

NAC 639.4915 Provision of services by pharmacies within certain hospitals and correctional institutions. (NRS 639.070, 639.071, 639.072) A pharmacy located within a hospital or correctional institution that is required to have a full-time managing pharmacist pursuant to NAC 639.465 shall provide chart order processing services to the hospital or correctional institution at all times. ~~The pharmacy shall provide the chart order processing services by:~~

- ~~1. Operating at all times; or~~
- ~~2. Employing a pharmacist who is on duty at all times that the pharmacy is operating and either:~~
 - ~~(a) Employing a pharmacist who is available at all times that the pharmacy is not operating; or~~
 - ~~(b) Contracting with an off-site pharmaceutical service provider that is available at all times that the pharmacy is not operating.~~

(Added to NAC by Bd. of Pharmacy by R015-05, eff. 10-31-2005; A by R098-07, 12-4-2007)

NAC 639.4916 Provision of remote services by pharmacist employed by off-site pharmaceutical service provider. (NRS 639.070)

1. A pharmacist who is employed by a pharmacy or under contract with a pharmacy ~~an off-site pharmaceutical service provider~~ to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must:

- (a) Be licensed to practice in Nevada;
- (b) Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the pharmacist must comply, including, without limitation, the provision of pharmaceutical services, security and confidentiality of patient records;
- (c) ~~Except as otherwise provided in subsection 3, b~~ Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a pharmacist employed by the pharmacy located within the hospital or correctional institution, including, without limitation:
 - (1) The height, weight and age of the patient and any allergies that the patient may have;
 - (2) The medical records regarding any medications prescribed to the patient;
 - (3) The results of any relevant laboratory tests, ~~to the extent that those results are available in the computerized system of the hospital or correctional institution;~~
 - (4) The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;

(5) Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;

(6) A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and

(7) Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the pharmacist to provide pharmaceutical services; and

~~(d) Demonstrate to the off-site pharmaceutical service provider that the pharmacist is competent and knowledgeable in the use of the computerized system of the hospital or correctional institution and in providing pharmaceutical services in a hospital or correctional institution.~~

2. *A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall:*

a) Identify and update the current address of the site of practice in conformance with NAC 639.225;

b) Comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the regulations adopted pursuant thereto, and all other federal and state laws and regulations concerning the privacy of information regarding health care;

c) Ensure that all required records are made readily accessible to members of the Board and employees, agents and designees of the Board; and

d) Comply with all applicable state and federal statutes, regulations and rules, including, without limitation:

(1) All recordkeeping requirements imposed upon the pharmacy; and

(2) All requirements for maintaining the confidentiality and security of patient data.

3. *A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall not:*

a) Maintain an inventory of drugs at the site of practice;

b) Act as a managing pharmacist; or

c) Provide services pursuant to the provisions of:

(1) NAC 449.15347;

(2) NAC 449.6138;

(3) NAC 449.722;

(4) NAC 449.74531;

(5) NAC 449.9905 and 639.4996;

(6) Subsection 2 of NAC 639.465; or

(7) NAC 639.690.

2. Before a pharmacist ~~who is employed by an off-site pharmaceutical service provider~~ provides remote chart order processing services to a hospital or correctional institution, the pharmacist must review any relevant information regarding the patient

for whom a chart order has been submitted. The pharmacist must, before approving a chart order to be filled, evaluate:

- (a) The overutilization or underutilization of a medication;
- (b) Therapeutic duplication;
- (c) The appropriateness of the prescribed dosage and route of administration;
- (d) The appropriateness of the directions for use of the medication;
- (e) The appropriateness of the duration of the treatment with the prescribed medication;
- (f) Any contraindications of the medication and a particular disease, ailment or allergy of the patient;
- (g) Any contraindications or interactions between multiple medications prescribed for the patient; and
- (h) The potential abuse or misuse of a medication.

3. In an emergency, a pharmacist may render remote chart order processing services without being provided with all of the information required by paragraph (c) of subsection 1 if the pharmacist believes, in his or her professional judgment, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.

4. A pharmacist ~~who is employed by an off-site pharmaceutical service provider~~ may refuse to approve the filling of a chart order if, in the judgment of the pharmacist, the chart order is not safe or reasonable for the patient. A pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.

5. Each time that a pharmacist ~~who is employed by an off-site pharmaceutical service provider~~ provides remote chart order processing services pursuant to this section, the pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

- (a) The name or other identifier of the pharmacist;
- (b) The date and time that the pharmacist provided the services and, if applicable, approved the filling of a chart order; and
- (c) The specific services provided by the pharmacist.

6. The managing pharmacist of a pharmacy ~~that has a contract with or is owned by the same entity as an off-site pharmaceutical service provider~~ may limit the remote chart order activities. ~~processing services provided by a pharmacist employed by the off-site pharmaceutical service provider.~~

(Added to NAC by Bd. of Pharmacy by R015-05, eff. 10-31-2005)

~~NAC 639.4917 Policies and procedures of off-site pharmaceutical service providers. (NRS 639.070) Each off-site pharmaceutical service provider shall establish and follow policies and procedures for:~~

- ~~—1. Protecting the confidentiality and integrity of patient information;~~
- ~~—2. Assuring that pharmacists employed by the off-site pharmaceutical service provider comply with the provisions of NAC 639.4916;~~
- ~~—3. Complying with all applicable state and federal statutes, regulations and rules, including, without limitation, maintaining records;~~
- ~~—4. Ensuring that its records are made readily accessible to members of the Board and employees, agents and designees of the Board;~~
- ~~—5. Conducting an ongoing program for the improvement of the provision of pharmaceutical services that is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, improve patient care and resolve problems identified by the program;~~
- ~~—6. Performing an annual review of the program conducted pursuant to subsection 5;~~
- ~~—7. Assuring that the pharmacists employed by the off-site pharmaceutical service provider are able to communicate with identified employees of the hospital or correctional institution as necessary to provide pharmaceutical services, including, without limitation, communicating with pharmacists employed by the hospital or correctional institution; and~~
- ~~—8. The provision of pharmaceutical services at times when the off-site pharmaceutical service provider temporarily or permanently cannot provide such services.~~

~~(Added to NAC by Bd. of Pharmacy by R015-05, eff. 10-31-2005)~~

📧 Reply all | ▾ 🗑 Delete Junk | ▾ ⋮

✕

Fw: Application - Umesh Patel



Mark I. Sedar

Fri 10/9, 2:32 PM

David Wuest; Kristopher Mangosing ▾

📧 Reply all | ▾

Inbox

FYI.

Mark

From: Umesh Patel <@gmail.com>
Sent: Friday, October 9, 2020 10:56:59 AM
To: Mark I. Sedar
Subject: Application

Hi:Mark

Based on our conversation on application Question 1 on page 2
the answer is yes I had a DUI charge in the Year of 2000 It was Misdemeanor.
I paid a fine & Penalty.

Please call me if you have any questions.

Thank You

Umesh Patel

Email: 4@gmail.com

Ph No: (951)



Amendment Letter

Date - 10/08/2020

To - Nevada Board of Pharmacy

Re-Letter of amendment for application for out of state wholesaler license Page 2, question 1

Hello

This letter of amendment is regarding question #1 on page 2 of the application.

1. Has the corporation, any owners(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

The answer to this question is Yes

**Thank you
Sincerely**

DHARMESH PATEL

Dharmesh Patel

President /RPH

Web www.apnarpharma.com Email dharmesh.patel@apnarpharma.com

Phone- 844-283-9825 Fax-909-525-4142

Corporate Office: Apnar Pharma LP 4820 LANIER RD, Chino, CA, 91710, USA.

Signature: 

Email: dharmesh.patel@apnarpharma.com






Letter Board of NV

Final Audit Report

2020-10-08

Created:	2020-10-08
By:	angela chandra (angela@apnarpharma.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA44ejFÉ7kY7TKquW9tPtaZUovYOttQKgx

"Letter Board of NV" History

-  Document created by angela chandra (angela@apnarpharma.com)
2020-10-08 - 10:22:25 PM GMT- IP address: 69.178.186.98
-  Document emailed to Dharmesh Patel (dharmesh.patel@apnarpharma.com) for signature
2020-10-08 - 10:22:57 PM GMT
-  Email viewed by Dharmesh Patel (dharmesh.patel@apnarpharma.com)
2020-10-08 - 10:34:57 PM GMT- IP address: 69.178.186.98
-  Document e-signed by Dharmesh Patel (dharmesh.patel@apnarpharma.com)
Signature Date: 2020-10-08 - 10:36:40 PM GMT - Time Source: server- IP address: 69.178.186.98
-  Agreement completed.
2020-10-08 - 10:36:40 PM GMT

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: KAISER PERMANENTE

Address: 300 PULLMAN STREET, LIVERMORE, CA, 94551

Name: MCKESSON CORPORATION

Address: 6555 STATE HIGHWAY 161, IRVING, TX 75037

Name: CARDINAL HEALTH

Address: 7000 CARDINAL PLACE, DUBLIN, OH, 43017

Name: AMERISOURCE BERGEN

Address: 500 INNOVATION DRIVE, MN, 55379

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☒ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

BEFORE THE NORTH DAKOTA
STATE BOARD OF PHARMACY

IN THE MATTER OF IMPRIMIS NJOF,)
)
)
)
)

Admin No. 2018-10-20

STIPULATION AND SETTLEMENT AGREEMENT
AND PROPOSED RECOMMENDATION OF SANCTIONS

COMES NOW, MARK J. HARDY, R. Ph., PharmD, Executive Director of the North Dakota State Board of Pharmacy, hereinafter called "the Board" and Chairman and member of the investigating committee of the North Dakota State Board of Pharmacy, and IMPRIMIS NJOF, sometimes hereafter referred to as "Respondent", located at 1705 Route 46, Suite 6B, Ledgewood, NJ 07852, and hereby stipulate and agree to enter into the Stipulation and Settlement Agreement and Recommendation of Sanctions, as follows:

RECITALS

- A. Respondent, IMPRIMIS NJOF, is an out of state out-sourcing facility located at 1705 Route 46, Suite 6B, Ledgewood, NJ 07852.
- B. Respondent, IMPRIMIS NJOF, does not hold an out-sourcing facility permit to distribute wholesale prescription drugs, medical gases, or medical equipment in this state.
- C. That a Complaint and Statement of Charges was served upon the Respondent based upon allegations that Respondent made unauthorized shipments of non-patient specific prescription medications to eye clinics located in the State of



North Dakota, thereby violating the following laws of the State of North Dakota and the Rule & Regulations of the North Dakota State Board of Pharmacy:

1. Failed to obtain a license by the Board prior to the wholesale distribution of prescription drugs, medical gases or medical equipment to the State of North Dakota. Sections 43-15.3-03(1) & (2).
 2. Failed to obtain and maintain the necessary license from the board with accreditation and certification from the National Association of Boards of Pharmacies verified accredited wholesale distributor or an accreditation body approved by the board. Section 43-15.3-04(1).
 3. Failed to obtain the necessary license from the board and register with the Secretary of State prior to conducting business as a wholesale distributor within the State of North Dakota. Section 43-15.3-04(3).
 4. Failed to obtain a license as an outsourcing facility under Section 43-15.3 NDCC or operating without a valid outsourcing facility license when such license is required. Section 43-15.3-08(1)(a).
 5. Provided, without a patient specific prescription, a non-patient specific compounded drug without first obtaining a license as a outsourcing facility. Section 43-15.3-13.
- D. Respondent generally acknowledges the facts and allegations referred to in Part D above and acknowledges the accuracy of the Complaint and Statement of Charges.
- E. The Executive Director of the Board and the Respondent have reached a settlement of the matters contained in the Recitals herein, and have agreed that the



proceedings based upon the Complaint and Statement of Charges can be resolved on a stipulated basis without the need for a hearing under the North Dakota Administrative Agency's Practices Act, Chapter 28-32 of the North Dakota Century Code.

NOW, THEREFORE, it is hereby Stipulated and Agreed to by and between the parties as follows:

- A. Respondent agrees to be subject to the jurisdiction of the Board.
- B. Respondent expressly waives formal hearing for all facts and legal conclusions referenced herein and any and all procedures before the Board relative to said facts and conclusions to which it might otherwise be entitled by law.
- C. That as Executive Director of the board and Chairman of the investigating committee, Mark J. Hardy, R.Ph. PharmD, received information regarding the possible unauthorized distribution non-patient specific prescription medication to opthamologists located in the State of North Dakota. Respondent, IMPRIMIS NJOF, is not licensed as a outsourcing facility under chapter 43-15.3 NDCC in the State of North Dakota and correspondence from Pramod Sharma, Ph.D, Vice-President, Quality, with IMPRIMIS NJOF, admitted that IMPRIMIS NJOF, does not hold a outsourcing facility permit but shipped drug orders to clinics in North Dakota at least 232 times within the past two years.
- D. In the event the Board, in its discretion, does not approve this Stipulation and Proposed Recommendation of Sanctions, it shall be deemed withdrawn and of no evidentiary value and shall not be introduced or relied upon by either party, nor disclosed to any third party and the Board shall not be considered prejudiced against the Respondent in any way.

NOW, THEREFORE, pursuant to the agreement between the parties, it is agreed that the recommenced sanctions of Respondent presented to the Board shall be according to the following terms:

- a. Respondent shall pay to the Board a fine in the amount of \$30,000.00. The payment of said fine shall be made by April 15, 2019.
- b. Respondent shall apply for VAWD Accreditation by August 1, 2019. Upon confirmation of said VAWD Application, Respondent shall be allowed to apply for and receive licensure from the Board as an outsourcing facility to distribute non-patient specific wholesale prescription drugs. Respondent shall refrain from shipping non-patient specific products until it has made such application and obtained licensure.
- c. Provided the above requirements are met and Respondent continues in the VAWD Accreditation process, the Board will refrain from reporting Respondent's actions to the National Practitioner Data Bank. It shall be the Board's discretion to report to the National Practitioner Data Bank should Respondent fail to not receive and maintain licensure through June 30, 2022, or if other issues of non-compliance are encountered by the Board.

This Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions covers any and all violations of North Dakota laws and rules which lay the basis for the complaint dated December 7, 2018, and does not pertain to any other events. It is agreed that the Stipulation shall not in any way limit or affect the authority of the Board or initiate administrative proceedings against Respondent on the basis of any act, conduct or omission of Respondent

occurring after the date of the Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions which is not related to the facts, circumstances and requirements therein.

The parties agree that this agreement is the recommendation Mark J. Hardy, R.Ph., PharmD, will present to the Board and that the Board may reject this recommendation after the presentation to the Board. In the event the Board in its discretion does not approve this Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions, it shall be deemed withdrawn and of no evidentiary value and shall not be introduced or relied on by either party nor disclosed to any third party and the Board shall not be considered prejudiced toward Respondent in any way.

This Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions was read in its entirety by Respondent prior to its execution. Respondent understands all of the provisions and has had the opportunity to review the Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions with its attorney and Respondent affirms it was entered into freely and voluntarily by it. The Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies from this Stipulation.

CLEAR

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California)

County of San Diego)

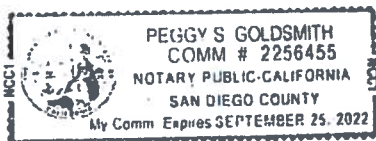
On 03/13/2019 before me, Peggy S. Goldsmith, Notary Public
Date Here Insert Name and Title of the Officer

Personally appeared Mark Baum
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document _____ Document Date _____

Number of Pages _____ Signer(s) Other Than Named Above _____

Capacity(ies) Claimed by Signer(s)

Signer's Name _____

- ☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer's Name _____

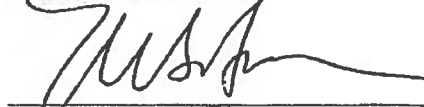
- ☐ Corporate Officer—Title(s) _____
☐ Partner ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other _____

Signer Is Representing _____ Signer Is Representing _____

Dated this 13th day of March, 2019.

IMPRIMIS NJOF

~~IMPRIMIS NJOF~~



Mark Baum, CEO

STATE OF NEW JERSEY

)

(ss

COUNTY OF

)

On this _____ day of March, 2019, before me, a notary public in and for said county and state, personally appeared MARK BAUM, CEO, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that she executed the same.

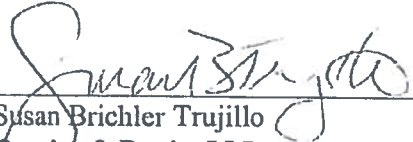
(SEAL)

Notary Public

My commission expires:

See attached

Dated this 14 day of March, 2019.



Susan Brichler Trujillo
Quarles & Brady, LLP
Counsel for Repsondent
Renaissance One
Two North Central Avenue
Phoenix, AZ 85004-2391

STATE OF ARIZONA)
 (ss
COUNTY OF MARICOPA)

On this 14th day of March, 2019, before me, a notary public in and for said county and state, personally appeared SUSAN BRICHLERTRUJILLO, Counsel for Respondent, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that she executed the same.



Notary Public

(SEAL)

My commission expires:



Dated this 21st day of March, 2019.

NORTH DAKOTA STATE BOARD
OF PHARMACY

By Mark J. Hardy, R.Ph., PharmD
Executive Director, Chairman and
Member of Investigating Committee
1906 East Broadway Avenue
PO Box 1354
Bismarck, ND 58502-1354
701-328-9535


Dated this 21st day of March, 2019.

David A. Lindell
Special Assistant Attorney General
Counsel for North Dakota State Board of Pharmacy
PO Box 427
Washburn, ND 58577
701-462-8566

STATE OF NORTH DAKOTA)
)
) (ss
COUNTY OF BURLEIGH)

On this 21st day of March, 2019, before me, a notary public in and for said county and state, personally appeared MARK J. HARDY, R. Ph., PharmD, Executive Director of the North Dakota State Board of Pharmacy, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that he executed the same.

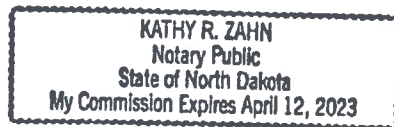
(SEAL) **KATHY R. ZAHN**
Notary Public
State of North Dakota
My Commission Expires April 12, 2023


Notary Public
My commission expires:

STATE OF NORTH DAKOTA)
(ss
COUNTY OF BURLEIGH)

On this 21st day of March, 2019, before me, a notary public in and for said county and state, personally appeared DAVID A. LINDELL, Special Assistant Attorney General, Counsel for North Dakota State Board of Pharmacy, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that he executed the same.

(SEAL)



Kathryn R. Zaher
Notary Public
My commission expires:

9

North Dakota, thereby violating the following laws of the State of North Dakota and the Rule & Regulations of the North Dakota State Board of Pharmacy:

1. Failed to obtain a license by the Board prior to the wholesale distribution of prescription drugs, medical gases or medical equipment to the State of North Dakota. Sections 43-15.3-03(1) & (2).
 2. Failed to obtain and maintain the necessary license from the board with accreditation and certification from the National Association of Boards of Pharmacies verified accredited wholesale distributor or an accreditation body approved by the board. Section 43-15.3-04(1).
 3. Failed to obtain the necessary license from the board and register with the Secretary of State prior to conducting business as a wholesale distributor within the State of North Dakota. Section 43-15.3-04(3).
 4. Failed to obtain a license as an outsourcing facility under Section 43-15.3 NDCC or operating without a valid outsourcing facility license when such license is required. Section 43-15.3-08(1)(a).
 5. Provided, without a patient specific prescription, a non-patient specific compounded drug without first obtaining a license as a outsourcing facility. Section 43-15.3-13.
- D. Respondent generally acknowledges the facts and allegations referred to in Part D above and acknowledges the accuracy of the Complaint and Statement of Charges.
- E. The Executive Director of the Board and the Respondent have reached a settlement of the matters contained in the Recitals herein, and have agreed that the



proceedings based upon the Complaint and Statement of Charges can be resolved on a stipulated basis without the need for a hearing under the North Dakota Administrative Agency's Practices Act, Chapter 28-32 of the North Dakota Century Code.

NOW, THEREFORE, it is hereby Stipulated and Agreed to by and between the parties as follows:

- A. Respondent agrees to be subject to the jurisdiction of the Board.
- B. Respondent expressly waives formal hearing for all facts and legal conclusions referenced herein and any and all procedures before the Board relative to said facts and conclusions to which it might otherwise be entitled by law.
- C. That as Executive Director of the board and Chairman of the investigating committee, Mark J. Hardy, R.Ph. PharmD, received information regarding the possible unauthorized distribution non-patient specific prescription medication to ophthalmologists located in the State of North Dakota. Respondent, IMPRIMIS NJOF, is not licensed as a outsourcing facility under chapter 43-15.3 NDCC in the State of North Dakota and correspondence from Pramod Sharma, Ph.D, Vice-President, Quality, with IMPRIMIS NJOF, admitted that IMPRIMIS NJOF, does not hold a outsourcing facility permit but shipped drug orders to clinics in North Dakota at least 232 times within the past two years.
- D. In the event the Board, in its discretion, does not approve this Stipulation and Proposed Recommendation of Sanctions, it shall be deemed withdrawn and of no evidentiary value and shall not be introduced or relied upon by either party, nor disclosed to any third party and the Board shall not be considered prejudiced against the Respondent in any way.

NOW, THEREFORE, pursuant to the agreement between the parties, it is agreed that the recommended sanctions of Respondent presented to the Board shall be according to the following terms:

- a. Respondent shall pay to the Board a fine in the amount of \$30,000.00. The payment of said fine shall be made by April 15, 2019.
- b. Respondent shall apply for VAWD Accreditation by August 1, 2019. Upon confirmation of said VAWD Application, Respondent shall be allowed to apply for and receive licensure from the Board as an outsourcing facility to distribute non-patient specific wholesale prescription drugs. Respondent shall refrain from shipping non-patient specific products until it has made such application and obtained licensure.
- c. Provided the above requirements are met and Respondent continues in the VAWD Accreditation process, the Board will refrain from reporting Respondent's actions to the National Practitioner Data Bank. It shall be the Board's discretion to report to the National Practitioner Data Bank should Respondent fail to not receive and maintain licensure through June 30, 2022, or if other issues of non-compliance are encountered by the Board.

This Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions covers any and all violations of North Dakota laws and rules which lay the basis for the complaint dated December 7, 2018, and does not pertain to any other events. It is agreed that the Stipulation shall not in any way limit or affect the authority of the Board or initiate administrative proceedings against Respondent on the basis of any act, conduct or omission of Respondent

occurring after the date of the Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions which is not related to the facts, circumstances and requirements therein.

The parties agree that this agreement is the recommendation Mark J. Hardy, R.Ph., PharmD, will present to the Board and that the Board may reject this recommendation after the presentation to the Board. In the event the Board in its discretion does not approve this Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions, it shall be deemed withdrawn and of no evidentiary value and shall not be introduced or relied on by either party nor disclosed to any third party and the Board shall not be considered prejudiced toward Respondent in any way.

This Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions was read in its entirety by Respondent prior to its execution. Respondent understands all of the provisions and has had the opportunity to review the Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions with its attorney and Respondent affirms it was entered into freely and voluntarily by it. The Stipulation, Settlement Agreement and Proposed Recommendation of Sanctions contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies from this Stipulation.

A handwritten signature, possibly reading "VJ", is located in the bottom right corner of the page.

CLEAR

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California)

County of San Diego)

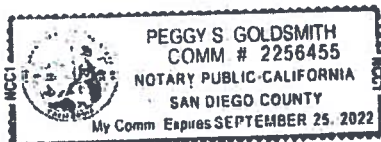
On 03/13/2019 before me, Peggy S. Goldsmith, Notary Public
Date Here Insert Name and Title of the Officer

Personally appeared Mark Baum
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document _____ Document Date _____

Number of Pages _____ Signer(s) Other Than Named Above _____

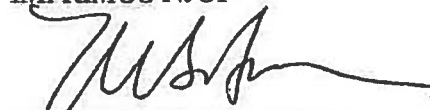
Capacity(ies) Claimed by Signer(s)

Signer's Name _____	Signer's Name _____
<input type="checkbox"/> Corporate Officer—Title(s) _____	<input type="checkbox"/> Corporate Officer—Title(s) _____
<input type="checkbox"/> Partner <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Signer Is Representing _____ Signer Is Representing _____

Dated this 13th day of March, 2019.

IMPRIMIS NJOF
~~IMPRIMIS NJOF~~



Mark Baum, CEO

STATE OF NEW JERSEY)
 (ss
COUNTY OF)

On this _____ day of March, 2019, before me, a notary public in and for said county and state, personally appeared MARK BAUM, CEO, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that she executed the same.

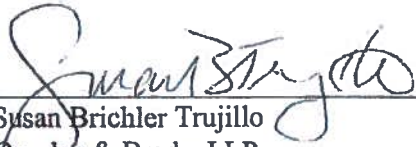
(SEAL)

Notary Public

My commission expires:

See attached

Dated this 14 day of March, 2019.



Susan Brichler Trujillo
Quarles & Brady, LLP
Counsel for Repspondent
Renaissance One
Two North Central Avenue
Phoenix, AZ 85004-2391

STATE OF ARIZONA)
 (ss
COUNTY OF MARICOPA)

On this 14th day of March, 2019, before me, a notary public in and for said county and state, personally appeared SUSAN BRICHLERTRUJILLO, Counsel for Respondent, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that she executed the same.


Notary Public


(SEAL)

My commission expires:




Dated this 21st day of March, 2019.

NORTH DAKOTA STATE BOARD
OF PHARMACY

By 
Mark J. Hardy, R.Ph., PharmD
Executive Director, Chairman and
Member of Investigating Committee
1906 East Broadway Avenue
PO Box 1354
Bismarck, ND 58502-1354
701-328-9535

Dated this 21st day of March, 2019.

2019. 


David A. Lindell
Special Assistant Attorney General
Counsel for North Dakota State Board of Pharmacy
PO Box 427
Washburn, ND 58577
701-462-8566

STATE OF NORTH DAKOTA)
)
) (ss
COUNTY OF BURLEIGH)

On this 21st day of March, 2019, before me, a notary public in and for said county and state, personally appeared MARK J. HARDY, R. Ph., PharmD, Executive Director of the North Dakota State Board of Pharmacy, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that he executed the same.

(SEAL)

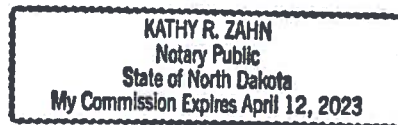
KATHY R. ZAHN
Notary Public
State of North Dakota
My Commission Expires April 12, 2023


Notary Public
My commission expires:

STATE OF NORTH DAKOTA)
(ss
COUNTY OF BURLEIGH)

On this 2/21 day of March, 2019, before me, a notary public in and for said county and state, personally appeared DAVID A. LINDELL, Special Assistant Attorney General, Counsel for North Dakota State Board of Pharmacy, known to me to be the person described in and who executed the foregoing Stipulation and Proposed Recommendation of Discipline and acknowledged to me that he executed the same.

(SEAL)



Kathryn R. Zahor
Notary Public
My commission expires: _____

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**BERNARD KOFI ADDO-QUAYE, MD,
Certificate of Registration No. CS10103,**

**MUKWEL AIYUK, APRN,
Certificate of Registration No. CS25545, and**

**SOLOMON JOSHUA, APRN,
Certificate of Registration No. CS27011,**

Respondents.

**Case Nos. 19-242-CS-A-S
19-242-CS-B-S
19-242-CS-C-S**

**STIPULATION AND ORDER
(Respondent BERNARD KOFI ADDO-
QUAYE, MD ONLY)**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Bernard Kofi Addo-Quaye, MD ("Addo-Quaye"), Certificate of Registration No. CS10103, by and through counsel, Maria Nutile, Esq. and Bridget Kelly, Esq. of the Law Firm Nutile Law, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent(s) and this matter.
2. On or about August 3, 2020, Board Staff properly served Respondent Addo-Quaye with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. On or about August 24, 2020, Respondent Addo-Quaye filed an Answer and Notice of Defense to the Accusation through his previous counsel, John Hunt, Esq.
4. Respondent Addo-Quaye is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent Addo-Quaye is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act,

NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Addo-Quaye has failed to comply with the provisions of Paragraphs 9, 15 and/or 16 below, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Addo-Quaye admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Addo-Quaye:

A. Unlawfully prescribed controlled substance prescriptions and/or dangerous drugs issued to patients while Respondent was engaged in overseas travel, in violation of NRS 453.331(1)(f) and (h), NRS 453.401(1)(a), NRS 454.223(2), NAC 453.440, NAC 454.060, NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee or independent contractor, Victor Bruce, MD, Respondent's preceptee, ("Bruce"), to prescribe controlled substances. However, Bruce was restricted from prescribing controlled substances. Respondent Addo-Quaye allowed Bruce to prescribe controlled substances and/or dangerous drugs under Addo-Quaye's credentials by providing blank prescription pads with Addo-Quaye's pre-printed name, but not his signature, providing log-on information to e-scribing systems, and/or failing to secure secondary authenticator for e-scribing controlled substance medications, in violation of NRS 453.226, NRS 453.321, NRS 453.381(1), NRS 453.401(1), NRS

639.100, NRS 639.235, NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

C. Permitted an employee or independent contractor, Mukwel Aiyuk, APRN, to prescribe controlled substances/dangerous drugs under Respondent Addo-Quaye's credentials, in violation of NAC 639.945(1)(i).

D. Permitted an employee or independent contractor, Solomon Joshua, APRN, to prescribe controlled substances/dangerous drugs under Respondent Addo-Quaye's credentials, in violation of NAC 639.945(1)(i).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Addo-Quaye not conceding or admitting to such allegations, the Board and Addo-Quaye stipulate to the following penalties and conditions. The registration of Respondent Addo-Quaye, MD, Certificate of Registration No. CS10103, is hereby revoked. The revocation is stayed, and Addo-Quaye is placed on probation for two (2) years from the effective date of this signed Stipulation and Order, subject to the following conditions. Addo-Quaye shall:

- A. Accept this Stipulation and Order as a public reprimand regarding Respondent Addo-Quaye's duties and responsibilities as a prescribing practitioner;
- B. Pay a fine of Five-Thousand Dollars (\$5,000.00) for the alleged violations;
- C. Pay Two-Thousand Dollars (\$2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;
- D. Have no professional affiliation with Victor Bruce, MD with regard to prescribing controlled substances and/or dangerous drugs; and

E. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

10. Upon successful completion of probation, Respondent Addo-Quaye's Certificate of Registration No. CS10103 will be fully restored.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of revocation, and immediately revoke Addo-Quaye's Certificate of Registration No. CS10103. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 14, 2020. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* 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 located at 985

Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

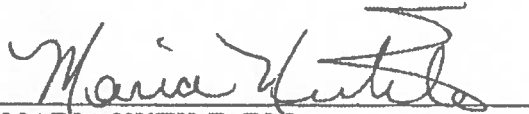
Signed this ____ day of October, 2020



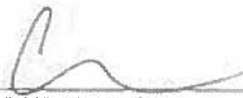
BERNARD KOFI ADDO-QUAYE, MD
Certificate of Registration No. CS10103

APPROVED AS TO FORM AND
CONTENT this ____ day of October,
2020

Signed this 1st day of October, 2020



MARIA NUTILE, ESQ.
Counsel for Respondent Bernard Kofi
Addo-Quaye, MD



COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Bernard Kofi Addo-Quaye, MD, Certificate of Registration No. CS10103, in Case No. 19-242-CS-A-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of October, 2020.

Helen Park, President
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy v. Mukwel Aiyuk, APRN
Case No. 19-242-CS-B-S

EXHIBIT 1 Statement from Aiyuk dated
July 15, 2020

July 15, 2020

304 S Jones Blvd
Suite 3501
Las Vegas NV 89107

Ms. Dena McClish, Investigator
Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E217
Las Vegas NV 89119

Re: Nevada Board of Pharmacy Investigative Case 19-242

Dear Ms. McClish,

I acknowledge receipt of your letter dated 06/29/2020. During the dates indicated in the letter, I saw patients at TruCare Medical Center and prescribed medications, including controlled substances.

I would like to describe part of the care process at this clinic to provide context and a better appreciation of the workflow. It includes use of paper charts and an electronic medication prescribing system. At the time the provider meets the patient in the exam room, the provider possesses the patient's folder that contains the medical records (chief complaint, histories & physicals, laboratory requisitions & results, imaging requisitions & results, progress notes, order sheets, etc.). In the course of the patient-provider encounter, the provider assesses the patient, documents his/her findings, and writes out orders, including prescriptions for medications. The folder (paper chart) is then sent over to the front-desk (secretariat) from where the orders are carried out (executed) relative to all aspects of the visit, including orders for medications and controlled substances. The front-desk then, in many instances, electronically sends medication orders to the pharmacy in concert with the patients. My understanding is that the system is set up this way to free-up providers' time and allow them to spend more time treating patients, rather than being involved with activities that could easily be handled by support personnel.

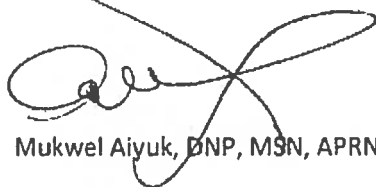
When I saw patients at this clinic, I assessed/evaluated them and wrote out treatments, including orders for medications. I was not involved in the setup of the electronic prescribing system and never asked the medication orders I wrote to be sent under Dr. Addo-Quaye's credentials. Also, I didn't think the electronic setup was such that it did not reflect that the medication orders I wrote carried my credentials.

Prior to commencing work at this clinic, I provided the entirety of my credentials: diplomas, certificates, licenses, and authorizations to prescribe medications, but I was not involved in the electronic setup with pharmacies. Additionally, it is worth noting that sometimes pharmacies have erroneously attributed prescriptions emanating from a practice to a different provider in that practice, I don't think this explains everything that happened in this instance.

I don't think I ever prescribed any medication for which I was not authorized to prescribe, and to the best of my judgement, I did not prescribe any medication that I thought could cause harm to a patient.

Regarding the inquiry relating to Dr. Victor Bruce, I did not authorize controlled substance prescriptions for his patients. I authorized controlled substance prescriptions only for the patients I saw, evaluated and treated. I have requested copies of the treatment records from Dr. Addo-Quaye's clinic for the patients I saw and treated; and will forward those records to you as soon as I receive them.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mukwel Aiyuk', with a large, stylized flourish extending from the end of the signature.

Mukwel Aiyuk, DNP, MSN, APRN, FNP-BC

EXHIBIT 2 Appointment records, treatment records and prescription copies for patient L.P.

1 - Addo-Quaye, Bernard (Monday Jul 08, 2019)

Time

1ST Appointment (23)

2ND Appointment (5)

3RD Appointment (0)

LAKE MEAD

9:00 am	SEEN BY MUKWEL, AYUK, APRN			
9:15 am				
9:30 am				
9:45 am				
10:00 am				
10:15 am	MF	1741 Follow Up	<input checked="" type="checkbox"/>	
10:30 am	DAI	Follow Up	<input checked="" type="checkbox"/>	
10:45 am	MF	No Show	<input checked="" type="checkbox"/>	
11:00 am	MF	48 Follow Up	<input checked="" type="checkbox"/>	
11:15 am	BC	New Pat	<input checked="" type="checkbox"/>	
11:30 am	HEI	Follow Up	<input checked="" type="checkbox"/>	
11:45 am	BUF	Follow Up	<input checked="" type="checkbox"/>	
12:00 pm	FISHE	754 Follow Up	<input checked="" type="checkbox"/>	
12:15 pm	PARF	Follow Up	<input checked="" type="checkbox"/>	
12:30 pm	PAI	Follow Up	<input checked="" type="checkbox"/>	
12:45 pm	HUI	Follow Up	<input checked="" type="checkbox"/>	Weak-in Lunch
1:00 pm	ROL	112 Follow Up	<input checked="" type="checkbox"/>	Lunch Lunch
1:15 pm	GOI	Follow Up	<input checked="" type="checkbox"/>	
1:30 pm	ROC	No Show	<input checked="" type="checkbox"/>	
1:45 pm	MIL	Follow Up	<input checked="" type="checkbox"/>	6 Follow Up
2:00 pm	WIL	15 Follow Up	<input checked="" type="checkbox"/>	
2:15 pm	TEL	Follow Up	<input checked="" type="checkbox"/>	
2:30 pm	BOC	New Pat	<input checked="" type="checkbox"/>	7- Follow Up
2:45 pm	APU	Follow Up	<input checked="" type="checkbox"/>	
3:00 pm	PORT	Follow Up	<input checked="" type="checkbox"/>	
3:15 pm				
3:30 pm	JK	Follow Up	<input checked="" type="checkbox"/>	
3:45 pm	FL	Follow Up	<input checked="" type="checkbox"/>	
4:00 pm	TAI	Follow Up	<input checked="" type="checkbox"/>	
4:15 pm	PE	21 Follow Up	<input checked="" type="checkbox"/>	Follow Up
4:30 pm				
4:45 pm				
5:00 pm				

TruCare Medical Center

2290 McDaniel St., Ste. 2A

North Las Vegas, NV 89030

Tel: (702) 657-6365; Fax: (702) 657-6704/410-6671

NEW (INITIAL) [] / EST. []

History & Physical

Name: Pi

Date: Jul 08 2014

Wt: 214

Ht: 5'5"

BP: 142/84

D.O.B.:

Age: 62

Sex: M / F

Pulse: 92

SPO₂: 92

Temp: 98.2

BMI: 35.61

ALLERGIES (review): NKA

Chief Complaint(s): Flu mod Refill

HPI: Generally doing well

PMH: Renovated

PSH:

FHX:

Review of Systems (ROS):

General: Generally well

ENT: None

GI: None

Skin: None

Physical Exam:

General: Ad well-nourished

HEENT: None

Neck: None

Abdomen: None

Extremities: None

Resp/CVS: Normal

GU/GYN: None

Neuro/Eyes: None

Psychosocial: None

Neurological: None

Heart: None

Chest: Lungs/Chestwall: Clear

Genitalia: Deferred / Examined:

Review of Labs/Diagnostics:

ASSESSMENT/DX:

① DM II

② Lumbar DDD

③ Vitamin D deficiency

④ Hypertension

PLAN OF CARE & PRESCRIPTIONS:

⑤ Anxiety / Panic disorder

OFFICE ORDERS

③ Rx sent via Surescripts

Referral(s) ☐

Diagnostics/labs ☐

FMLA/form ☐

DME/supplies ☐

MD/NP Signature: [Signature]

F/U: PR

Norco

Vitamin

Plavix

Jul 08 2014

Proprietary-Designed by AAC

Request No : 4256281

Store No : 8798

Rx No : 1337607

Fill No : 0

Fill Date : 07/08/2019

Rx Image

Orig. Rx Recd. Dt: 07/08/2019 19:25:31

Approved: 07/08/2019 17:04 PM

New eRx

Name: PO

DOB: () Gender: M Phone: (702

EPCS

Address: () DUNEVILLE ST BLDG APT 235 LAS

COMPLIANT

VEGAS, NV 89118

Drug: Valium 5 mg tablet

Alt Drug:

Qty: 30 Tablet

DAW: 0 - Substitution Permitted

SIG: Take 1 tablet every 8 hrs as needed for 10 days Do not take this at the same time as pain medication

MD Notes: F41.9 anxiety disorder

Orig. Date Written: 07/08/2019

Rx Exp Date:

Do Not Fill Before: 07/08/2019

Refills: 0

Diagnosis: F419

ICD10

Interchange is mandated unless the practitioner writes the words "No Substitution" in the space.

Prescriber: Addo-Quaye, Bernard

2290 McDANIEL ST, SUITE 2A

NORTH LAS VEGAS, NV, 89030, (702) 657-6365

State License #:

NPI #: 1922009208

DEA #: BA5837488

Supervisor DEA#: Not Provided

SPI #: 6546523460001

EXHIBIT 3 Appointment records, treatment records, and prescription copies for patient C.B.

1 - Addo-Quaye, Bernard (Tuesday Jül 09, 2019)

3RD Appointment (0)

2ND Appointment (7)

1ST Appointment (25)

LAKE MEAD		LAKE MEAD	
TIME	NAME	ACTIVITY	STATUS
0:00 am	SEEN BY: MUKWELAYUK, NP		
0:15 am			
0:30 am			
0:45 am			
0:00 am	SHEI	Follow Up	✓
0:15 am	HARV	Follow Up	✓
0:30 am	DICKE	Follow Up	✓
0:45 am	MOC	Follow Up	✓
1:00 am			
1:15 am	OT7	Follow Up	✓
1:30 am	TR	Follow Up	✓
1:45 am	SHU	Follow Up	✓
2:00 pm	SH	Follow Up	✓
2:15 pm	PEC	Follow Up	✓
2:30 pm	WARI	Follow Up	✓
2:45 pm	LEAK	Follow Up	✓
3:00 pm	JAM	New Pat	✓
3:15 pm	DET	Follow Up	✓
3:30 pm	AVE	Follow Up	✓
3:45 pm			
4:00 pm	WIL	Follow Up	✓
4:15 pm	MUR	Follow Up	✓
4:30 pm	OVEI	Follow Up	✓
4:45 pm	NOR	Follow Up	✓
5:00 pm	CLEI	Follow Up	✓
5:15 pm	ROBIN	Follow Up	✓
5:30 pm	CASI	Follow Up	✓
5:45 pm	VILL	Follow Up	✓
6:00 pm	BOSI	Follow Up	✓
6:15 pm	BRL	Walk-In	✓
6:30 pm			
6:45 pm			
7:00 pm			

2290 McDaniel St., Ste. 2A
North Las Vegas, NV 89030
Tel: (702) 657-6365; Fax: (702) 657-6704

Tel: (702) 657-6365; Fax: (702) 657-6704

Date: 17/09/2019

Name: B1 D.O.B. Age: 59 Sex: (M)/F
Wt: 153 Ht: 5'8 BMI 23.26 Pulse: 71 BP 144/95 Temp: 97.1 SPO₂ 96
ALLERGIES: None

Name: B1 D.O.B. _____ Age: 59 Sex: (M)/F
Wt: 183 Ht: 5'8 BMI 23.26 Pulse: 71 BP 164/95 Temp: 97.1 SPO₂ 96
ALLERGIES: Alina

ALLERGIES: None

Chief Complaint(s): petitls on meals
HPI:

HPI: _____

PMH: 12-1 generally doing better

PSH: 11/10/2010

General: Generally well
ENT: NGE, Hears well
GI: no diarrhea; no GI pain
Skin: no rash
Physical Exam:

Resp/CVS: Intermittent tachypnea
GU/GYN: CS
Neuro/Eyes: CS
Psychosocial: CS

General: Generally well
ENT: NGE, Hears well
GI: no diarrhea; no GI pain
Skin: no rash
Physical Exam:

Resp/CVS: Intermittent tachypnea
GU/GYN: CS
Neuro/Eyes: CS
Psychosocial: CS

General: A/C, Conscious, Alert, in NAD
Skin: @ 12h / 18h; Skin Warm & Dry
HEENT: Vision well; Hearing wNL

Neck: Supple w/ tenderness in neck
Heart: @ 12h / 18h; S1, S2 heard clearly
Abdomen: Abd soft w/ no tenderness / no Hx
Extremities: Ambulatory w/ no weakness
Neurological: Non / xct.

Chest: Lungs/Chestwall: CTAB ↓
Genitalia: Deferred / Examined: _____

General: A/C, Conscious, Alert, in NAD
Skin: @ 12h / 18h; Skin Warm & Dry
HEENT: Vision well; Hearing wNL

Neck: Supple w/ tenderness in neck
Heart: @ 12h / 18h; S1, S2 heard clearly
Abdomen: Abd soft w/ no tenderness / no Hx
Extremities: Ambulatory w/ no weakness
Neurological: Non / xct.

Chest: Lungs/Chestwall: CTAB ↓
Genitalia: Deferred / Examined: _____

Review of Labs/Diagnostics:

13 Rx sent via
Surescripts

ASSESSMENT

- (1) COPD
 - (2) Lumbar Spinal Stenosis
 - (3) BPH
 - (4) Peripheral Spinal Stenosis
- PLAN OF CARE:

PLAN OF CARE:

- (5) Indomylol

RP // MSR

Amber

Revol

* Patient can get medications 3 days early.

IN OFFICE ORDERS

IN OFFICE ORDERS

per pt, going out of town see 3/13/19
(same)

MD Signature: _____

F/U:

09 2019

EXHIBIT 4 Appointment records, treatment records, and prescription copies for patient M.L.

Addo-Quaye00087

JUL 10 2019

History & Physical

Date: / /

Name: Lo D.O.B. _____ Age: 67 Sex: M (F)
Wt: 123 Ht: 5'0 BP: 165/109 Pulse: 69 SPO₂: 91 Temp: 98.1 BMI: 24.02

ALLERGIES: Lulox, Benadryl, Toradol

Chief Complaint(s): refills on meds

HPI: Generally doing well. c/o running
stomach & diaphragm, bloating.
PMH: Reviewed
PSH: p. med. mal. c/o Angiogram
FHx: _____

Review of Systems (ROS):

General: Generally well. No major
ENT: no V. Otitis media
GI: no h. ulcerative colitis
Skin: no rash
Resp/CVS: no smoker, no COPD
GU/GYN: no
Neuro/Eyes: no
Psychosocial: no

Physical Exam:

General: A/O well - exam 2 is NAD
HEENT: no h. blurry. Hearing well
Neck: Supple. No tenderness. No nodes
Heart: no murmur. S1 & heart sounds
Abdomen: soft & n. tenderness/inside
Extremities: no edema
Neurological: no focal
Chest: Lungs/Chestwall: CTAB & h. c.
Genitalia: Deferred/Examined: _____

Review of Labs/Diagnostics:

(15) Rx sent via
Surescripts

ASSESSMENT:

- (1) Abdominal pain
- (2) Diarrhea - Ulcerative Colitis
- (3) Lumbar radiculopathy
- (4) Migraine
- (5) Anxiety / panic disorder

PLAN OF CARE:

- (1) Urinary frequency

IN OFFICE ORDERS	
RF	<u>Atorvastatin</u>
	<u>Clonazepam</u>
	<u>Diltiazem</u>
	<u>Ambien</u>

MD Signature: [Signature] F/U: _____

JUL 10 2019
Physician Signed by AAO

RX# 4634537

Rx Image

Patient: M HECO
 Address: 1 SONORA CANYON CT LAS VEGAS NV 89142
 DOB: Gender: F SSN:
 MRN:
 Message ID: 8464A0FB-1014314-85855-
 Phone 760 (TE) Sent Date: 07-10-2019
 Sent Time: 12 12 PM
 Received Date: 07 10-2019
 Received Time: 12:12 PM
 Written Date: 07-10-2019
 Expiration Date:
 Start Date: 07 10-2019
 Delivery Due Date:
 Strength:
 Form:
 Unit: Tablet

Delivery Due Date Reason:

Rx Details:
 Ambien 5 mg tablet
 Prescribed NDC: 00024540131

Diagnosis Codes:
 G4700

DEA Schedule: C-IV

Qty: 30.0 Days Supply: 30.0
 1 Tablet, 1 time per Day Take at bedtime prn

Message:

Refills Auth: 1 DAW: No Product Selection Indicated
 Prior Auth:
 Authorizing Agent:
 Electronically Signed by: Bernard Addo Quaye
 Prescriber: Bernard Addo-Quaye
 ID Type: DEA Number ID#: BA5837488
 ID Type: National Provider ID ID#: 1922009208
 ID Type: ID#:
 Address: 2290 McDANIEL ST SUITE 2A NORTH LAS VEGAS NV
 Phone: 702-657-6365 (TE)
 Phone: 702-657-6704 (FX)
 Supervising Prescriber:
 ID Type: ID#:
 ID Type: ID#:
 ID Type: ID#:
 Address:
 Phone:
 Phone:
 Rx electronically transmitted to
 Sav-On Pharmacy #4091
 5881 E. Charleston Blvd Las Vegas NV 89142
 2979839



A61000037277

Time**User****Image Note**

Addo-Quaye00089

RX# 4634536

Rx Image

Patient: MA J
 Address: SONOHA CANYON CT LAS VEGAS NV 89142
 DOB: Gender: F SSN:
 MRN:
 Message ID: 8464A0FB-1014314-85854-
 Phone: 760- (TE) Sent Date: 07-10-2019
 Sent Time: 12 12 PM
 Received Date: 07 10-2019
 Received Time: 12 12 PM
 Written Date: 07-10-2019
 Expiration Date:
 Start Date: 07 10-2019
 Delivery Due Date:
 Strength:
 Form:
 Unit: Tablet

Delivery Due Date Reason:

Rx Details:
 clonazepam 1 mg tablet
 Prescribed NDC: 00228330411

Diagnosis Codes:
 F419

DEA Schedule: C-IV

Qty: 40.0 Days Supply: 30.0
 1 Tablet q 12 hrs prn Do not take this at the same
 time as pain medication

Message:
 F419

Refills Auth: 1 DAW: No Product Selection Indicated
 Prior Auth:
 Authorizing Agent:
 Electronically Signed by: Bernard Addo-Quaye
 Prescriber: Bernard Addo-Quaye
 ID Type: DEA Number ID#: BA5837488
 ID Type: National Provider ID ID#: 1822009208
 ID Type: ID#: 1
 Address: 2290 McDANIEL ST SUITE 2A NORTH LAS VEGAS NV
 Phone: 702-657-8365 (TE)
 Phone: 702-657-5704 (FX)
 Supervising Prescriber:
 ID Type: ID#:
 ID Type: ID#:
 ID Type: ID#:
 Address:
 Phone:
 Phone:
 Rx electronically transmitted to
 Sav-On Pharmacy #4091
 5881 E Charleston Blvd Las Vegas NV 89142
 2979839



AG10C0037275

TimeUserImage Note

RX# 2635444

Rx Image

Patient: MA CO
 Address: SONORA CANYON CT LAS VEGAS NV 89142
 DOB: 0 Gender: F SSN:
 MRN:
 Message ID: 8464A0FB-1014314-85856
 Phone: 760 (TE) Seril Date: 07-10-2019
 Sent Time: 12:12 PM

Received Date: 07-10-2019
 Received Time: 12:12 PM
 Written Date: 07-10-2019
 Expiration Date:
 Start Date: 07-10-2019
 Delivery Due Date:
 Strength:
 Form:
 Unit: Tablet

Delivery Due Date Reason:

Rx Details:
 Dilaudid 2 mg tablet
 Prescribed NDC: 42856012201

Diagnosis Codes:

M5416

M545

DEA Schedule: C-II

Qty: 40.0 Days Supply: 14.0
 Take 1 tablet every 8 hrs as needed

Message:
 M54.16 M54.5

Refills Auth: 0 DAW: No Product Selection Indicated

Prior Auth:

Authorizing Agent:

Electronically Signed by: Bernard Addo-Quaye

Prescriber: Bernard Addo-Quaye

ID Type: DEA Number ID#: BA5837488

ID Type: National Provider ID ID#: 1922009206

ID Type: ID#:

Address: 2290 McDANIEL ST SUITE 2A NORTH LAS VEGAS NV

Phone: 702-657-6365 (TE)

Phone: 702-657-6704 (FX)

Supervising Prescriber:

ID Type: ID#:

ID Type: ID#:

ID Type: ID#:

Address:

Phone:

Phone:

Rx electronically transmitted to:

Sav-On Pharmacy #4091

5881 E. Charleston Blvd Las Vegas NV 89142

2879839



AG1C00037276

TimeUserImage Note

Addo-Quaye00091

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**LILY AKANA,
Certificate of Registration No. PT07926,**

Respondent.

CASE NO. 19-075-S

STIPULATION AND ORDER

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy (“Board”), and Respondent Lily Akana (“Akana”), Certificate of Registration No. PT07926, by and through counsel, Kevin C. Murphy, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about July 30, 2020, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (“Accusation”) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. On or about August 10, 2020, Respondent Akana filed an Answer and Notice of Defense to the Accusation through counsel.
4. Respondent Akana is fully aware of the right to seek the advice of counsel in this matter, and was informed to obtain the advice of counsel prior to entering into this Stipulation.
5. Respondent Akana is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.
6. Conditioned on the acceptance of this Stipulation by the Board, Respondent Akana hereby freely and voluntarily waives her right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B,

Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Akana admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, that Respondent Akana:

A. Unlawfully diverted prescribed controlled substance prescriptions from other patients or from Walgreen's directly in violation of NRS 453.336(1) and NAC 639.945.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Akana stipulate to the following penalties and conditions. Akana shall:

A. Pay a fine of Five Hundred Dollars (\$500.00) for the alleged violations;

B. Pay Two Hundred Fifty Dollars (\$250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

C. Respondent Akana's Certificate of Registration No. PT07926 is revoked;

D. Respondent Akana may not work in any facility licensed by the Board, including a pharmacy, in any capacity, unless and until he has applied to the Board for reinstatement and the Board reinstates his registration; and

E. Respondent Akana may petition the Board for reinstatement of her Certificate of Registration No. PT07926 after one (1) year from the date of the hearing.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for

a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent Akana, then the Board may impose discipline consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 14, 2020. Respondent Akana will appear telephonically or *via Zoom* at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* 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 located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

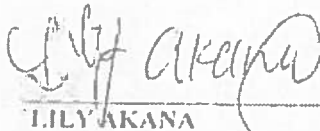
15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herem, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 9 day of October, 2020



LILY AKANA

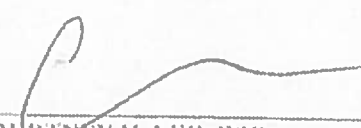
Certificate of Registration No. PT07926

APPROVED AS TO FORM
AND CONTENT
this 9 day of October, 2020



KEVIN MURPHY, ESQ.
Counsel for Respondent
Lily Akana

Signed this 12th day of October, 2020



COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Lily Akana, Certificate of Registration No. PT07926, in Case No. 19-075-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of October, 2020.

Helen Park, President
Nevada State Board of Pharmacy



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

August 11, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Ashley Carrier, RN
7 Caprock Canyon Avenue
Las Vegas, NV 89139

Re: CEASE and DESIST: Unlicensed Prescribing (Case No. 19-089-CS-S)

Dear Ms. Carrier:

The Nevada State Board of Pharmacy ("Board") has determined that you have routinely prescribed controlled substances for Nevada patients without holding an active APRN license with the Nevada State Board of Nursing. Your APRN License No. APRN002874 expired on May 6, 2019. However, you continuously prescribed controlled substances after May 6, 2019.


This constitutes a violation of federal and state law, including, without limitation, NRS 453.226, NRS 453.321, NRS 454.695, NRS 639.100, NRS 639.1375, NRS 639.235, NRS 639.2351, NRS 639.2813, NAC 639.850, NAC 639.854, 21 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this State is a felony offense. NRS 639.2813(1); 21 USC § 841(a); 21 USC § 842(a).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST prescribing controlled substances for Nevada patients.

Please be aware that the foregoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440, 702-486-6420 ext. 151, or c.lee@pharmacy.nv.gov.

cc: Nevada State Board of Nursing

Sincerely,


Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0243 5461 95

Exhibit 1

RETURN OF SERVICE

STATE OF Nevada)
COUNTY OF Clark)
ss.

I HEREBY certify and return that I received the within Nevada State Board of Pharmacy
CEASE and DESIST: Unlicensed Prescribing (Case No. 19-089-CS-S) on
the 12 day of August, 2020 and that I personally served the same upon
RONARIO CARRIER, a person at least eighteen years
of age, at 5327 W Caprock Canyon Ave LV, NV 89139
on the 12 day of August, 2020.

Dena McClish
Signature

Dena McClish
Name (print)

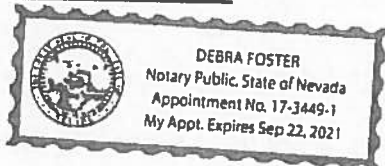
SUBSCRIBED AND SIGNED before me

this 12 day of August, 2020

by Dena McClish.

[Signature]

NOTARY PUBLIC



DEA USE ONLY

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

File No.

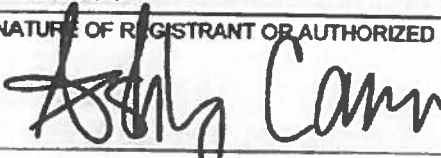
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT (Print) Ashley Carrier	ADDRESS OF REGISTRANT N Buffalo Dr. Suite A Las Vegas, NV 89145
DEA REGISTRATION NO. MC4737788	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 	DATE 08/12/2020

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE Kirk P. Thomas / KPT	TITLE FATHER
NAME AND DATE Cheryl B. Thomas / Cheryl Thom	TITLE MOTHER

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C. 821)
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

August 21, 2020

VIA CERTIFIED U.S. MAIL

Ashley Carrier, RN
7 Caprock Canyon Avenue
Las Vegas, NV 89139

Re: Suspension of Certificate of Registration No. CS27118 (Case No. 19-089-CS-S)

Dear Ms. Carrier:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. MC4737788 on August 12, 2020 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS27118 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the foregoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to be "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

Primary Source Board of Nursing Report Summary for

Friday, October 09 2020 04:31:11 PM

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CARRIER, ASHLEY WYNETTE	RN	TRN355822	Expired	12/19/2017	02/13/2018	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a

permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CARRIER, ASHLEY WYNETTE	RN	RN98002	Active	02/13/2018	10/03/2021	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CARRIER, ASHLEY WYNETTE	APRN-CNP	APRN002874	Expired	03/22/2018	05/06/2019	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
 - Focus/Specialty: Family Across the Lifespan
 - Expiration Date: 05/06/2019
 - Original Issuance Date: 03/22/2018
 - Current Issue Date: 05/06/2019
 - Has discipline: NO
 - Certification expiration date: 09/25/2022

License type information

- RN:** Registered Nurse
- PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP:** Certified Nurse Practitioner
- CNS:** Clinical Nurse Specialist
- CNM:** Certified Nurse Midwife
- CRNA:** Certified Registered Nurse Anesthetist

SFY21 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: Sep 20

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(s) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2020	TOTAL REVENUE/EXPENSE SFY21	DIFFERENCE
Beginning Balance	\$ 2,133,664		\$ 2,133,664	\$ -	\$ 2,234,060	\$ -	\$ 2,234,060	\$ 100,396
Renewal Fees	\$ 4,603,113		\$ 4,603,113	\$ 2,172,311	\$ 12,500	\$ 2,418,303	\$ 4,603,113	\$ -
Registration Fees	\$ 673,700		\$ 673,700	\$ 59,620	\$ 144,939	\$ 469,142	\$ 673,700	\$ -
Misc. Revenue	\$ 155,000	\$ (154,000)	\$ 1,000	\$ 100	\$ 282	\$ 618	\$ 1,000	\$ -
Recovered Costs	\$ -	\$ 28,000	\$ 28,000	\$ 1,000	\$ -	\$ 27,000	\$ 28,000	\$ -
CC Processing Fees	\$ -	\$ 97,000	\$ 97,000	\$ -	\$ 2,965	\$ 94,036	\$ 97,000	\$ -
Paper Use Fee	\$ -	\$ 10,500	\$ 10,500	\$ -	\$ 40	\$ 10,460	\$ 10,500	\$ -
Change MGR RPh	\$ -	\$ 11,500	\$ 11,500	\$ 600	\$ 1,450	\$ 9,450	\$ 11,500	\$ -
Inspections	\$ -	\$ 7,000	\$ 7,000	\$ 75	\$ 150	\$ 6,775	\$ 7,000	\$ -
Interest Income	\$ 30,500		\$ 30,500	\$ 607	\$ 5,320	\$ 24,573	\$ 30,500	\$ -
Late Fees	\$ 25,000		\$ 25,000	\$ -	\$ 3,260	\$ 21,740	\$ 25,000	\$ -
Total Revenues	\$ 7,620,977	\$ -	\$ 7,620,977	\$ 2,234,312	\$ 2,404,966	\$ 3,082,096	\$ 7,721,373	\$ 100,396

EXPENSES								
Payroll	\$ 2,897,623	\$ 81,597	\$ 2,979,220	\$ 237,772	\$ 468,062	\$ 2,194,348	\$ 2,900,182	\$ (79,038)
Operating	\$ 909,437	\$ (81,597)	\$ 827,840	\$ 74,398	\$ 79,114	\$ 874,328	\$ 827,840	\$ -
Equipment	\$ 30,000		\$ 30,000	\$ 5,078	\$ 1,078	\$ 23,844	\$ 30,000	\$ -
In-State Travel	\$ 110,000		\$ 110,000	\$ 5,712	\$ 1,643	\$ 102,645	\$ 110,000	\$ -
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ -	\$ 65,000	\$ 65,000	\$ -
DAG Cost	\$ 12,000		\$ 12,000	\$ -	\$ -	\$ 12,000	\$ 12,000	\$ -
Aid for Education	\$ 2,000		\$ 2,000	\$ -	\$ -	\$ 2,000	\$ 2,000	\$ -
Reserve	\$ 3,594,917		\$ 3,594,917	\$ -	\$ -	\$ 3,774,351	\$ 3,774,351	\$ 179,434
Total Expenses	\$ 7,620,977	\$ -	\$ 7,620,977	\$ 322,960	\$ 549,897	\$ 6,848,516	\$ 7,721,373	\$ 100,396
Balance	\$ -	\$ -	\$ -					\$ -

BOARD MEETING DATES 2021

January 13-14	Las Vegas
March 10-11	Reno
April 14-15	Las Vegas
June 2-3	Las Vegas
July 14-15	Reno
September 1-2	Las Vegas
October 13-14	Las Vegas
December 1-2	Las Vegas

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2		1	2	3	4	5	6		1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28							28	29	30	31			
31																				
April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2							1		1	2	3	4	5	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30			
							30	31												
July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2	1	2	3	4	5	6	7					1	2	3
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30		
October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2		1	2	3	4	5	6					1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
31																				

STATE HOLIDAYS (observed)

New Years Day	January 1 (observed Dec. 31)
Martin Luther King's Birthday	January 18
President's Birthday	February 15
Memorial Day	May 31
Independence Day	July 4 (observed July 5)
Labor Day	September 6
Nevada Day	October 29
Veteran's Day	November 11
Thanksgiving	November 25-26
Christmas	December 25 (observed Dec. 24)

ANNUAL MEETINGS

APhA Annual Meeting	Oct 23-27	Denver, CO
NACDS Annual Meeting	April 24-27	Palm Beach, FL
NABP Annual Meeting	May 13-15	Phoenix, AZ
ASHP Summer Meeting	June 5-9	Long Beach, CA
NASCSA Annual Meeting	Oct 25-28	Minneapolis, MN
ASHP Mid Year Meeting	Dec 5-9	Orlando, FL
NABP District 8 Meeting	?	

Kristopher Mangosing

Sent: Wednesday, October 14, 2020 7:10 AM
To: Shirley Hunting; David Wuest; Yen Long
Cc: Shannon Reichman; Brett Kandt; Courtney K. Lee
Subject: Re: Patient Safety and Pharmacy Staffing

From: The Cynical Pharmacist <pharmacynic@yahoo.com>
Sent: Monday, October 12, 2020 7:33 AM
To:
Subject: Patient Safety and Pharmacy Staffing

Dear Boards of Pharmacy, APhA, and others,

I am writing to you today because we who are practicing pharmacy, especially at the retail level, need you to help us and our patients more than ever. The last few weeks online have seen a rise in the numbers of complaints from pharmacists and technicians against the retail giants. The call for action has become deafening. My page has personally received numerous requests this week for pleas to collect information about how poorly we are being treated so someone can do something about it.

These have included below-safe levels of staffing in the pharmacy and a heavy focus on immunizations and COVID testing at the expense of patient safety and filling prescriptions. It's not just my page but all social media that has been filled with these stories about how patients' lives, as well as those of the staff at these locations in your state, are being compromised.

While some states may claim it is "not the job of the Board of Pharmacy" to tell pharmacies how to operate, these Boards of Pharmacy clearly state they exist to protect the safety of their citizens. If the pharmacists and technicians in your state are telling you the business practices of these corporations are directly affecting patient safety in a negative way, don't you think this falls under your purview and you should be responsible? Unfortunately, no one is doing anything about it.

In order to help you understand exactly what pressures we are facing, I have attached the blog post I wrote over a year ago that I finally published this morning. Shouldn't we aim to do something to fix this? It's American Pharmacy Month. There's no better time to have this conversation than right now.

You Are Going To DIE

I am going to kill you.

Perhaps it won't be me, but it will be a pharmacist.

Perhaps it won't be you, but it will be someone you know and love.

When the authorities and lawyers and judges and family members ask what happened, I will have to accept responsibility.

It will most likely kill me to know something I did at work, which could have been prevented, directly contributed to your loss.

When those people dig deeper in an attempt to discover how this mistake could have occurred, they will only find gossamer-thin whispers of leads that will ultimately end in a cul-de-sac around the pharmacist, around me.

We all understand the ultimate responsibility for a mistake ends with the pharmacist; the buck stops here and all that drivel.

What if you are put into a losing situation?

What if the circumstances in which you work are beyond your control?

You can only control what you can control.

What if you are set up to fail?

Does anyone care?

No. No one except your pharmacist.

Who is doing her best despite the deck stacked against her.

When any error occurs, whether at your home or in my pharmacy, the common response is to identify the error, discover how it occurred, implement a plan to prevent another error of this type, and learn from it. It's how we evolve.

Pharmacists must self-report errors made.

Reporting errors in the pharmacy brings about two major results: a citation from the company and a lawyer making sure the company is safe from a lawsuit.

When we report errors, there is a question on the form: "What caused the error?"

The reply of "distractions and not enough help" is met with a scoff from the powers-that-be.

Do they attempt to fix it?

No.

I have spoken truly about what takes place in the pharmacy. On the most basic level, we enter, count, fill, and check prescriptions. That has always been the job. Over the years, new tasks and distractions have been added to our workload, each one increasing the chance for a mistake to occur.

Phones ring off the hook. With corporate-mandated automatic outgoing phone calls, patients call to ask why they received a call or a text. We have to sell products and services. We offer immunizations. We are in an open area of the pharmacy where patients can just shout at us their questions. Drive-thru lanes that ring incessantly are a distraction upon one's focus and concentration.

Walk into any pharmacy and count the number of bodies behind the counter and match that with the number of stations available.

(Stations include: Drop off window, pick up window, consultation window, drive-thru window, Data Entry workstation, Counting workstation, Pharmacist checking station, and anywhere from 3-10 phone lines available.)

The employees are stretched thin but the corporate budget predicts the amount of help necessary to man the battle stations. Their numbers can't be wrong, right?

While manning all of these stations, sometimes multiple stations at once, your pharmacist is also checking your prescription for mistakes. *Imagine reading a book in a crowded bar with a DJ playing music, a few friends trying to include you in the conversation, your phone going off as your kids are trying to locate you, someone tapping you on the shoulder every few minutes excusing themselves past you on their way to the loo, and random shouts of "GOAL" echoing from the match on the telly.*

How much of what you were reading do you remember?

How many times did you restart that page, that paragraph, that sentence?

This is the life your pharmacist leads.

This is the life into which you put your life.

She is set up to fail and one day it will kill someone.

It will not be anyone's fault she couldn't remember what she read on that last page in her book, your prescription.

Except hers.

She is set up to fail.

Until pharmacies work to change their work environments for their employees, someone is going to die. Unfortunately, I believe it is going to take such an event to occur before changes happen. Pharmacies will file it under "cost of doing business".

Shouldn't you want something better for yourself, for your loved ones than to be considered a "**cost of doing business**"?

Focus is paramount in our profession. We are the last line of defence between your prescriber and an awful day.

Now another scenario for you. Imagine yourself lying on an operating table. We've all seen the movies where the staff are all in their precise locations, assisting with the procedure, monitoring the monitors. We usually have a surgeon, assistant, nurse, tech, and anesthesiologist. Each person has a specific job to do. Now imagine the hospital cut the staff in the OR down to just the surgeon and one nurse. Someone has to hand the surgeon his instruments. Someone has to monitor the vitals. Someone has to administer the anesthesia. Someone has to prep the patient and be on hand for calling in help when needed.

As the procedure starts and these two lonesome souls are wrists deep in your chest cavity, the phone rings in the OR and the surgeon has to answer it because the nurse stepped aside to call for a radiologist. Someone needs to know what's taking so long and where the vending machine is located in the waiting room. Oh, and a family member just poked her head in the door asking "how much longer?" because they have dinner reservations in 10 minutes.

Is this a most absurd scenario? A professional team being decimated to save a few dollars for the hospital? Yes.

Is this what your pharmacists and their teams deal with on a daily basis?

Yes.

Is this an exaggeration?

No. Not really at all.

For 12 hours a day this is what we do with skeleton crews.

Is that the environment in which you want your pharmacy staff to work?

Apparently it is because patients like to yell and scream at the pharmacy staff for taking too long and don't consider the repercussions if their interruptions lead to a mistake.

Until someone dies, no one will care.

Except your pharmacist.

Unfortunately, when I discover I killed you, my life will end.

I will not be able to live with myself knowing what I did.

I will have to surrender my licence and leave the profession I love.

The pharmacy? No remorse.

Maybe a statement from their media mouthpiece about "thoughts and prayers" and how "that pharmacist no longer works for us".

But that's it.

They won't change a damn thing.

Until we demand it.

Actually, until YOU demand it.

Your pharmacists have been demanding it for years. But they don't listen to us. In their eyes, we are not smart enough to understand budgets and staffing demands.

I don't want to kill you.

I don't want to hurt you or anyone you love.

Please understand this.

I am going to kill you.

I don't want to, but it will happen.

Thank you for your time in reading this. I look forward to the changes that will ultimately arise because of the conversations started here.

Sincerely,
CP