending Sterile Compounding Pharmacy Number LSC 99715, issued to Anatomy RX LLC, dba Anatomy Pharmacy, Berry Kabov, Member, Dalibor Dabo Kabov, Member;

3. Revoking or suspending Pharmacist License Number RPH 37609, issued to Michael Paul Lowe;

4. Revoking or suspending Pharmacist License Number RPH 38483, issued to Kimberly Birano Aksentijevic;

5. Revoking or suspending Pharmacy Technician Registration Number TCH 114849, issued to Dalibor Dabo Kabov;

6. Prohibiting Berry Kabov from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked;

7. Prohibiting Dalibor Dabo Kabov, Pharmacy Technician Registration Number TCH 114849, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee for five years if Pharmacy Permit Number PHY 50713 is placed on probation or until Pharmacy Permit Number PHY 50713 is reinstated if it is revoked;

8. Ordering Anatomy Pharmacy, Michael Paul Lowe, Dalibor Dabo Kabov, and Kimberly Briano Aksentijevic to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

///

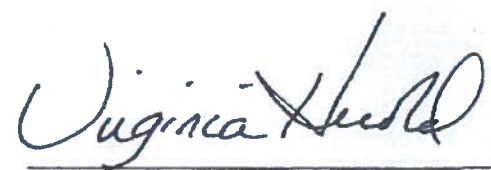
9. Taking such other and further action as deemed necessary and proper.

(ANATOMY RX LLC DBA ANATOMY PHARMACY, BERRY KABOV, MEMBER, DALIBOR DABO KABOV, MEMBER, MICHAEL PAUL LOWE, HARSHAD H. GAJJAR, KIMBERLY BIRANO AKSENTIJEVIC, and DALIBOR DABO KABOV) FIRST AMENDED ACCUSATION

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DATED: _____

12/11/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2016602481
63043555.doc

17B

985 Damonte Ranch Pkwy #206, Reno, NV 89521

For the period of November 1, 2019 to October 31, 2021

Credit/Debit Card (print at bottom), Money Order, Cashier's Check, Business or Personal Check: Payable to NSBP

NO CASH

LICENSE: 09414

DONALD COWLES
COPPER CACTUS DR,
LAS VEGAS, NV 89129

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date **(NO STAMPS OR COPIES)**
2. Mail/Bring in the form and a **FEF** for **\$205 (on-time)** (\$180 renewal fee plus \$25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINSTATEMENT FEE of \$190. (\$180 renewal, \$90 late fee, \$100 reinstatement fee plus \$25 paper-use fee) **TOTAL DUE: \$395**
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$25 paper fee
5. Please allow **2-3 WEEKS** for processing by mail/in-person

<OR>

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to REGISTER, then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - \$180

Late renewal fee - \$370

***On-line fee of \$10 will be charged during submission.**

Licenses renewed online will update immediately once approved by board staff. Please allow 2-3 DAYS

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

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?

Yes No

☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state?☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state?☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?☐ ☒**If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:**

Board Administrative Action:

State

Date

Case #: 18-104-RPH-S

Nevada 2/12/19

Criminal
Action:

State

Date

Case #:

County

Court

Section 2:

Are you the subject of a court order for the support of a child?

Yes No

☐ ☒**If you marked YES to the question above, are you in compliance with the court order?**☐ ☐**Section 3: NON-DISCIPLINARY STATE-MANDATED QUESTIONS:**1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide

_____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired

Yes ☒ No ☐

Branch: Army

Military occupation specialty: Pharmacist

Dates of service: 8/20/56 - 8/1/1962

Section 4: (Fees apply to either status) (see insert for details)By signing below, you certify that you have completed **ALL** required CE Hours due for the 19/21 Renewal period.(Dated from Nov. 1, 17 - Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.**OR you may check the box for inactive if you did NOT complete CE**Inactive ☐ By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.**Section 5:**

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: 

Date: 12/14/19

Card Type: ☐ Visa ☐ M/C ☐ Discover ☐ Amex

Exp Date: ____/____/____ (MM/YY)

Amount of Charge:

Card #: _____

CVV (3 digits back of card): _____

\$205 on-time/\$395 late

Billing Zip: _____

17C



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :

X

License # :
Last Name : garber
Email :

SS # : XXX-XX-XXXX
First Name : garret
Status : Select

Search Cancel

Show All



	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	18609	Pharmacist	GARRET	GARBER	10/14/2019		Submitted	

Renewal Application
Pharmacist

Application Fee : \$180.00
Convenience Fee : \$10.00
License Number : 18609
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * GARRET
Middle (initial only) : EUGENE
License # : 18609

Last Name : * GARBER

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Newe Medical Clinic

Military Address :

Street : * 400 A Newe View

Country : * United States

City : * Ely

State : * Nevada

Zip : * 89301

Practice Phone : (775) 289-2134

Practice Fax : (775) 289-4728

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * 3 Clark Street #2

Country : * United States

City : * ELY

State : * Nevada

Zip : * 89301

Home Phone :

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * ☐ Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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? * ☒ Yes ☐ No

I answered yes here because after my September 2018 DUI arrest I asked my Health Director for help and that I had developed a problem with alcohol. They were gracious enough to help me through this and assisted me in attending a 30 day treatment program. The records are on file with the Board.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Completion Certificate	Legal - Question 1	10/14/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * ☒ Yes ☐ No

I was charged of a DUI in September 2018 and plead guilty and was convicted in February 2019. My records for this conviction as well as description of events and assessments are on file with the board.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
DUI Conviction	Legal - Question 2	10/14/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Nevada

Date : 02/19/2019

Case # : 2018-DU-445

County : White Pine

Court : Ely Municipal Court

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * ☐ Yes ☒ No

This past year I applied to reciprocate my license to Oregon. In doing so I was granted my license however due to my DUI arrests a stipulation was for me to participate in their Health Professionals Service Program with Reliant Behavioral Health. I have consented to participate in this program and have been in compliance with this program as well. The particulars consist of being monitored by Reliant

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Oregon consent	Legal - Question 3	10/14/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Oregon

Date : 08/22/2019

Case # : 2019-2016

Criminal Action :

State :

Select

Date :

MM/DD/YYYY

Case #

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

Yes No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : *

Garret Garber

Date Of Application : *

10/14/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method : *

Credit / Debit Card

Override :

Application Fees : *

180

Convenience Fee : *

10

Late Fees : *

0

Total Fees : *

190

Reference Number :

61968196235

InvoiceDate :

10/14/2019

Paid

Approve Close

FILED

Case No. 2018-DU-445

2019 FEB 19 AM 8:39

ELY MUNICIPAL COURT

BY

IN THE MUNICIPAL COURT OF THE CITY OF ELY,
COUNTY OF WHITE PINE, STATE OF NEVADA

THE CITY OF ELY,

Plaintiff,

vs.

GARRETT GARBER,

Defendant.

JUDGMENT AND SENTENCE

The matter of the SENTENCING of Defendant above-named having come before the above-entitled Court, the Honorable JUDGE MICHAEL COSTER, Municipal Court Judge presiding on the 12th, February, 2019 and the City of Ely appearing by and through its attorney, CHARLES H. ODGERS, ESQ., Ely City Attorney, White Pine County, State of Nevada, and the Defendant appearing, having waived his right to Counsel. The Defendant enters a GUILTY plea to the charge of:

COUNT II: DRIVING UNDER THE INFLUENCE (2nd OFFENSE) a Misdemeanor in violation of NRS 484C.110; and the Court having been presented recommendations by both the prosecution and the defense, and the Court having orally entered judgment and conviction of GUILTY of said crime; and good cause appearing,

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Defendant GUILTY OF DRIVING UNDER THE INFLUENCE (2ND OFFENSE) a misdemeanor in violation of NRS 484C.110.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED, the Defendant is sentenced to:

SEVEN HUNDRED FIFTY DOLLAR (\$750.00) FINE; ONE HUNDRED TWENTY THREE DOLLAR (\$123.00) ADMINISTRATIVE ASSESSMENT FEE; TEN DOLLAR (\$10.00) COURT FACILITY FEE; SEVEN DOLLAR (\$7.00) SPECIAL COURT PROGRAM FEE; AND, ONE HUNDRED DOLLAR (\$100.00) DUI ASSESSMENT AND A SIXTY DOLLAR (\$60.00) FORENSIC FEE.

1 DEFENDANT IS ORDERED TO ATTEND A DUI EDUCATIONAL COURSE AT HIS
2 OWN EXPENSE TO BE COMPLETED WITHIN NINETY (90) DAYS OF SENTENCING.

3 DEFENDANT IS ORDERED TO ATTEND THE VICTIM'S IMPACT PANEL AT HIS
4 OWN EXPENSE TO BE COMPLETED WITHIN NINETY (90) DAYS OF SENTENCING.

5 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is
6 ORDERED TO ATTEND SUBSTANCE ABUSE COUNSELING WITH MONTHLY REPORTS
7 TO BE FILED WITH COURT AT THE RATE OF ONE (1) TIME PER WEEK FOR SIX (6)
8 MONTHS.

9 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is
10 ORDERED TO ATTEND A TWELVE STEP PROGRAM FOR A PERIOD OF TWELVE
11 MONTHS.

12 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** THAT THE
13 DEFENDANT IS ORDERED TO TEN (10) DAYS IN CUSTODY AND GIVEN CREDIT FOR
14 TWO (2) DAYS SERVED, THE REMAINING NINE (9) DAYS TO BE CONVERTED TO
15 EIGHTEEN (18) DAYS HOUSE ARREST WITH THE ANKLE MONITOR, TO BE
16 COMPLETED WITHIN THIRTY (30) DAYS.


17 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Defendant is to
18 return to Court on March 27, 2019, May 22, 2019, and August 28, 2019 at 8:30 for Status check.

19 **IT IS FURTHER ORDERED THAT THE DEFENDANT** will be allowed to make
20 monthly payments for the fees with arrangements being made with the Clerk of the Court. Failure to
21 comply with the orders of this court may result in the issuance of a BENCH WARRANT with
22 additional penalties imposed.

23 **IT IS HEREBY FURTHER ORDERED AND THE COURT ADVISES DEFENDANT**
24 that pursuant to NRS 176.063, all administrative assessment fees, all other fees, and all fines
25 constitute a lien pursuant to NRS 176.275; and that should the Defendant fail to satisfy said lien(s),
26 collection efforts may be undertaken against the Defendant pursuant to the laws of this State.
27

DEFENDANT IS FURTHER ADVISED THAT he has the right to appeal this matter, NOTICE OF APPEAL shall be filed with the Clerk of this Court within 10 days from the time of the rendition of the judgment.

DATED this 19 day of Feb, 2019.


MUNICIPAL COURT JUDGE



This Certificate is presented to

Garret Garber

For successfully completing the Crossroads Right Track Program

30 Day Intensive Residential Treatment

96 Hours of Intensive Addiction and Substance Abuse Education

TRAVIS KULPA PEER MENTOR, PSS

DATE: 11/23/2018

17D

• 381831 •

• 1007 •

• 18188 •

• 0701 r •

DO NOT FOLD OR STAPLE ABOVE THIS LINE.

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • nvbop.com

For the period of November 1, 2017 to October 31, 2019

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2017) OR \$320.00 (postmarked after 10/31/2017)

LICENSE: 18188

GREGORY GERARD GAISER RPH

MINOLA DR,

Miami, FL 33166

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

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?..... ☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☒ ☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State	Date:	Case #:
		/ /	See attached
Criminal Action:	State	Date:	Case #:
	/ /		
		County	Court

Section 2: Are you the subject of a court order for the support of a child?..... Yes No ☐ ☒IF you marked YES to the question above, are you in compliance with the court order?..... ☐ ☒

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 17/19 Renewal period.(Dated from Nov. 1, 15 – Oct. 31, 17; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for inactive if you did NOT complete CE You cannot renew online if you change to Inactive

Inactive - ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable2. Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge 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 understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____

Date: 6 / 25 / 2018



Department of Health

GREGORY G GAISER

License Number: PS39659

Data As Of 9/11/2018

Profession

License

License Status

License Expiration Date

License Original Issue Date

Address of Record

Pharmacist

PS39659

OBLIGATIONS/ACTIVE

9/30/2019

01/19/2005

1 NW 158TH

STREET

MIAMI LAKES, FL 33014

UNITED STATES

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

No

Discipline on File

Yes

Public Complaint

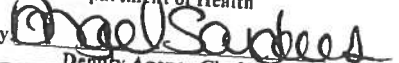
Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

FILED DATE **FEB 26 2015**

Department of Health

By


Deputy Agency Clerk**STATE OF FLORIDA
BOARD OF PHARMACY**DEPARTMENT OF HEALTH,
PETITIONER,

CASE NO.: 2014-11951

GREGORY G. GAISER, RPH,
RESPONDENT.

LICENSE NO.: PS 39659

FINAL ORDER
APPROVING SETTLEMENT AGREEMENT

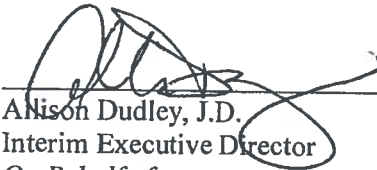
THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 877.45.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25th day of February, 2015.

BOARD OF PHARMACY


Anison Dudley, J.D.
Interim Executive Director
On Behalf of
Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.


DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license numbers PS 39659. Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND EIGHT HUNDRED THREE DOLLARS AND SEVENTY-ONE CENTS (\$1,803.71)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order is filed with the Department Clerk.

4. **CE Course-** Respondent shall successfully complete a Continuing Education Course on the subject of **LAWS AND RULES OF PHARMACY** consisting of **TWELVE (12) HOURS** of credit, which has been approved by the Florida Board of Pharmacy, within **one (1) year** of the filing of a Final Order accepting and Incorporating this Settlement Agreement. These continuing education hours shall be in addition to the

hours required for license renewal. Within ten (10) days of completion of the course and/or receipt of the certificate of completion, Respondent shall mail a copy of the continuing education certificate of completion to the Pharmacy Compliance Officer at the address listed in paragraph two (2) above.

5. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all Investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.


11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

13. **Time of the Essence:** Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.



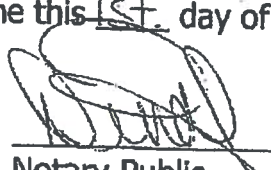
GREGORY G. GAISER, R.Ph.
CASE NO. 2014-11951

STATE OF Florida
COUNTY OF Miami-Dade

Before me personally appeared Mr. Gaiser, whose identity is known to me or by FL drivers license (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of Dec., 2014.





Notary Public
My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner
Marc D. Taupier
Assistant General Counsel

Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Wlizer + Philip

Department of Health v. Gregory G. Gaiser, R.Ph.
DOH Case No. 2014-11951

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

FILED DATE AUG 18 2018

Department of Health

STATE OF FLORIDA
BOARD OF PHARMACYBy: Amber Greene
Deputy Agency ClerkDEPARTMENT OF HEALTH,
PETITIONER,

v.

GREGORY G. GAISER, RPH,
RESPONDENT.

CASE NO.: 2017-22550

LICENSE NO.: PS 39659

FINAL ORDER
APPROVING SETTLEMENT AGREEMENT

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on August 8, 2018, in Orlando, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered and Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.

2. Costs of investigation and prosecution are \$596.51.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 16th day of August, 2018.

BOARD OF PHARMACY

C. Erica White, J.D., Executive Director
On Behalf of
Jeenu Philip, BPharm, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166 and 5829 NW 158th Street, Miami Lakes, Florida 33014; and via electronic mail to **Christopher Jurich**, Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 11th day of August, 2018.


DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

PRACTITIONER REGULATION
LEGAL

2018 JUL 23 PM 3:05

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license number PS39659.

Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **ninety (90) days** from the date the Final Order approving and incorporating this Settlement Agreement ("Final Order") is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND FIVE HUNDRED THIRTY-ONE DOLLARS AND TEN CENTS (\$1,531.10)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **ninety (90) days** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute

a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, It is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice

the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

10. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

12. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 20 day of July, 2018.

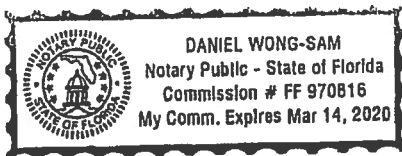

 Gregory G. Gaiser, R.Ph.
 Case No. 2017-22550

STATE OF Florida

COUNTY OF Miami Dade

Before me personally appeared Gregory G. Gaiser, whose identity is known to me or by FL DL ID (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 20 day of July, 2018.




 Notary Public
 My Commission Expires: March 14, 2020

APPROVED this 26th day of July, 2018.

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillips

Hannah Phillips
Assistant General Counsel

Counsel for Petitioner

Hannah Phillips
Florida Bar No. 1003347
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 558-9824
Fax: (850) 245-4662

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.



3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158th Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of April, 2018.

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillip, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel
Fla. Bar No. 108907

Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bln C-65
Tallahassee, FL 32399-3265
Telephone: (850) 558-9875
Facsimile: (850) 245-4662
Email: raj.misra@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: APR 19 2018

PCP Meeting: April 19, 2018
PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Whizer + Philip

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158th Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th **day of** April, **2018.**

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Hannah Phillips, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel
Fla. Bar No. 108907
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Telephone: (850) 558-9875
Facsimile: (850) 245-4662
Email: raj.misra@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: **APR 19 2018**

PCP Meeting: April 19, 2018
PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

FILED DATE FEB 26 2015

Department of Health

By: Angel Sanders

Deputy Agency Clerk

**STATE OF FLORIDA
BOARD OF PHARMACY**

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2014-11950
COMPLETE PHARMACY & MEDICAL SOLUTIONS, RESPONDENT.	LICENSE NO.: PH 22993

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 1,161.26. ✓

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25th day of February, 2015.

BOARD OF PHARMACY



Allison Dudley, J.D.
Interim Executive Director
On Behalf of
Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Complete Pharmacy & Medical Solutions**, 5829 North West 158th Street, Miami Lakes, Florida 33014 ; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.



DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **COMPLETE PHARMACY & MEDICAL SOLUTIONS** was a permitted community pharmacy in the state of Florida, having been issued license number PH 22993. Respondent's mailing address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that Respondent is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **TWO THOUSAND DOLLARS (\$2,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bln C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **TWO THOUSAND ONE HUNDRED NINETEEN DOLLARS AND TWELVE CENTS (\$2,119.12)**.

Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **90 days** from the date the Final Order is filed with the Department Clerk.

4. **Correction of Alleged Deficiencies-** At its sole expense, but without admitting any specific deficiency or violation, Respondent shall immediately, or at least forthwith, correct and address all deficiencies and violations listed or alleged in the Administrative Complaint, to the extent necessary to comply with Florida law.

5. **Future Conduct-** Respondent shall not violate Chapters 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto;

or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or

contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.


12. **Current Addresses-** Respondent shall keep current his mailing address and his practice address with the Board of Pharmacy and

the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

13. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.

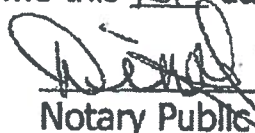

Institutional Representative for
Complete Pharmacy & Medical Solutions
Case No. 2014-11950

STATE OF Florida
COUNTY OF Miami-Dade

Before me personally appeared Gregory Gaiser whose identity is known to me or by Florida Drivers License (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of December, 2014.




Dina Marie Joyner
Notary Public
My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner

Marc D. Taupier
Assistant General Counsel
Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444 ext. 8228
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Complete Pharmacy and Medical Solutions, and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Complaint, Respondent was a permitted community pharmacy within the state of Florida, having been issued permit number PH 22993.

3. Respondent's address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

COUNT I

6. Petitioner realleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.

7. Section 456.072(1)(o), Florida Statutes (2013, 2014), provides that practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform is grounds for disciplinary action.

8. As set forth above, Respondent engaged in sterile compounding without first obtaining a special sterile compounding permit.

9. Based on the foregoing, Respondent violated Section 456.072(1)(o), Florida Statutes (2013, 2014), by practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

COUNT II

10. Petitioner realleges and Incorporates paragraphs one (1) through five (5) as if fully set forth herein.

11. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

12. Section 465.023(1)(c), Florida Statutes (2013, 2014), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

13. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

14. As set forth above, Respondent was engaging in sterile compounding without first having been issued a special sterile compounding permit.

15. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014), by violating Section 465.023(1)(c), Florida Statutes (2013, 2014), through a violation of Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Weizer, Philip

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

AC# 7585529

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

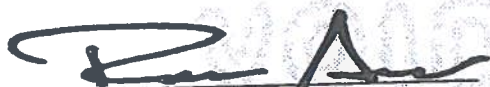
DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 28339	99946

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY AND MEDICAL SOLUTIONS
COMPLETE PHARMACEUTICS
5829 NW 158 STREET
MIAMI LAKES, FL 33014

STATE OF FLORIDA	AC#	7585529
DEPARTMENT OF HEALTH	LICENSE NO.	PH 28339
DIVISION OF MEDICAL QUALITY ASSURANCE	CONTROL NO.	99946
DATE	02/17/2017	

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019****COMPLETE PHARMACY AND MEDICAL SOLUTIONS**Rick Scott
GOVERNORCeleste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Special Sterile CompoundingEXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 28339. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTSAre You Renewal Ready?

The Department of Health will now review
your continuing education records at the
time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for
Discipline found in Section 456.072(1),
Florida Statutes, and in the practice act for
the profession in which you are licensed.
Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes

C# 7586725

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 22993	99945

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED

PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY & MEDICAL SOLUTIONS
Complete Pharmaceuticals
129 NW 158TH STREET
MIAMI LAKES, FL 33014

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7586725	LICENSE NO. PH 22993	CONTROL NO. 99945
		DATE 02/17/2017	

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY & MEDICAL SOLUTIONS


Rick Scott
GOVERNOR


Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Schedule II & III
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 22993. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

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

Sections 304 and 1008 (21 U.S.C. 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 IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

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

Sections 304 and 1008 (21 U.S.C. 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, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

IN THE MATTER OF:)	BEFORE THE ALABAMA STATE
)	
COMPLETE PHARMACY AND)	BOARD OF PHARMACY
MEDICAL SOLUTIONS)	
)	
Non-Resident Pharmacy)	Case Number 17-L-0001
Permit Number 113324)	
)	
and)	
)	
GREGORY GAISER)	
)	
Pharmacist License Number 19151)	

FINAL ORDER

On October 10, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Complete Pharmacy and Medical Solutions (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy") and Mr. Gregory Gaiser (hereinafter referred to as "Respondent" or "Respondent Pharmacist"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent Pharmacy is a non-resident pharmacy located at 5859 NW 158 Street, Miami Lakes, Florida 33014 to which the Board issued permit number 113324 and Respondent Pharmacist is a licensed pharmacist license who holds license number 19151, issued by the Board. The Respondent Pharmacist is the supervising pharmacist for the Respondent Pharmacy. (Board's Exhibit One)

2. The Respondents were notified of the charges; the Respondent Pharmacist attended the administrative hearing and the Respondents were represented at the administrative hearing by counsel, Mr. John Hutto, Esq. (Board's Exhibits One and Two)

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. As of December 31, 2014 the Respondent Pharmacy's permit as a non-resident pharmacy for the State of Alabama expired and the Respondent failed to timely renew its non-resident pharmacy permit for the years 2015-2016, submitting a renewal application for that period received by the Board on December 14, 2016. The Respondents continued to dispense prescription into the State of Alabama while it did not possess a valid, current non-pharmacy permit. (Board's Exhibits Two and Three)

5. The Respondent Pharmacy failed to renew its 2017-2018 non-resident pharmacy in a timely manner and shipped prescriptions into the State of Alabama without a valid permit in 2015, 2016 and 2017. (Board's Exhibits Two and Three)

6. Based on the Administrative Complaint dated October 30, 2014 by the State of Florida Department of Public Health against the Respondent Pharmacist for the failure to obtain a special sterile compounding permit, the State of Florida Board of Pharmacy on February 25, 2015 issued a Final Order Approving Settlement Agreement wherein the Responding Pharmacist, among other things, was fined and required to complete twelve hours of continuing education on laws and rules of pharmacy. (Board's Exhibits One "A" and Four)

7. On August 4, 2014 through August 12, 2014 the Respondent Pharmacy was inspected by the Department of Health and Human Services, Food and Drug Administration during which twelve violations concerning sterile product processing were observed as shown on the Form FDA 483. (Board's Exhibits One "B" and Five; Respondents' Exhibit One)

8. On January 23, 2017 the Respondent Pharmacy was again inspected by the Department of Health and Human Services Food and Drug Administration during which two

violations concerning labeling and beyond use dates were observed as shown on the Form FDA 483. (Board's Exhibits One "C" and Seven)

9. The Public Health Service, Food and Drug Administration on March 10, 2016 issued a Warning Letter to the Respondents regarding the failure of the Respondents' practices in producing sterile drug products thus failing to meet the conditions required under Section 503B of the Food, Drug and Cosmetic Act. (Board's Exhibits One "B", One "C", One "D" and Six)

10. The Respondents' submitted responses to the August 4, 2014 through August 12, 2014 and January 23, 2017 inspections by the Department of Health and Human Services Food and Drug Administration and the Warning Letter of March 10, 2016 including standard operating procedures and other actions to correct violations observed during the inspections. (Respondents' Exhibits Two through Six, Nine through Fourteen)

11. The Oregon State Board of Pharmacy disciplined the Respondent Pharmacy in an order dated November 7, 2016 for the failure of the Respondent Pharmacy to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. (Board's Exhibit Eight)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12), and § 41-22-12.

2. The Respondents were properly notified of the charges; the Respondent Pharmacist attended and the Respondents were represented at the administrative hearing by counsel.

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges at the administrative hearing.

4. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that it operated as a pharmacy and dispensed medication to citizens of the State of Alabama during 2015, 2016 and/or 2017 without a valid permit in violation of Code of Alabama (1975), § 34-23-30 and/or § 34-23-31.

The Board finds that each day it operated is a separate and distinct offense.

5. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of the preceding paragraphs of this Final Order.

8. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon engaging in sterile compounding in the State of Florida without having been issued a special sterile compounding permit as set forth and

reflected in the Administrative Complaint dated October 30, 2014, the Settlement Agreement dated December 1, 2014 and the Final Order referenced in the Settlement Agreement.

9. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph eight above of this Final Order.

10. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eight and/or nine above of this Final Order.

11. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that they operated and/or conducted business activities in this State during 2014, 2015, 2016 and/or 2017 without possessing the permit required by Code of Alabama (1975), § 34-23-32.

The Board finds that each day it operated and/or conducted the above referenced business activities is a separate and distinct offense.

12. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed

on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form 483 dated August 12, 2014 resulting from an inspection by the FDA.

13. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated the statutory provisions based upon the deficiencies and/or violations set out and described in a Warning Letter issued by the FDA dated March 10, 2016.

14. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form FDA 483 dated February 13, 2017 resulting from an inspection by the FDA.

15. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

16. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the

Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (a) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

17. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (b) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

18. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

19. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon discipline entered by the Oregon State Board of Pharmacy on or about November 7, 2016 in connection with him dispensing prescriptions and compounding patient specific prescriptions into Oregon from on or about January 1, 2015 until on or about March 29, 2016 without registering with the Oregon Board of Pharmacy.

20. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph nineteen above of this Final Order.

21. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph nineteen above of this Final Order.

22. The Respondent Pharmacy's controlled permit in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's controlled substance permit in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the violations contained in the preceding paragraphs above of the Final Order.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondents shall not ship or otherwise distribute into the State of Alabama any human growth hormone preparations for off label uses; and

2. The Respondent Pharmacist's license to practice pharmacy and controlled

substance permit in the State of Alabama are placed on PROBATION for a period of three (3) years from the date of this Final Order; and

3. The Respondent Pharmacist is ORDERED to pay to the Board an administrative fine of Fourteen Thousand (\$14,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

4. The Respondent Pharmacy's controlled substance permit and permit as a non-resident pharmacy in the State of Alabama are SUSPENDED, said SUSPENSION immediately revert to PROBATION for a period of three (3) years from the date of this Final Order; and

5. The Respondent Pharmacy is ORDERED to pay to the Board an administrative fine of Fifteen Thousand (\$15,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

6. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this _____ day of October 2017.
10/20/2017

Buddy Bunch

Mr. Buddy Bunch, President
Alabama State Board of Pharmacy

Copies to:

Mr. John Hutto, Esq.

Mr. James S. Ward, Esq.

Dr. Susan Alverson, Executive Secretary

Mr. Vance L. Alexander, Esq.

17E



Nevada State Board of Pharmacy

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Individual

Renewal

Reports

Administration

Company

Inspection

Compliance

License Renewal

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Search By Name :



License # : 09579

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

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	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	09579	Pharmacist	David	Makhani	10/22/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 09579

License Type : Pharmacist

New Expiration Date : 10/31/2021

Personal Information

First Name : * David

Middle (initial only) :

Last Name : * Makhani

License # : 09579

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address : ☐

Street : * PO BOX

Country : * United States

City : * SANTA MONICA

State : * California

Zip : * 90406

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * PO BOX

Country : * United States

City : * SANTA MONICA

State : * California

Zip : * 90406

Home Phone :

Cell Phone :

Email Address : * n

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * ☒ Yes ☐ No

Legal Information

1. Since your last renewal or recent licensure have you 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? * ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * ☒ Yes ☐ No

see attached

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Letter of Explanation	Legal - Question 3	10/22/2019	(OL)		Document Details	

Document Name :

Document Type : [Select DocumentType](#)

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#) [Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

☐ Yes ☒ No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * David Makhani

Date Of Application * 10/22/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are **NON REFUNDABLE**. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number : 61982136462

InvoiceDate 10/22/2019

Paid

Approve

Close

First () Previous () 1 () Next () Last ()

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October 22, 2019

To: Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206. Reno, NV 89521

From: David Makhani, CA RPH 41572
P.O. Box Santa Monica, CA 90406

1

Re: History of California State Board of Pharmacy Citations & Fines

Dear Nevada Board of Pharmacy,

This letter is to explain two prior California State Board of Pharmacy Citations & Fines issued against my pharmacist license, RPH 41572 - on April 22, 2019 and July 25, 2019. A copy of each of these non-disciplinary enforcement actions have been enclosed for your reference. In the one issued on April 22, 2019, the California State Board of Pharmacy cited a violation of California Code of Regulations § 1714(b) and California Business & Professions Code § 4081(a):

CCR § 1714(b):

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.

B&P § 4081(a):

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, licensed correctional clinic, as defined in Section 4187, 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.

This matter has been fully resolved through my payment of the \$750.00 fine, payable to the California State Board of Pharmacy.

In the Citation & Fine issued on July 25, 2019, the California Board of Pharmacy cited a violation of California Code of Regulations § 1735.2(i)(3):

CCR § 1735.2(i)(3):

For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies.

This matter has also been fully resolved through my payment of the \$500.00 fine, payable to the California State Board of Pharmacy and 4 hours of remedial education in "sterile compounding."

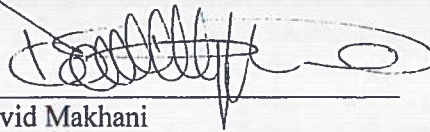
Please note that a Citation & Fine is NOT considered a disciplinary action – rather, it is merely an administrative action, the payment for which constitutes "... a substantiated

resolution of a complaint and/or investigation . . . a payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure" [Citation & Fine, Page two].

Attached for your reference you will find my since then renewed pharmacist license from the California State Board of Pharmacy.

As always, please contact me at your convenience for any further questions or discussions on this matter. Thank you in advance for your consideration and the opportunity to explain this California State Board of Pharmacy Citation & Fine against my pharmacist licensure.

Sincerely,

X 
David Makhani

Remove your new Pocket License
from the receipt portion and keep
on your person.

Board of Pharmacy
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
916 574-7900

13/19
13/19

CUT HERE

CUT HERE



Board of Pharmacy
1625 North Market Blvd.,
Suite N-219
Sacramento, CA 95834
916 574-7900



CUT HERE

IMPORTANT

1. Please include your License Number with any correspondence to this office.
2. Notify the Board of Pharmacy of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the Pocket License with you.
DAVID MAKHANI

LICENSE NO. RPH 41572

EXPIRATION 10/31/21

DAVID MAKHANI

PO BOX

SANTA MONICA CA 90406

Signature

RECEIPT NO.

92540597

LICENSE NO.

RPH 41572

EXPIRATION

10/31/21

RECEIPT NO.

92540597

Please retain this receipt in a safe location.

PPHRPH 10/31/07

June 05, 2019

California State Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA 95834

Re: Citation & Fine CI 2018 83499
David Makhani, RPH 41572

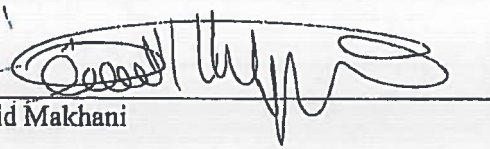
Dear California State Board of Pharmacy,

Please receive the enclosed check in the amount of \$750.00, in full payment for the Citation & Fine against my licensure. I have enclosed a copy of my Citation & Fine for your reference. I just now received my Citation & Fine document, and I apologize for my delayed response and payment. I am not sure why it took so long for me to get it, but I wish to simply pay the fine in full resolution of the matter.

Thank you, and please contact me at your convenience for any further questions or discussions on this matter.

X

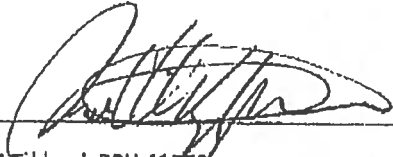
David Makhani

A handwritten signature in black ink, appearing to read 'David Makhani', written over a horizontal line.

To: California State Board of Pharmacy

I, David Makhani, choose option (2) of the attached Order of Abatement which states: "Payment in the amount of \$500 and proof of completion of four (4) hours of remedial education in Sterile Compounding within (6) months of the date of this citation." I am completing my hours through CriticalPoint's Simplifi and will send the proof of completion immediately following completion.

Thank you,



David Makhani, RPH 41572

8/20/19

9/24/2019

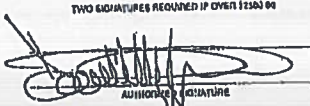
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Print

Check/Serial#: 3562

Account #: 268309231

Amount: 750.00

ENCINO PHARMACY OCEAN DRUG, INC. 17071 VENTURA BLVD., STE. 100 ENCINO, CA 91316 818-788-8850		CHASE JPMorgan Chase Bank, N.A. www.Chase.com 00-71027222		3562
102140		8/5/2019		
CALIFORNIA BOARD OF PHARMACY		\$ 750.00		
Seven Hundred Fifty and 00/100		DOLLARS		
PAY TO THE ORDER OF	CALIFORNIA BOARD OF PHARMACY 1625 NORTH MARKET BLVD, STE N219 SACRAMENTO, CA 95834		TWO SIGNATURES REQUIRED IF OVER \$1500.00	
				
⑈003562⑈ ⑈322271627⑈ 268309231⑈ 823457				
20100810 010002013 010030002 FOR DEPOSIT ONLY ACCOUNT 171 CASH TREASURER, CONSUMER AFFAIRS				
<p>DO NOT WRITE STAMP OR SIGN BELOW THIS LINE</p> <p>CHOOSE HOW PAY TO THE ORDER OF FOR DEPOSIT ONLY ACCOUNT 171 DEPARTMENT OF CONSUMER AFFAIRS RECEIVED (STAMPED)</p>				

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

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2018 83499	DAVID MAKHANI, RPH 41572

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1714 subd. (b)/Bus. & Prof. Code § 4081 subd. (a)	Operational Standards and Security; pharmacy responsible for pharmacy security/Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory	\$750.00

CONDUCT:

California Code of Regulations, Section 1714 (b) states, in pertinent part, each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs were safely and properly prepared, maintained, secured and distributed. Business and Professions Code Section 4081(a) states, in pertinent part, 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. California Code of Regulations Section 1718 states, in pertinent part, "current inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

Specifically, an audit of the period between 05/06/2015 and 11/28/2018 at Encino Pharmacy_Aka Mdr Pharmaceutical Care, PHY34818, located at 17059-17071 Ventura Blvd Ste #100, Encino, CA 91316 revealed the following:

Overage of (negative Variance):

- 43 tablets of alprazolam 0.5 mg
- 368 tablets of diazepam 10 mg

Shortage of (positive Variance). This could be due to either employee theft or other unknown reasons:

- 30 tablets of alprazolam 0.25 mg
- 168 tablets of alprazolam 1 mg
- 210 tablets of alprazolam 2 mg
- 106 tablets of diazepam 5 mg

David Makhani, RPH41572, was acting as the Pharmacist-in-Charge at Encino Pharmacy_Aka Mdr Pharmaceutical Care, PHY34818, between 03/01/1991 and present. This was a violation of Business and Professions Code 4081(a) and California Code of Regulations, Section 1714 (b) for failing to maintain a current inventory and records of acquisition and disposition of dangerous drugs and for failing to maintain dangerous drugs in a safe and secure manner.

CITATION ISSUED ON APRIL 22, 2019

TOTAL AMOUNT OF FINE(S) \$750.00

PAYMENT OF FINE(S) DUE BY May 22, 2019

COPY

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

**CITATION AND FINE
ORDER OF ABATEMENT**

COPIES

Citation Number	Name, License No
CI 2018 83946	DAVID MAKHANI , RPH 41572

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (l)(3)	Compounding Limitations & Requirements- Every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding; extension of a beyond use date is only allowable when...	\$1,000.00

CONDUCT:

Compounding Limitations and Requirements: California Code of Regulations section 1735.2, subsection (l)(3) states, "For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies." Specifically on 12/01/2017, Pharmacist-In-Charge and owner David Makhani (RPH 41572) at Encino Pharmacy, PHY 34818, located at 17059-17071 Ventura Blvd., Encino, CA 91316 compounded 400 sterile compounded preparations of Leuprolide Acetate 4mg/1 ml (1 ml) and assigned extended beyond use date of 90 days without meeting the necessary requirements. There was no record of Method Suitability Test completed for Leuprolide Acetate 4mg/1ml. Additionally, there was no record of Container Closure Integrity Test completed prior to assigning 90-day BUD on 12/01/2017. Container Closure Integrity Test provided by the pharmacy was completed on 10/31/2018. Extension of beyond use date for sterile compounded drug preparations without support of all three necessary requirements is a violation of California Code of Regulations 1735.2 (l)(3).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of \$1,000, or (2) payment in the amount of \$500.00 and proof of completion of four (4) hours of remedial education in "Sterile Compounding" as specified below.

If David Makhani chooses option (2), David Makhani shall submit

proof of completion of four (4) hours of remedial education in Sterile Compounding within (6) months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If David Makhani timely enrolls in, initiates, and successfully completes 6 hours of remedial education in Sterile Compounding within (6) months, the fine(s) levied by this citation shall be reduced to \$500.00, and completion of 6 hours of remedial education in Sterile Compounding shall be considered satisfactory abatement of the citation.

If David Makhani fails to successfully complete the 6 hours of remedial education in Sterile Compounding, the stay shall be lifted and the fine(s) shall be due and owing from David Makhani within thirty (30) days of any such failure.

CITATION ISSUED ON: July 25, 2019

TOTAL AMOUNT OF FINE(S): \$1,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: August 24, 2019

9/24/2019


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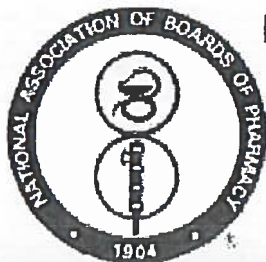
Check/Serial#: 3843

Account#: 268309231

Amount: 500.00

ENCINO PHARMACY OCEAN DRUG, INC. 17071 VENTURA BLVD., STE. 100 ENCINO, CA 91316 818-700-8858		CHASE JPMorgan Chase Bank, N.A. www.chase.com 00-7182222		3843
BOARD OF PHARMACY		\$ 500.00		
Five Hundred and 00/100				DOLLARS
PAY TO THE ORDER OF	BOARD OF PHARMACY 2720 GATEWAY OAKS DR. SUITE 100 SACRAMENTO, CA 95833	TWO SIGNATURES REQUIRED IF OVER \$500.00  AUTHORIZED SIGNATURE		
⑈003843⑈ ⑈322271627⑈ 268309231⑈		823000		
20100827 010001011 010020004 FOR DEPOSIT ONLY ACCOUNT 171 QA ST TREASURER, CONSUMER AFFAIRS				
<small>DO NOT WRITE STAMP OR SIGN BELOW THIS LINE</small>				

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National Association of Boards of Pharmacy

Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <797> Pharmaceutical Compounding—Sterile Preparations

Program Date: 9/25/2019

ACPE Universal

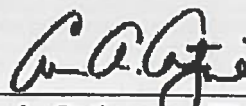
Program Number: ACPE #0205-9999-19-045-L07-P

CEUs: 0.650

Contact Hours: 6.5

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 797 Pharmaceutical Compounding — Sterile Preparations (Live Webcast)

September 25, 2019

A handwritten signature in black ink, appearing to read "Ron T. Piervincenzi".

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer



National Association of Boards of Pharmacy

Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <800> Hazardous Drugs—Handling in Healthcare Settings

Program Date: 9/26/2019

ACPE Universal

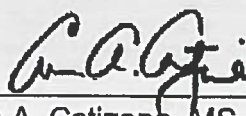
Program Number: ACPE #0205-9999-19-046-L07-P

CEUs: 0.650

Contact Hours: 6.5

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 800 Hazardous Drugs—Handling in Healthcare Settings (Live Webcast)

September 26, 2019

A handwritten signature in black ink, appearing to read 'Ron T. Piervincenzi'.

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer



National Association of Boards of Pharmacy
Statement of Continuing Pharmacy Education Credit



David Makhani

Provider Information

National Association of Boards of Pharmacy
and NABP Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

Program Information

Program Title: USP General Chapter <795> Pharmaceutical Compounding—Nonsterile
Preparations

Program Date: 9/27/2019

ACPE Universal

Program Number: ACPE #0205-9999-19-047-L07-P

CEUs: 0.375

Contact Hours: 3.75

Activity Type: Knowledge

Authorized Signature:

By: 
Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



USP Education

Certificate awarded to

David Makhani

for successfully completing

USP General Chapter 795 Pharmaceutical Compounding — Nonsterile Preparations (Live Webcast)

September 27, 2019

A handwritten signature in black ink, appearing to read 'Ron T. Piervincenzi'.

Ronald T. Piervincenzi, Ph.D.
Chief Executive Officer

17F



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :



License # : SS # : XXX-XX-XXXX

Last Name : nguyen First Name : tung

Email : Status : Select

Search Cancel

Show All



	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	17096	Pharmacist	Tung	Nguyen	10/06/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
Convenience Fee : \$10.00
License Number : 17096
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * Tung

Middle (initial only) : Khoa Last Name : * Nguyen

License # : 17096

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : CVS Pharamcy #05884

Military Address : ☐

Street : * 12260 Bellaire Blvd

Country : * United States

City : * Houston

State : * Texas

Zip : * 77072

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * Pine Brook Dr

Country : * United States

City : * Stafford

State : * Texas

Zip : * 77477

Home Phone : (

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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? *

Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes ☐ No

On April 17, 2017, I was on the phone with the Doctor office. One of my technician checked out the patient's prescription and failed to bring the patient to counseling window for counseling without my knowledge. As a result of this incident, I was charged for failing to provide verbal counseling. I had a conversation with all pharmacy members to make sure that they understand verbal counseling is a mandatory. My Texas

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Agree Board Order #C-17-021-A	Legal - Question 3	10/06/2019	(OL)		Document Details	

Document Name

Document Type Select DocumentType

Document

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

[Click here to complete Upload](#)[Cancel](#)

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * ☐ Yes ☒ No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Tung Nguyen

Date Of Application * 10/06/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are **NON REFUNDABLE**. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number 61950027992

Invoice Date 10/06/2019

Paid

Approve Close

AGREED BOARD ORDER #C-17-021-A

RE: IN THE MATTER OF
TUNG KHOA NGUYEN
(PHARMACIST LICENSE #45037)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 45037 issued to Tung Khoa Nguyen (Respondent).

By letter dated September 12, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 551.003(26); and 565.001(a)(1), (2), (8), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 281.7(a)(12) and (13); 291.31(32); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.32(c)(2)(E); 291.33(c)(1)(A), (B) and (D); 291.34(a)(1); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

- (1) On or about April 17, 2017, Tung Khoa Nguyen, while acting as an employee (pharmacist-in-charge) of CVS/pharmacy #5884, 12260 Bellaire Boulevard, Houston, Texas 77072, failed to provide verbal patient counseling to patient J.C. on a new written prescription for 24 clindamycin HCL 150 mg capsules. The prescription was assigned prescription number 707146.
- (2) On or about April 17, 2017, Tung Khoa Nguyen, while acting as an employee (pharmacist-in-charge) of CVS/pharmacy #5884, 12260 Bellaire Boulevard, Houston, Texas 77072, failed to maintain complete and accurate records regarding counseling in the pharmacy's prescription dispensing records for the prescription described above in Count (1), in that the record does not reflect the initials or identification code of the pharmacist providing the counseling or receiving the refusal of such consultation.

By letter dated September 12, 2017, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

- (1) Respondent shall pay an administrative penalty of one thousand five hundred dollars (\$1,500) due one hundred twenty (120) days after the entry of this Order.
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

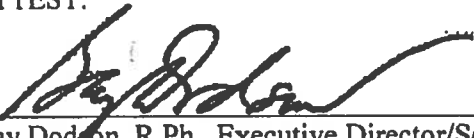
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2017.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:




Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Tung Khoa Nguyen, R.Ph.

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

17G

I HAD PROBLEM

UPLOADING TO WEBSITE

SO HERE'S ALL MY DISCIPLINARY INFO.

Renewal Application

Pharmacist

Application Fee : \$180.00

Convenience Fee : \$10.00

License Number : 13759

License Type : Pharmacist

New Expiration Date : 10/31/2021

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

☒ Active

☐ Inactive

Proceed to Renew

Personal Information

First Name : MOHAMMAD

Middle (initial only) :

Last Name : POURTEYMAUR

License # : 13759

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Total Infusion Care

Military Address :

Street : 3041 West Horizon Ridge Parkway Suite 100

Country : United States

City : Henderson

State : Nevada

Zip : 89052

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (702) 778-8882

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : Casey Drive Unit

Country : United States

City : Las Vegas

State : Nevada

Zip : 89120

Home Phone :

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number.

☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

- ☒ I am **NOT SUBJECT** to a court order for the support of a child.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : ☐ Yes ☒ No

1. Since your last renewal or recent licensure have you 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?

☐ Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?

☐ Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?

☒ Yes ☐ No

Admonishment by the state of Colorado

Document Name	Document Type	Date	Link	Action
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No Record Found

Document Name :

Document Type : Legal - Question 3

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : Select

Date : 09/27/2017

Case # : 2016-3681

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

☒ Yes ☐ No

admonishment by the State of Colorado Board of Pharmacy

Document Name	Document Type	Date	Link	Action
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No Record Found

Document Name :

Document Type : Legal - Question 4

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State : Select

Date : 09/25/2017

Case # : 2016-3681

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

By signing below, you certify that you have completed ALL required CE Hours due for the 19/21 Renewal period. (Dated from Nov. 1, 17 – Oct. 31, 19, 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Mohammad Pourteymaur

Date Of Application : 10/04/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 180

Convenience Fee : 10

Late Fees : 0

Reference Number : 61947420508

InvoiceDate : 10/04/2019

Paid

Pay & Submit

October 10, 2017

Dane Ishihara
Bureau Manager, Division of Occupational and Professional Licensing
PO Box 146741
Salt Lake City, UT 84114-6741

RE: Mohammad Pourteymaur (7105842-1701 / 7105842-8911)

Dear **Utah Board of Pharmacy** (Board),

My client, Mohammad Pourteymaur (Pourteymaur), received notification on December 31, 2016, that the Colorado Board of Pharmacy (Colorado Board) disciplined his Colorado pharmacist license after the Colorado Board deemed he did not attest, on his initial May 2014 Colorado Pharmacist Application, that he had disciplinary action taken against his Nevada Pharmacist License in 2008. (Attachment One).

Pourteymaur requested a motion for reconsideration of Colorado Case 2016-3681 and provided the Colorado Board with additional, relevant documentation as there was much confusion as to whether the 2008 Nevada action was reportable since Pourteymaur's Nevada Board of Pharmacy (Nevada Board) license profile listed no discipline and Nevada Board representative, Shirley Hunting, confirmed as much with both Pourteymaur and myself on August 11, 2017. (Attachment Two).

Unbeknownst to Pourteymaur and the Nevada Board, however, the action was reported to the National Practitioner Data Base (NPDB) as disciplinary action in late 2008, but the Nevada Board never updated their own website to reflect that the 2008 Order was, in fact, a reportable disciplinary action.


Shortly after our discussions with the Nevada Board, they admitted their error and promptly updated Pourteymaur's Nevada profile, which now reflects the 2008 disciplinary action. (Attachment Three)

Most recently, on September 25, 2017, the Colorado Board notified Pourteymaur that they 'decided to let the Letter of Admonition stand as originally issued.' (Attachment Four).

Pourteymaur is self-reporting this action to the Board.

Please do not hesitate to contact me directly with any and all questions.

Thanks in advance,


John Paul Baer, PharmD, JD
Baer Law Firm, LLC
25521 E. Smoky Hill Rd., Suite #120
Aurora, CO 80016

Office: 720-222-1276
Email: john@baerlaw.com



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

State Board of Pharmacy

September 25, 2017

Mohammad Ali Pourteymaur, R.Ph.
Casey Dr Unit
Las Vegas, NV 89120-5114

RE: Reconsideration of Case 2016-3681

Dear Mr. Pourteymaur:

At its September 21, 2017 meeting, the Colorado State Board of Pharmacy ("Board") reviewed your request to reconsider the Letter of Admonition issued by the Board in this case.

After careful consideration of the information provided in this matter, the Board decided to let the Letter of Admonition stand as originally issued.

Very truly yours,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy Anderson
Program Director

cc: John Baer, Esq. john@baerlaw.com



Attachment One



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

December 27, 2016

Mohammad A. Pourteymaur

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2016-3681

Dear Mr. Pourteymaur:

At its November 17, 2016 meeting, the Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration of all the evidence before the Board, the Board determined that upon your initial application for pharmacist licensure in the State of Colorado, you did not attest that you had disciplinary action taken against your license or pending against you in any state when you should have attested to this fact.

The Board hereby admonishes the pharmacy for violation of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

A handwritten signature in black ink, appearing to read 'Chris Gassen'.

Chris Gassen, R.Ph.
Pharmaceutical Inspector
Acting Program Director



CERTIFICATE OF SERVICE

This is to certify that I have duly served the within Letter of Admonition upon all parties herein by depositing copies of same in the United States first-class, certified mail and postage prepaid at Denver, Colorado, this 27th day of December, 2016, addressed as follows:

Mohammad A. Pourteymaur


Board Staff



UNDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article

Mohammad A. Pourteymaur



9590 9403 0913 5223 8335 35

Article Number (Transfer from service label)

01 0360 0001 5999 2024

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x m al dy

☐ Agent

☐ Address

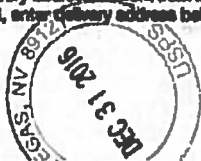
B. Received by (Printed Name)

Mohammad Pourteymaur

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No



3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation®

☐ Signature Confirmation Restricted Delivery

DISCIPLINARY AND ADMINISTRATIVE ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE. FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED JURISDICTION AS TO THE ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPI
Executive Director/Secretary

Mohammad Ali Pourteymaur

Reporting Entity: Nevada State Board of Pharmacy

Transaction Type: Initial Report Date of Action: 11/25/2008

Action	Basis for Action
- 1173 - Publicly Available Fine/Monetary Penalty	- A2 - Failure to Comply with Continuing Education or Competency Requirements

A. REPORTING ENTITY

Entity Name: Nevada State Board of Pharmacy
Address: 555 Double Eagle Court, Suite 1100,
City, State, Zip: Reno, NV 89511-8991
Country: US
Name of Certifier: Barry Boudreaux
Title or Department: President
Telephone: 7758501440
Type of Report: Initial
Related Report Number:

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: Mohammad Ali Pourteymaur
e-Profile ID:
Other Name(s) Used:
Gender:
Date of Birth:
Work Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN):
Individual Taxpayer Identification Number (ITIN):
National Provider Identifiers (NPI):
Professional School & Year of Graduation: University of the Pacific - CA (1997)
Occupation/Field of Licensure (Code): Pharmacist
State License Number, State of Licensure: 13759 , NV

DISCIPLINARY AND ADMINISTRATIVE ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE. FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED JURISDICTION AS TO THE ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPT
Executive Director/Secretary



Type of Action: Initial
Basis for Action: - A2 - Failure to Comply with Continuing Education or Competency Requirements
Reporting Entity: NV
Action Classification Code(s): - 1173 - Publicly Available Fine/Monetary Penalty
Date Action Was Taken: 11/25/2008
Date Action Became Effective: 11/25/2008
Length of Action: Indefinite
Monetary Penalty: \$ 1000
Auto Reinstate?: No
Description: On his Nevada license renewal application, the pharmacist stated he had completed the required 30 hours of CE. An audit showed he had not completed any CE. Board ordered him to complete 30 hours of CE for the 11/1/05 through 10/31/07 renewal period and 60 hours of CE for the 11/1/07 through 10/31/09 renewal period. He will be audited to verify he has completed the 60 hours of CE. In addition, the Board levied a fine of \$1,000.00 and ordered the pharmacist to take and pass a written law exam provided by Board staff.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**MOHAMMAD A. POURTEYMAUR, R.Ph.,
Certificate of Registration #13759,**

Respondent.

**FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER**

Case No. 08-032-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 29, 2008, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Respondent Mohammad A. Pourteymaur appeared and represented himself. Based on the presentation of Mr. Pourteymaur, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Mr. Pourteymaur admitted the facts as plead in the Notice of Intended Action and Accusation were true and correct. At hearing, Mr. Pourteymaur testified by way of explanation and mitigation. Based upon the Respondent's admissions and the evidence presented at hearing, the following are found to be the facts of this matter.

2. Mr. Pourteymaur timely submitted the application for renewal of his pharmacist's license. On his renewal application he indicated that he had completed 30 hours of continuing education. Mr. Pourteymaur's renewal application was included in a random sample to be audited. The audit revealed that Mr. Pourteymaur had completed

zero hours of continuing education between November 1, 2005 and October 31, 2007.

3. At hearing, Mr. Pourteymaur testified that he has been in medical school since August of 2002 and has been taking some pharmacy related courses, but that the classes were not ACPE accredited classes. Additionally, Mr. Pourteymaur testified he had personal matters over the time in question such as deaths and births in his family that took his time. Mr. Pourteymaur also expressed regret that he had answered the question affirmatively stating that he had completed the course work when he knew that he had not and offered classes he took after the renewal period in mitigation to the Board.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and this respondent because Mr. Pourteymaur is a pharmacist licensed by the Board.

2. In indicating on his renewal application that he had completed 30 hours of continuing education on his renewal application when he had taken zero hours of course work, Mr. Pourteymaur violated NRS 639.210(4) and (9) and 639.2174(2) and NAC 639.330 and 639.390.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. For the renewal period of November 1, 2005 through October 31, 2007, Mr. Pourteymaur shall complete 30 hours of continuing education. Mr. Pourteymaur will not be given credit for any of the continuing education classes he completed prior to October 29, 2008.

2. For the renewal period of November 1, 2007 through October 31, 2009, Mr. Pourteymaur will complete 60 CE's. Mr. Pourteymaur's continuing education hours will

be audited to verify that he has completed the 60 hours of continuing education required by this Order.

3. Mr. Pourteymaur shall pay a fine of \$1,000.00 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

4. Mr. Pourteymaur will not be allowed to inactivate his license.

5. Mr. Pourteymaur must take and pass a written law examination provided by Board staff within 30 days of receipt of the examination.

6. The failure by Mr. Pourteymaur to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license.

Signed and effective this 25th day of November, 2008.



Barry Boudreaux, President
Nevada State Board of Pharmacy

The content of this application must not be changed. If the content is changed,
the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

PART 1—APPLICANT INFORMATION

Name: First: <u>MOHAMMAD</u>	Middle: <u>ALI</u>	Last: <u>POURTEYMAUR</u>	Suffix:
Previous Name(s):			
Social Security Number: *			
E-mail Address:			
Preferred method for communication: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> E-mail			
Mailing Address:	PO Box, Street:		
This is a <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:		
Daytime Telephone Number		Date of Birth (mm/dd/yyyy):	
Place of Birth (city and state, or foreign country): <u>DENVER, CO</u>		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

PART 2—LICENSE INFORMATION

List each jurisdiction in which you are or have ever been licensed as a Pharmacist (if needed, attach an additional sheet in the same format):

State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
NEVADA / U.S.A.	13759	1997	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ARIZONA / U.S.A.	5016949	2008	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
UTAH / U.S.A.	7105F42-1701	2008	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
UTAH / U.S.A.	7105F42-6911	2008	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FLORIDA / U.S.A.	PS32934	1997	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I was licensed by exam in the state of: FLORIDA. This license must be active.

I am currently practicing as a Pharmacist with an active license in good standing in the state of: NEVADA & ARIZONA

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(i)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 81.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY

LICENSE NUMBER:

20424

DATE ISSUED:

8/7/14

APPLICANT NAME: MOHAMMAD ALS POURTEY MAJID

PART 3—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ➤ If YES, provide information below:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Branch:	Duty Station:	
2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ➤ If YES, refer to the <i>Military Spouse Exemption Form</i> available on our website at: www.dora.colorado.gov/professions/military .		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PART 4—SCREENING QUESTIONS

If your answer is YES to any of the following questions, provide additional details or an explanation on a separate sheet and copies of all available court documents. **

- | | |
|--|---|
| 1. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for a felony? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for a violation involving alcohol or controlled substances (including but not limited to DUI or DWAI)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for any offense pertaining to state or federal drug law? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Have you ever had any disciplinary action taken against your license or pending against you in any state? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a pharmacist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Do you have, or have you had, any malpractice judgments rendered against you? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 7. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a pharmacist safely and competently? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**Please be advised an affirmative response to one of the screening questions may delay your application. For affirmative responses for any reason, provide a detailed explanation.

- If an affirmative response is due to any type of court action, provide copies of all court documents, including the charges, plea agreement or jury verdict, sentencing, and documentation that you completed all court ordered requirements. Failure to provide this information may result in your application being delayed.
- If an affirmative response is due to a disciplinary action from another state board of pharmacy, provide a copy of the disciplinary action, a detailed explanation of the circumstances surrounding the action, and, if applicable, documentation that you have completed all requirements ordered by the action. Failure to provide this information may result in your application being delayed.

In addition, if you have had any of the following:

- two or more alcohol related infractions within the five years preceding the application,
- three or more alcohol related infractions within the ten years preceding the application, or
- any substance abuse and related issues in the five years preceding your application which may impair your ability to practice pharmacy.

The Board may direct you to be assessed by the Pharmacy Peer Health Assistance Diversion Program (PPHADP) prior to acting on your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact PPHADP to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact PPHADP in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a PPHADP evaluation is necessary. However, doing so will delay a final decision regarding your application.

Contact information for the PPHADP is as follows: Pharmacy Peer Health Assistance Diversion Program (PPHADP), 2170 South Parker Road, Suite 229, Denver, CO 80231; (303) 369-0039 or (866) 369-0039.

APPLICANT NAME: MOHAMMAD ALS POURTEYMA

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.

I understand that under the Colorado Pharmaceuticals and Pharmacists Act, providing false information is grounds for disciplinary action, injunction, or criminal action.

Applicant Signature

Date

5/10/14

Attachment Two

This electronic email and any attached documents are intended solely for the named addressee(s) and contains confidential information. If you are not an addressee, or responsible for delivering this email to an addressee, you have received this email in error and are notified that reading, copying, or disclosing this email is prohibited. If you received this email in error, immediately reply to the sender and delete the message completely from your computer system.

On Aug 11, 2017, at 2:34 PM, Gassen - DORA, Chris <chris.gassen@state.co.us> wrote:

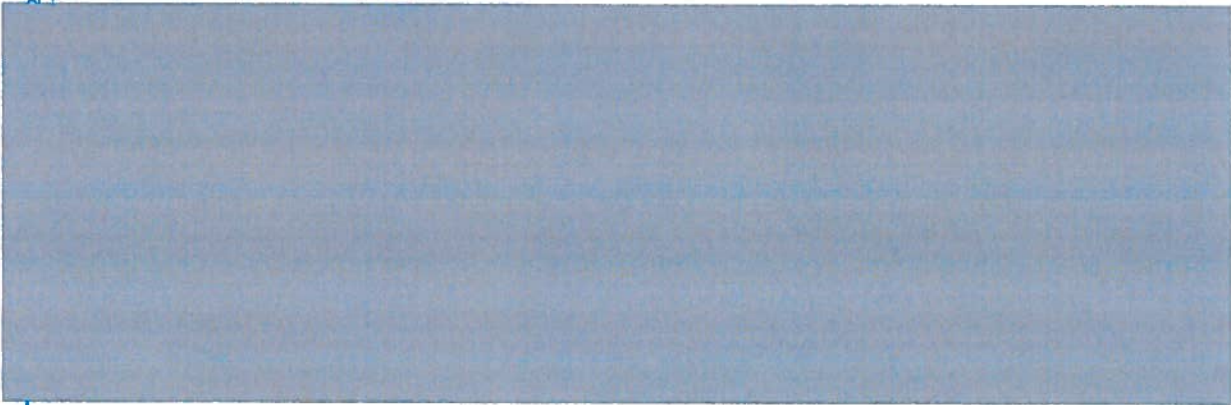
Hi John -

Here is the form you would complete and send to us. I don't believe there will be a fee in this instance.

Hope this helps.

Chris

On Fri, Aug 11, 2017 at 1:49 PM, John Baer <john@baerlaw.com> wrote:



Mr. Pourteymaur,

As of this date, there is no record of disciplinary action against your Nevada Pharmacist Registration.

Thank you.

Shirley

License Number: 13759

Current Date: 08/11/2017 11:55 AM

Name:	POURTEYMAUR, MOHAMMAD
License Type:	Registered
License Status:	Active License
Expiry Date:	10/31/2017
1st License Date:	08/22/1997
Disciplinary Status:	None

Shirley Hunting
Board Coordinator
Custodian of Records
Nevada State Board of Pharmacy
Phone: [775-850-1440](tel:775-850-1440)
Fax: [775-850-1448](tel:775-850-1448)

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Mohammad Pourteymaur [<mailto:mpourteymaur@yahoo.com>]
Sent: Friday, August 11, 2017 6:08 AM
To: Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Pharmacist license number 13759 Mohammad Pourteymaur

License Number: 13759

Current Date: 10/10/2017 07:28 AM

Name: POURTEYMAUR, MOHAMMAD

License Type: Registered

License Status: Active License

Expiration Date: 10/31/2017

Effective Rank Date: 11/01/2007

Disciplinary Status: Yes

Disciplinary Action(s)

Date of Action	Action(s)
----------------	-----------

17H



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All



	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
	12031	Pharmacist	Kim	Phan			Backoffice Pending	<div>In Progress</div>
	18049	Pharmacist	BRYAN	HOANG	10/07/2019		Submitted	<div>Verify</div>
	18034	Pharmacist	ALFRED	LOY			Backoffice Pending	<div>In Progress</div>
	19701	Pharmacist	MITAL	PATEL	09/17/2019		Submitted	<div>Verify</div>
	05104	Pharmacist	Janet	Balbutin			Backoffice Pending	<div>In Progress</div>
	19237	Pharmacist	ELLA	FRIDMAN	09/11/2019		Submitted	<div>Verify</div>
	19543	Pharmacist	CARL	BLACK	10/08/2019		Submitted	<div>Verify</div>
	19734	Pharmacist	PAUL	YAMAMOTO	09/17/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
Convenience Fee : \$10.00
License Number : 19734
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * PAUL

Middle (initial only) : KYUTARO

Last Name : * YAMAMOTO

License # : 19734

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Leiters

Military Address : ☐

Street : * 17 Great Oaks Blvd

Country : * United States

City : * SAN JOSE

State : * California

Zip : * 95119

Practice Phone : (408) 292-6772

Practice Fax : (408) 288-8252

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐

Street : * PISA CT

Country : * United States

City : * SAN JOSE

State : * California

Zip : * 95138

Home Phone : (XXX) XXX-XXXX

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

☒ I DO NOT have a Nevada Business license number☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

☒ I am NOT SUBJECT to a court order for the support of a child☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order

Military Service Information

Have you ever served in the military : * Yes ☒ No

Legal Information

1. Since your last renewal or recent licensure have you 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? *

Yes ☒ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? *

Yes ☒ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? *

☒ Yes ☐ No

A citation was issued for failure to follow a requirement to only use a multidose container for no more than 28 days after first use. This is under appeal as this is a pharmacy requirement and I work for an outsourcing facility. California law details the requirements of each.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
copy of citation	Legal - Question 3	09/17/2019	(OL)		Document Details	

Document Name

Document Type

-Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload

Cancel

Board Administrative Action :

State

California

Date

09/10/2018

Case #

CI 2018 80748

Criminal Action :

State

Select

Date

MM/DD/YYYY

Case #

County

Court

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? *

Yes

No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Paul Yamamoto

Date Of Application * 09/17/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Overnde

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number 61916339552

InvoiceDate 09/17/2019

Paid

Approve

Close

	CS18169	Controlled Substance	ROGER	ESTEVEZ		Backoffice Pending	In Progress
	13363	Pharmacist	Suzy	Morkos	09/27/2019	Submitted	Verify
	19585	Pharmacist	JB	TOPOL	01/15/2019	Submitted	Verify
	11741	Pharmacist	Albert	Hu	10/09/2019	Submitted	Verify
	06324	Pharmacist	Robert	Ferraro		Backoffice Pending	In Progress
	19523	Pharmacist	SHAWN	BJORN DAL	09/26/2019	Submitted	Verify
	13573	Pharmacist	UDECHUKWUNDE	ABUWUKELU		Backoffice Pending	In Progress
	19877	Pharmacist	SHARON	STOYELL	09/18/2019	Submitted	Verify
	08900	Pharmacist	Thuy	Nguyen		Backoffice Pending	In Progress
	08156	Pharmacist	J.	Kim	10/01/2019	Submitted	Verify
	16966	Pharmacist	Suzette	Crumley		Backoffice Pending	In Progress
	16139	Pharmacist	Tanya	Shim	10/07/2019	Submitted	Verify
	13832	Pharmacist	Linh	Le	09/24/2019	Submitted	Verify
	13759	Pharmacist	MOHAMMAD	POURTEYMAUR	10/04/2019	Submitted	Verify
	15031	Pharmacist	Jerry	Gillick	09/13/2019	Submitted	Verify
	18536	Pharmacist	PAUL	YERED	09/22/2019	Submitted	Verify
	08715	Pharmacist	Kimberly	Aksentijevic	09/16/2019	Submitted	Verify
	CS13437	Controlled Substance	Cynthia	Privitera	10/09/2019	Submitted	Verify



California State Board of Pharmacy
1625 North Market Boulevard, Suite 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
GOVERNOR EDMUND G. BROWN JR.

September 10, 2018

DATED MATERIAL ENCLOSED

PAUL KYUTARO YAMAMOTO
PISA CT
SAN JOSE, CA 95138

**RE: CI 2018 80748
PAUL KYUTARO YAMAMOTO
RPH 43950**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- October 10, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- September 24, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- October 10, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
PAUL KYUTARO YAMAMOTO
CI 2018 80748

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in cursive script, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **October 10, 2018**.
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy

Attn: Ericka Busby

1625 North Market Boulevard, Suite N219

Sacramento, CA 95834-1924

(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than September 24, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than October 10, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

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

CITATION AND FINE

Citation Number	Name, License No
CI 2018 80748	PAUL KYUTARO YAMAMOTO , RPH 43950

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1751.9 subd.(c)	Single-Dose and Multi-Dose Containers; Limitations on Use; Unless otherwise specified by the manufacturer, a multi-dose container stored according to the manufacturer's specifications shall be used in its entirety or its remaining contents shall be labeled with a beyond use date and discarded within twenty eight (28) days from initial opening or puncture	\$500.00

CONDUCT:

California Code of Regulations section 1751.9 (c) states in pertinent part: Unless otherwise specified by the manufacturer, a multi-dose container stored according to the manufacturer's specifications shall be used in its entirety or its remaining contents shall be labeled with a beyond use date and discarded within 28 days from initial opening or puncture. Paul Yamamoto was not compliant. Specifically, Paul Yamamoto RPH 43950 while employed as pharmacist-in-charge at Leiter's enterprises Inc. DBA Leiter's Compounding located at 17 Great Oaks Boulevard, San Jose, CA 95119 did not label their multidose containers of atropine eye drops with a discard after 28 days notation. This was a violation of pharmacy law.

CITATION ISSUED ON: September 10, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: October 10, 2018

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

CITATION AND FINE

Citation Number	Name, License No
CI 2018 80748	PAUL KYUTARO YAMAMOTO , RPH 43950

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CITATION ISSUED ON: September 10, 2018

TOTAL AMOUNT OF FINE(S): \$500.00

PAYMENT OF FINE(S) DUE BY: October 10, 2018

1 **REQUEST FOR APPEAL**

2 **BEFORE THE**
3 **BOARD OF PHARMACY**
4 **DEPARTMENT OF CONSUMER AFFAIRS**
5 **STATE OF CALIFORNIA**

6 Check ☒ I contest the Citation and request an administrative hearing before an
7 Administrative Law Judge.

8 In the Matter of the Citation Against:
PAUL KYUTARO YAMAMOTO
RPH 43950

Respondent

Citation Case No : CI 2018 80748
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

9 I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
10 copy of the Citation.

11 I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
12 said Citation.

DATED 10/4/18

Paul Yamamoto

(Respondent)

13 Mailing Address of Respondent:

Disc Ct

(Street Address)

15 San Jose CA 95138
16 (City) (State) (Zip)

(Telephone)

17 Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
18 complete the following:

19 Mailing Address of Attorney

21 _____
22 (Attorney's Name)

23 _____
(Street Address)

24 _____
(City) (State) (Zip)

() _____
(Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: PAUL KYUTARO YAMAMOTO , RPH 43950
Citation and Fine CI 2018 80748

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On September 10, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

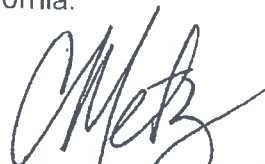
PAUL KYUTARO YAMAMOTO
5220 PISA CT
SAN JOSE, CA 95138

CERTIFIED MAIL NO

7017 0530 0000 7764 4898

I declare under penalty of perjury that the forgoing is true and correct.

Executed on September 10, 2018, at Sacramento, California.



DECLARANT

Christina Metzen
Associate Enforcement Analyst

985 Damonte Ranch Pkwy #206, Reno, NV 89521

For the period of November 1, 2019 to October 31, 2021

Credit/Debit Card (print at bottom), Money Order, Cashier's Check, Business or Personal Check: Payable to NSBP
NO CASH

LICENSE: 09328

Masoud Zarkesh
CONCHITA WAY,
TARZANA, CA 91356

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **FE** for **\$205 (on-time)** (\$180 renewal fee plus \$25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINSTATEMENT FEE of \$190. (\$180 renewal, \$90 late fee, \$100 reinstatement fee plus \$25 paper-use fee) **TOTAL DUE: \$395**
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$25 paper fee
5. Please **allow 2-3 WEEKS** for processing by mail/in-person

< OR >

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to REGISTER, then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - \$180

Late renewal fee - \$370

***On-line fee of \$10 will be charged during submission.**

Licenses renewed online will update immediately once approved by board staff. Please allow 2-3 DAYS

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

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?

Yes No

☐ ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?

☐ ☒

2. Been the subject of a board citation or an administrative action whether completed or pending in any state?

☒ ☐

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

☒ ☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation: I included

Board Administrative Action:		State	Date	Case #:
Administrative		CA	Aug 28, 19	Administrative Case No: 5611
Criminal Action:	State	Date	Case #:	County
				Court

Section 2:

Are you the subject of a court order for the support of a child?

Yes No

☐ ☒

If you marked YES to the question above, are you in compliance with the court order?

☐ ☐

Section 3: NON-DISCIPLINARY STATE-MANDATED QUESTIONS:

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide

_____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired

Yes ☐ No ☒

Branch: _____

Military occupation specialty: _____

Dates of service: _____

Section 4: (Fees apply to either status) (see insert for details)

By signing below, you certify that you have completed **ALL** required CE Hours due for the 19/21 Renewal period.

(Dated from Nov. 1, 17 - Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE

Inactive ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.

Section 5:

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____

Date: 10-15-19

Card Type: ☐ Visa ☐ MC ☐ Discover ☐ Amex

Exp Date: ____/____/____ (MM/YY)

Amount of Charge:

\$205 on-time/\$395 late

Card #: _____

CVV (3 digits back of card): _____

Billing Zip: _____

To: Nevada Board of pharmacy Case # 5611

letter of explanation:

In may 2018 California State Board of pharmacy, notify me of hearing for 2011 to 2013 of 5 doctors in the

area, and our pharmacy which I was PIC. had "Administrative" not watching

- ① Tech, s To Complet Cures on 3 occatio was rejected from computer.
- ② tech, s did not properly record Doctors call back from the office. (all Doctors ok all the Rx, s.)
- ③ tech missed to place proper backing on 2 Rx. Same patient, Same medication
- ④ Record for 2011 was expired we did not have 2011 on { 2018 Inspection.
- ⑤ we were charged not { 2015 cooperating to get the File. 2011.

***⑥ at this time As of PIC I have Accepted the changed that I must be more Watch full over Tech Work.

M. J. J. 10/10/19