

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WESTSIDE PHARMACY

Physical Address: 6125 W Sahara ave LV NV 89146

Mailing Address: 11700 W. Charleston Blvd # 170-436

City: Las Vegas State: NV Zip Code: 89135

Telephone: 702 248 4119 Fax: 702 248 6884

Toll Free Number: _____

E-mail: westsidepharmacylasvegas@gmail.com Website: westsidepharmacylasvegas.com

Managing Pharmacist: Shahin Banayan License Number: 17272

Hours of Operation:

Monday thru Friday <u>8</u> am <u>8</u> pm	Saturday <u>8</u> am <u>8</u> pm
Sunday <u>8</u> am <u>6</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Jessica NGUYEN

Print Name of Authorized Person

5/9/16

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: NG FAMILY TRUST (JESSICA NGUYEN Manager member)
Business Name: WESTSIDE PHARMACY
Current Business Address: 6125 W. Sahara ave
City: Las Vegas State: NV Zip Code: 89146
Telephone: 702 248 4119 Fax: 702 248 6884

List any physician shareholders and percentage of ownership. N/A

Name: _____ %: _____

Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☒ No ☐ License #: 15397

SOLE OWNER

*APR per
M. Nguyen
at meeting.*

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, JESSICA NGUYEN

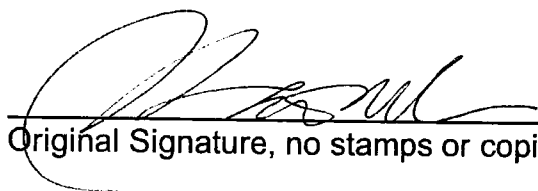
Responsible Person of WESTSIDE PHARMACY LLC

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

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

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

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

9/9/16
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Shahin Banaayan

License #: 17272

Pharmacy Name: westside pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? <i>I was fined due to forgetting to renew my license. My license was back-dated to original renewal date during meeting. State: NV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

From October 2016 Meeting Minutes

Westside Pharmacy – Las Vegas

Shahin Banayan, pharmacy manager, and Jessica Nguyen, owner and pharmacist, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Darla Zarley disclosed that Mr. Banayan was a former student, but stated she would be able to participate in this matter fairly and without bias.

Jason Penrod disclosed that Mr. Banayan was a former classmate, but stated he would be able to participate in this matter fairly and without bias.

Mr. Banayan stated that Westside Pharmacy is a retail pharmacy that will provide over-the-counter vitamins and supplements for athletes as well as cosmetics items.

Mr. Banayan and Ms. Nguyen answered questions to the Board satisfaction regarding the pharmacy layout, services provided, pharmacy ownership and past discipline.

Ms. Nguyen requested the Board update Westside Pharmacy's application to reflect that she is the sole owner and on the ownership form to reflect that she is a pharmacist in Nevada and to enter her Pharmacist License #15397.

Board Action:

Motion: Kevin Desmond moved to approve Westside Pharmacy's Application for Nevada Pharmacy pending a positive inspection.

Second: Kirk Wentworth

Mr. Edwards questioned Ms. Nguyen if there are any open investigations regarding another pharmacy she owns. Ms. Nguyen answered no.

Action: Passed unanimously

WESTSIDE PHARMACY

6125 W. SAHARA AVE. #1A LAS VEGAS. NV 89146



POLICIES *and* PROCEDURES

10/2016

WESTSIDE PHARMACY

POLICIES AND PROCEDURES

Welcome to WESTSIDE PHARMACY. Our goal is to help you build a long, satisfying career with this company. A new journey awaits us, and we look forward to having you. We recognize, encourage, and welcome your desire, commitment, and ability to work for this company. This employee handbook is intended to help you and WESTSIDE PHARMACY to succeed. We truly hope that your employment with us is a rewarding experience!

IMPORTANT INFORMATION ABOUT THIS GUIDEBOOK

This Guidebook takes the place of and revokes all previous guidebooks issued under the WESTSIDE PHARMACY 10/2016.

The purpose of this guide is to communicate the WESTSIDE PHARMACY's employment policies and practices. This guide is intended to provide only general guidance to employees and does not create a contract, express or implied. This guide is applicable to all employees.

All employees of the Company, regardless of position, are employed "at will". This means that an employee is free to end his/ her relationship with the Company at any time and for any reason, and the Company is likewise free to end the relationship at any time and for any reason that it deems is appropriate. This guidebook does not alter the "at-will" relationship nor does it guarantee employment for any defined period of time.

Because of the ever-changing competitive environment in which we operate, and the potential need to revise provisions to make them consistent with needed policies and applicable law, the Company reserves the right to change, replace or withdraw this guide at any time without the necessity of publishing a new guide or otherwise giving notice to all potentially affected employees.

OUR VISION

With our team oriented approach, we will be the customers' first choice for health, wellness, information, and excellent service. You are important to the team because you are participating in building a successful business that contributes to our community.

THE WAY WE WORK AT WESTSIDE PHARMACY

GENERAL EMPLOYMENT POLICIES, PRACTICES AND PROCEDURES

EMPLOYEE STATUS

Each employee will fall into one of the following classifications:

- **Full-time, Regular Employee:** An employee who is hired to work a regular schedule of at least 40 hours per week.
- **Part-time, Regular Employee:** An employee who regularly works less than 40 hours per week (although he/she may work in excess of 40 hours during some weeks). Part-time employees are

not eligible for coverage under the WESTSIDE PHARMACY benefits program. In addition, part-time employees who are later moved to full-time status will be subject to an introductory evaluation period like any newly-hired, full-time employee.

INTRODUCTORY EVALUATION PERIOD

Every newly hired individual will have an initial 90-calendar-day working period during which the employee and the Company can evaluate each other. This allows the Company to ensure that the employee is both capable and willing to adequately perform the assigned job. It also gives the employee the opportunity to evaluate WESTSIDE PHARMACY as a company for which to work. Part-time employees transitioning to full-time positions will be subject to the 90-calendar day evaluation period as well. The evaluation may be extended at the hiring manager's approval. Any and all extensions are performance based and no evaluation period will exceed 210- calendar days. (2 90-calendar days, 1 30 calendar days) Employment is to remain at-will during this status as well.

POLICY PROHIBITING SEXUAL HARASSMENT

WESTSIDE PHARMACY forbids sexual harassment in the work place, on WESTSIDE PHARMACY property, in the field, or at any time while on company business. No employee should ever threaten or imply, even in jest, that an individual's submission to or rejection of sexual advances will in any way influence any decision regarding that individual's employment, performance evaluation, pay, advancement, assigned duties, or any other condition of employment or career development. Violations of this policy constitute a serious offense and will be disciplined appropriately.

JOB ABANDONMENT

In the event that an employee is absent from work and fails to contact his/her supervisor, or an acting supervisor, directly will be considered a "No call/No show". If this occurs for 2 or more consecutive work days, the employee will be considered to have abandoned his/her job.

When an employee leaves the job (i.e. "walks off the job") without properly notifying his/her supervisor or and acting supervisor, the employee will be considered to have abandoned their job.

In both instances, job abandonment will result in immediate termination.

TREATING PEOPLE WITH RESPECT

At WESTSIDE PHARMACY, we believe that it is impossible to serve our customers well and operate to our highest potential without treating each other with respect. Regardless of your position, you will be treated with respect.

Everyone should strive to always:

- Be the first to say "hello" or "Good morning"
- Say "Please" and "Thank you" often
- Complement at least three people a day
- Be a good listener- opportunity sometimes knocks very softly
- Praise in public and criticize in private
- Take responsibility for every area of your work and avoid blaming others

OPEN DOOR POLICY

We promote a culture that provides a friendly work environment. By keeping the lines of communication open, we encourage pleasant and enjoyable day-to-day work relations. We invite you to raise concerns and issues as they arise to avoid potential complication.

YOU AND THE CUSTOMER/ WHO ARE THE CUSTOMERS?

Our clients include not only the patients who fill prescriptions, but also our suppliers and distributors.

CUSTOMER EXPERIENCE

Service is the basis of our business and superior customer service is essential to our ongoing success, both as a company and as individuals. Therefore, excellent customer service is a first priority. All employees are expected to conduct themselves in a professional manner at all times. It is of the utmost importance that you practice common courtesy with customers and realize their importance. A smile and a "thank you" costs nothing and takes very little effort, but they go a long way in keeping the environment pleasant for everyone.

Remember about the ten truths about our customers:

- 1- Customers are the most important people in any business.
- 2- Customers are dependent on us--- We are dependent on them
- 3- Customers are not an interruption to our work. They are the purpose of our mission
- 7- Customers are not people with whom to argue or match wits
- 8- Customers bring us needs and wants and we have to fulfill them
- 9- Customers deserve courteous and attentive treatment
- 10- Customers are the lifeblood at our business

Our policies in Customer satisfaction

- Treat each customer as if he or she is the only one you will have today
- Be sensitive to the customer's needs
- Greet every customer and thank them as they leave the store or hang up the phone
- Invite them back
- Be patient and smile

Telephone Etiquette- answer no later than 3 rings, promptly and courteously: " Thank you for calling Spring Valley Pharmacy, this is (your name) speaking. How may I help you?"

WORKPLACE RULES/ REGULATIONS/ NON DISCLOSURE AGREEMENTS

WESTSIDE PHARMCY is an equal opportunity employer. We have no discrimination Policy and do not tolerate harassment in the workplace.

Information and database that are related pharmacy practices, pharmacy personnel, and patients of WESTSIDE PHARMCY are all considered trade secret(s) all inclusive, of WESTSIDE PHARMCY, LLC. Any violation of disclosing this information to a non-affiliate party (or parties) may result in lawsuit, fees, attorney fees, or/and compensation of any damages.

BACKGROUND CHECKS

We are committed to hiring and retaining qualified and motivated, customer-friendly employees. As part of the hiring process, we may conduct background checks on the applicant. WESTSIDE PHARMCY reserves the right to conduct background checks as a part of its hiring and promotion practices, all the while adhering to employment laws, regulations, and company related policies.

PROFESSIONAL GUIDELINES AND EXPECTATIONS

Employees are expected to conduct themselves in a professional manner at all times.

The following guidelines are designed to further explain how we define professional conduct:

- 1- Read and follow the guidelines established in this hand book
- 2- Perform the duties as assigned. There is no such thing as "its not my job"
- 3- Be pleasant and display a positive and display an attitude that conveys that you are there to support and help the customer. Do whatever is necessary to meet company and customer needs in a polite, professional manner by treating customers and coworkers courteously and respectfully
- 4- Be sensitive as to whether a customer desires health information or simply wants to an quick fill on his or her prescription.
- 5- Avoid discussing customer or business matters in the presence of others who are not part of the discussion. WESTSIDE PHARMCY complies with HIPPA
- 6- If there is a conflict with a fellow employee, do not discuss the issue with others employees, or where you might be overheard by a customer. Internal conflict should be addressed privately with management
- 7- Be on time! All tasks must be completed by the assigned deadline
- 8- Following all guidelines in customer service and customer satisfaction. If a problem that involves a customer's can't be resolved, immediately advise your manager and seek assistance
- 9- **Follow company dress code policy- comply with OSHA policy at the work place.** We expect employees to be well groomed and professional in their appearance. No facial jewelry (eyebrow, nose, lip rings, posts, studs, or chains). Earrings and hair color should be conservative. Offensive or suggestive of any tattoos must be kept covered. Violation may result in suspension without pay and can result in termination.
- 10- Maintain work areas in a **clean and orderly fashion**. Conduct a **safety check** of assigned equipment before beginning work and immediately report any equipment problems to management.
- 11- Produce quality work in a safe manner with minimal errors. Prescription errors or poor work performance can result in discipline and possible termination.
- 12- Physical requirement being able to stand and walk around up to 9 hours at a time, and lift approximately 35lbs.

PERSONNEL FILES

WESTSIDE PHARMCY maintains personnel files on each employee. Files may contain documentation regarding all aspects such as performance, disciplinary warning notices, letters of commendation, w-4 changes. Files are the property of WESTSIDE PHARMCY and no copies of files will be released without the written consent from the employee, regardless of his/her work status, authorizing its use for external or inquiring parties. A fee may be applied upon release of files.

PATIENT PRIVACY

The federal HIPAA Privacy Regulation provides standards for that protection and WESTSIDE PHARMCY conforms to those standards HIPAA regulation, calls Protection Health Information, means information that can be identified as being about an individual and that relates to that individual's past, present, or future physical or mental condition. Such information is absolutely private and every employee has an obligation to protect that privacy. All employees must complete the HIPAA training within 30 days of their hire date. Violations of privacy regulations or policies will result in discipline up to and including termination.

CORPORATE INTEGRITY AGREEMENT

WESTSIDE PHARMCY is committed to truth, accuracy, and integrity in its handling of prescription/medical billing that includes billing to government health program or to private third party payers.

CHEMICAL EXPOSURE AND HEALTH RISK DISCLOSURE

In addition to dispensing pre-manufacture products, WESTSIDE PHARMCY is also manufacturing/compounding/prepare pharmaceutical products that are may/may not readily available in the market. Therefore, WESTSIDE PHARMCY wants to inform the employees about the known health risk factors in exposure to pharmaceutical products via direct contact, air way, or environmental that might affect health of employees. By signing/acknowledging this agreement, employees give a waiver in understanding the risks and affects Employees will take the full responsibility for the decision of being continue to be employed at WESTSIDE PHARMCY with the disclosed/undisclosed risks that may be present.

FEDERAL FALSE CLAIMS ACT

To protect public health and public finances, this act will allow the Federal government to recover fraudulent healthcare costs and to deter others from submitting them to federal healthcare programs such as Medicaid and Medicare. Employees are required to understand and know the law and may be personally liable for submitting improper claims for payment. All Claims that are billed to insurance companies must be able to prove through written or electronic documentation that the patient received the medications.

A defendant found guilty under the False Claims Act can be forced to pay between 5000 to 10000 for each false claim, plus three times damages suffered by the federal government, court costs and attorney's fees.

WORK ETHICS

All employees are expected to adhere to the highest standard of personal, professional, and business ethics and use common sense and good judgment regarding the way they conduct themselves when on duty or representing the company.

Unethical conduct is unacceptable and will not be tolerated. This may result in suspension without pay or termination.

Unethical conduct includes, but is not limited to:

- Failing to comply with HIPPA, state laws, and the company's privacy policy
- Failing to disclose/report ongoing company problems to the supervisor
- Engaging in medical billing fraud
- Engaging in business conduct that is damaging to Spring Valley Pharmacy's business or reputation
- Disclosing or misusing trade secrets or confidential financial or business information belonging to the company or, personal/medical information belonging to the company and its patients
- Promising or giving something of value to anyone doing or seeking to do business with our company in order to influence them.
- Directing business to relative, friend, or company in which you or one of your family members has a direct or indirect financial or personal interest.

- Representing or discussing the company's financial or business affairs with the media or any company outside of Spring Valley without proper authorization
- Undermining approved business decisions
- Using confidential company information or trade secrets, facilities, supplies, and/or merchandise for personal gain.

GENERAL RULES OF CONDUCT

Violation of standards of conduct may result in corrective action, up to and including immediate discharge. The following bullet points are strictly prohibited while working for WESTSIDE PHARMACY:

- Harassing a fellow employee, customer, supplier, or visitor
- Falsifying an employment application, time log, personnel document, or company record
- Fighting, throwing things, participating in horseplay, playing practical jokes, exhibiting other disorderly conduct that may endanger the well-being of employee or customer on the company premises or while working
- Having unauthorized possession of company documents or property.
- Gambling on company time or on company grounds
- Carrying weapons or explosives on company time or on the company premises
- Committing criminal acts while on working or on company's premises
- Engaging in acts of dishonesty, fraud, theft, or sabotage
- Displaying insubordination, refusing to comply with instructions, or failing to perform assigned duties
- Stealing, including consuming the company products or merchandise without permission and /or without paying first.
- Engaging in unauthorized use of the company's material, time, equipment, or property
- Damaging or destroying the company's property due to careless or willful acts.
- Displaying rude or indifferent treatment toward our customers or other employees
- Exhibiting conduct that the company believes adversely reflects on other employees or the company
- Displaying work performance, that in the company's opinion, does not meet the expectations for that position
- Engaging in practices that are detrimental to the welfare of the company, its employees, or its customers
- Showing negligence in observing safety rules.
- Leaving an assigned workstation or the premises during work hours without authorization from the supervisor
- Removing documents, materials, supplies, equipment, or merchandise from the premises of the company or our patients without appropriate authorization- Violation of non-disclosure agreement can result in termination of employment and/or may result in litigation/law suit/ repay of any damages that may occur
- Assisting unauthorized individuals in gaining entry to our premises without supervisor's permission
- Sleeping while on duty
- Failing to cooperate in any company investigation
- Failing to report to work for your appropriate shift, or reporting late for your shift without contacting your supervisor or manager in advance.
- Inciting others for which the company feels corrective action is warranted.
- Unacceptable/inappropriate use of internet/email while working for personal reasons
- Engaging in workplace gossiping on personal issues, defame of characters
- Prohibit the possession and distribution of pornographic or sexually explicit materials
- Limited in time and nature on personal telephone calls. Personal cellular phones should be turned off while on duty.

- No alcohol or illegal drugs are allowed on the company's premises. Spring Valley reserves the right to drug test any employee at anytime. Zero tolerance policy with respect to drug and/or alcohol related offenses.
- No smoking is allowed inside the building or in public areas
- Improper pharmacy billing and deficit Reduction Act
- Solicitation and unauthorized distribution of the company's property
- Engaging in threatening or violent behavior at our workplace.
- Parking is only allowed on the side streets away from the customer's parking spaces. Driving for company in company car or your car is at your own risk. We do not assume liability for theft or damage to your car or personal belongings.
- Violating work safety practice to self and other employees.
- Violating on environmental responsibility and cost-effective business practices.

PERSONAL TIME OFF/ LEAVE OF ABSENCE

Notice of time off will need to submit at least 2 weeks prior to departure. The company will not responsible for loss in pay or compensation for personal time off or leave of absence. If you do not return to work within 3 days of your missed workday, employment and benefits will be cancelled. 4 day paid vacation is provided for WESTSIDE PHARMCY employees after one year of full time employment. Vacation days must be used in the same calendar year it is awarded and cannot be transferred.

DISCIPLINARY ACTION

We believe all the WESTSIDE PHARMCY employees are interested in doing the best job possible given their abilities. There may be times when employees need to be reminded they are not meeting Company expectations in the work areas of conduct, performance or attendance.

We at WESTSIDE PHARMCY believe that in order to be constructive, disciplinary action should be progressive. WESTSIDE PHARMCY may attempt to coach an employee to correct his/her deficient performance or work habits. In all cases, the severity, frequency, negligence, circumstances, and employee's past record will determine the level of action taken. If an incident is severe enough, termination may occur even for the first offense with no implementation of the disciplinary action process. A Disciplinary Action Report (DAR) detailing the infraction will be written and placed in the employee's file. There are generally four steps in the progressive discipline process:

Performance deficiencies will initially be addressed through coaching, further training, informal discussions, or work-with. If performance deficiencies still exist, the disciplinary process outlined below will be followed.

- 1. Documented Verbal Warning**
- 2. Written Warning**
- 3. Final Warning or Suspension** (Final step in the disciplinary action process prior to suspension)
- 4. Termination**

If an employee has another infraction during the "active" period, the next level of progressive discipline will apply.

All steps of Disciplinary Action will remain active for a rolling 12-month period. The most recent step of Disciplinary Action will "roll-down" when a previous step becomes inactive. For example, if an employee is given a Verbal Warning on 1/1/05 for performance issue and a Written Warning on 5/1/05

for another performance issue, the Verbal Warning will become inactive 1/2/06, thereby rolling the Written Warning down to a Verbal at that time. For any questions or clarification, please see SVP management or its designated Human Resource Representative

If warranted, the employee may be suspended pending investigation in order to provide time to review the circumstances which indicate the employee may be subject to termination. An employee who is suspended under these circumstances will be full pay for the time lost if the investigation reveals no violation(s) of performance standards. The employee will not be paid for the time lost if he/she is terminated as a result of the investigation.

Any step in the disciplinary process may be waived depending upon the circumstances involved and severity of violation(s). The employee is subject to immediate termination if he/she violates any of the rules listed under General Rules of Conduct in this guidebook. Violation of these standards is such a serious breach of responsibility that no prior warning(s) or suspension(s) are justified or required for termination.

WESTSIDE PHARMACY policy and procedure for controlled new/refill rx

- Patient's positive id/ phone/ address/ drug allergy/ insurance card/ or and SS# . do not fill c2 rx on cash or /and if/when patient request for a specific brand/color...
- Refills for control only allowed after 28days or 2 days prior to 30days on a 30days supply order. NO EARLY REFILL ALLOWED.
- Lien patients: all of the above requirements and attorney information. Do not fill c2 on lien rx
- Verify all control rx for authenticity. Task force updated prn.
- Verify all control rx on patients' file on Prescription control monitoring
- Maximum amount of control rx is 120/month. List of donot fill MD update weekly. Verify with RPH on duty to fill any control rx.
- Patients on oral /nasal fentanyl products (tirf rems program) should have doctor's note or diagnostic chart or referral letter for medical necessary and should be Cancer or HIV pts.
- All patients are required to sign an acknowledge form, notarized, and filed for the duration of receiving treatment at SVP and/or 5years after the rx written date (whichever longer)
- All documentation should be scanned and saved in patients' files

WESTSIDE PHARMCY
6125 W. SAHARA AVE. LAS VEGAS. NV 89146
PRESCRIPTION ERROR POLICY & PROCEDURE
Incident Report

RX# _____ **Date:** _____

Patient's Name: _____

Address: _____

DOB: _____

Phone: _____

Doctor: _____

Dr. Phone: _____ **Was Dr. notified:** _____

Medication: _____

Nature of Complaint(s):

Follow up and correction post complaints:

Manager signature: _____ **Date:** _____

Employee's signature: _____ **Date:** _____

YOUR PERSONAL COMMITMENT: GUIDEBOOK RECEIPT

*Additional condition: Any controversy, claim or dispute arising out of or relating to this Agreement, shall be settled solely and exclusively by binding arbitration in Las Vegas, Nevada. Such arbitration shall be conducted in accordance with the then prevailing commercial arbitration rules of WESTSIDE PHARMCY LLC, with the following exceptions if in conflict: (a) one arbitrator shall be chosen by Spring Valley Pharmacy; (b) each party to the arbitration will pay its pro rata share of the expenses and fees of the arbitrator, together with other expenses of the arbitration incurred or approved by the arbitrator; and (c) arbitration may proceed in the absence of any party if written notice (pursuant to the WESTSIDE PHARMCY rules and regulations) of the proceedings has been given to such party. Each party shall bear its own attorneys fees and expenses. The parties agree to abide by all decisions and awards rendered in such proceedings. Such decisions and awards rendered by the arbitrator shall be final and conclusive. All such controversies, claims or disputes shall be settled in this manner in lieu of any action at law or equity; provided however, that nothing in this subsection shall be construed as precluding the bringing an action for injunctive relief or other equitable relief. The arbitrator shall not have the right to award punitive damages or speculative damages to either party and shall not have the power to amend this Agreement. The arbitrator shall be required to follow applicable law. **IF FOR ANY REASON THIS ARBITRATION CLAUSE BECOMES NOT APPLICABLE, THEN EACH PARTY, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, HEREBY IRREVOCABLY WAIVES ALL RIGHT TO TRIAL BY JURY AS TO ANY ISSUE RELATING HERETO IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY OTHER MATTER INVOLVING THE PARTIES HERETO.***

This will acknowledge that I have received and will carefully read the WESTSIDE PHARMCY employee guidebook. I confirm that I will fully review the policies and procedure contained within which apply to me while I am employed by the Company. Upon reading and understanding this information, I agree to abide by all current and future provisions of these WESTSIDE PHARMCY workplace policies and procedures.

I understand that the policies, practices and procedures contained in this guidebook may be changed at any time depending on current circumstances. I also understand that any change or modification of this guidebook is at the discretion of the Company and may occur without any advance notice. Therefore, it is not the intent of the Company to create permanent conditions of employment or any employment contract with the guidebook. Nor is it the Company's intent to limit the reasons for dissolution of the employment relationship by dissemination of the guidebook. Rather, the intent is to provide information and guidelines that may be of use and benefit to me during my employment with WESTSIDE PHARMCY.

Employee name: _____

Signature: _____

Date: _____

Supervisor name: _____

Signature: _____

Date: _____

RE: Request to Schedule Pre-Inspection - Westside Pharmacy and Jessica Nguyen

Paul Edwards

Sent: Tuesday, January 3, 2017 4:26 PM**To:** jude@mnlawonline.com**Cc:** Pharmacy Board

Mr. Nazareth,

Will you please update me on the direction your client wants to go with the inspection for Westside Pharmacy.

If I recall correctly, you were going to take two options to your client for discussion.

First, the Board can hold off on the inspection of Westside until after we resolve the issues at Spring Valley Pharmacy, which is also owned by Jessica Nguyen. The idea there would be to resolve the issues at Spring Valley Pharmacy and avoid similar issues at Westside.

The second option is to proceed with the inspection of Westside, but there is a significant risk that the new pharmacy may have the same types of issues that resulted in disciplinary proceedings against Spring Valley Pharmacy. Correctly me if I am wrong, but I believe your request was to wait on the inspection while you conferred with your client.

The inspection became an issue today because a woman who would not identify herself – I don't think it was Ms. Nguyen – called demanding that the Board Inspector schedule an inspection. The call seemed a little random and inconsistent with our discussion.

Please advise.

Best regards,

S. Paul Edwards**General Counsel****Nevada State Board of Pharmacy**

431 W. Plumb Lane

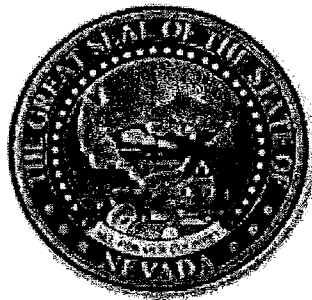
Reno, NV 89509

(775) 850-1440 (phone)

(775) 850-1444 (fax)

E-mail: pedwards@pharmacy.nv.gov

Web Page: bop.nv.gov



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Westside Pharmacy - Inspection

Paul Edwards

Sent: Tuesday, January 3, 2017 4:56 PM**To:** rios22m@gmail.com**Cc:** Raymond Seidlinger; Joe Dodge; Luis Curras; LARRY L. PINSON; David Wuest

Ms. Rios,

I received your email from one of the Board's Inspectors. I also reviewed Westside Pharmacy's application file. The application reflects Ms. Jessica Nguyen as the applicant, and Mr. Shahin Banayan as the Managing Pharmacist. Further, I was contacted by Mr. Jude Nazareth, who purports to be the pharmacy's counsel. I find nothing in the application or file to show that you have authority to speak on behalf of the applicant or pharmacy.

Therefore, before anyone from the Board communications with you any further, you need to present to Board Staff, through my office, some form of letter of authority or other evidence to show that you are authorized to speak on Westside Pharmacy's behalf. Otherwise, all future communications will be with Ms. Nguyen, Mr. Banayan, or Mr. Nazareth.

Contact me if you have questions.

Best regards,

S. Paul Edwards**General Counsel****Nevada State Board of Pharmacy**

431 W. Plumb Lane

Reno, NV 89509

(775) 850-1440 (phone)

(775) 850-1444 (fax)

E-mail: pedwards@pharmacy.nv.gov

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From: Monica Rios [<mailto:rios22m@gmail.com>]**Sent:** Tuesday, January 03, 2017 2:30 PM**To:** Raymond Seidlinger; Joe Dodge; Luis Curras**Subject:** Inspection scheduling

Good Afternoon Gentlemen,

I am communicating in regards to the inspection that must be scheduled for Westside Pharmacy.

We received state approval on October 2016. The letter documented to contact Ray Seidlinger to schedule an appointment for inspection. Our pharmacist made communication and was told that the inspection would take place by a different inspector. It seems that may be a communication or

scheduling issue because we have yet to receive a scheduled date.

Can someone please provide me with the necessary steps to schedule an inspection appointment as soon as possible.

I look forward to hearing from either one of you so this can be expedited.

I appreciate your immediate attention with this situation.

Sincerely,

Monica Rios
Practice Administrator
7029137298



NEVADA STATE BOARD OF PHARMACY
PRE-INSPECTION FORM

Reno Office

431 W. Plumb Lane – Reno, NV 89509

Phone: (775) 850-1440 / Fax: (775) 850-1444

No sterile or non-sterile per Mr. Shahin 11-3-16 phone conversation

Inspector:	Approval Date: 10/18/16	Inspection date:
Pharmacy Manager: Shahin Banayan	Brenda Rivera	Pharmacist License #: 1727 19198
Pharmacy: Westside Pharmacy 6125 W Sahara Ave	Email: westsidepharmacylasvegas@gmail.com	
City/Zip: Las Vegas, 89146	Phone: 702-248-4119	Fax:
NCPDP#:	DEA#:	

TYPE OF FACILITY:

- Pharmacy ☒ Retail ☐ Institution ☐ Home Infusion ☐ Nuclear
☐ Long-term care ☐ Compounding ☐ Parenteral ☐ Address Change
☐ Off-site Cognitive Services

	Yes	No	NA		Yes	No	NA
Storage/Dispensing				Counseling area			
Equipment Layout NAC 639.525 1	<input type="checkbox"/>	<input type="checkbox"/>		Visually Confidential NAC 639.708	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Work Counter area NAC 639.525(3x2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Audibly Confidential NAC 639.708	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Free Floor Space NAC 639.525 (2) (8x4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Sink with Hot/Cold water NAC 639.530	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Counseling log manual or <u>electronic</u> (circle) NAC 639.707			
Refrigerator NAC 639.525	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is a report printable for counsel /decline	<input type="checkbox"/>	<input type="checkbox"/>	?
Programmable thermometer NAC 639.525 (Min/Max NAC 639.527)	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0
Compounding Equipment NAC 639.525 scales and balances for medium and light weighing, at least one of which must be sensitive to 1/2 grain, with weights, including, without limitation, apothecary and avoirdupois, from 1/2 grain to 4 ounces and from 0.02 gm to 100 gm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Proper Storage NAC 629.469	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Security			
Facsimile machine NAC 639.525	<input type="checkbox"/>	<input type="checkbox"/>	NONE	Dead Bolt Lock NAC 639.520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mandatory Toilet w/wash basin NAC 639.530	<input type="checkbox"/>	<input type="checkbox"/>	outside	Differential hours NAC 639.520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the pharmacy provide immunizations? If yes, email rseidlinger@pharmacy.nv.gov with contact information indicating immunizations will be administered by pharmacists.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Practitioner access only NAC 639.520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				Controlled Substance Security NAC 454.040, NAC 639.510 and NAC 639.520 / CFR 1301.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-locked free standing cabinet
				Alarm System (tested monthly/documented) NAC 639.520 (Rx)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Current References				Provider of alarm system NAC 639.520			sting Alarm
Nevada Statutes and Regulations (current) NAC 639.503 circle (Manual On-line)	<input type="checkbox"/>	<input type="checkbox"/>	NONE	Public inaccessible minimum barrier NAC 639.520 (5 feet minimum height)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

NEVADA STATE BOARD OF PHARMACY PRE-INSPECTION FORM

Reno Office

431 W. Plumb Lane - Reno, NV 89509

Phone: (775) 850-1440 / Fax: (775) 850-1444

References NAC 639.503, NAC 639.472

☐ ☐

NONE

References must include/are not limited to:

- (a) Preparation and compounding of prescriptions; (b) Biological and therapeutical equivalencies of drugs; (c) Pharmacology and pharmacokinetics; (d) Indications and usage of drugs; (e) Contraindications of, adverse reactions to and warnings about drugs; (f) Dosage and administrations of drugs; and (g) Overdosages of drugs

NONE

Stock and Supplies

Yes No NA

New Facility

☒ ☐

Name or Ownership change

NAC 639.227

☐ ☐

Rx only products purchased from NV licensed suppliers NRS 639.100 and 233 (license required)

☒ ☐

Primary/Secondary Wholesaler

McKISSON

Existing stock NAC 639.510

☐ ☒

Outdated/deteriorated stock

Returned/quarantined/destroyed
NAC 639.510

☐ ☐

NO + 12 plate

Documentation

Invoices controlled (receipt) NAC 453.246 21 CFR 1304

☐ ☐

Invoices controlled (sales) 21 CFR 1304 NAC 639.485

☐ ☐

Prescription Files Manual

NRS 639.236 numbering and filing

☐ ☐

Prescription Files Computer

NAC 639.910 through 639.938

☐ ☐

Safety Cap log

NAC 639.740 manual or electronic (circle)

☐ ☐

Personnel

schedules/records/supervision/training/restrictions

NAC 639.268, NAC 639.245-250

☐ ☐

NONE in place

Sterile/Non Sterile Compounding

Sterile Risk Level (circle)

(No)

Low

Med

High

Non-Sterile (circle)

Yes

(No)

Facility Hours

Hours

Dispensing Facility

Hours

Monday Through Friday

8-8 pm

Monday Through Friday

Saturday

8am-8pm

Saturday

Sunday and Holidays

8am-8pm

Sunday and Holidays

Policies and Procedures

holidays - vary

PHARMACEUTICAL TECHNICIANS

639.247 Establishment and maintenance of policies and procedures for personnel; maintenance and availability of personnel records

STANDARDS FOR COMPOUNDING AND DISPENSING

GENERALLY

639.67015 Establishment of policies and procedures

STANDARDS FOR COMPOUNDING AND DISPENSING

NONSTERILE PRODUCTS

639.67035 Establishment of policies and procedures

STANDARDS FOR COMPOUNDING AND DISPENSING STERILE PRODUCTS

639.686

Written policies and procedures for disposal of infectious materials and materials containing cytotoxic residues

639.688

Written policies and procedures regarding provision of services related to parenteral therapy

AUTOMATED DISPENSING SYSTEMS

639.941

Written policies and procedures of operation

COMPUTERIZED SYSTEMS

639.941 9415 942 9425 943

Written policies and procedures of operation. Quality Assurance Maintenance, Recovery.



NEVADA STATE BOARD OF PHARMACY
PRE-INSPECTION FORM

Reno Office

431 W. Plumb Lane - Reno, NV 89509

Phone: (775) 850-1440 / Fax: (775) 850-1444

Restroom located outside of pharmacy in
Urgent Care area - 30ft away - does not share
wall

- System used will be computer Rx, not in place yet
- No policies & procedures for pharmacy operation in place or available.
- no office equip (fax, computer, etc) in place yet
- our business will decide not to do sterile compounding / non-sterile compounding - Brenda Nunn 1/2/17

Monica Pios. 702 913 7298 Bldg Administrator

☐ I have examined the application attached hereto for the facility above listed and have inspected the premises to be occupied by applicant.

☐ I recommend the approval of the application and issuance of the license.

☐ I cannot recommend the approval of this application until the corrections noted have been made:

Additional citations of NRS or NAC may apply in addition to those noted above. Review the Nevada Law book to ensure you are in compliance with all Nevada statutes and regulations. Nevada law also requires you to be compliant with all Federal regulations.

Inspector: _____

Dated: _____

Applicant: _____

Dated: _____

1/31/2017

Gmail - Fwd: Westside Pharmacy

Ray Seidlinger, Inspector

Monica Rios <rios22m@gmail.com>
To: Raymond Seidlinger <rseidlinger@pharmacy.nv.gov>
Bcc: brenda1202@gmail.com

Tue, Jan 31, 2017 at 11:36 AM

Mr. Seidlinger,

We do not do any compounding.

I will make sure everything requested is completed.

Thank you,

Monica Rios

[Quoted text hidden]

- Computer system does not accurately capture signature and/or initials of RPh or tech performing functions of filling or refilling Rx's to include final verification
- Rx's are not properly labeled to include expiration and/or BUD, strength/concentration, and specific directions for use, warnings if necessary
- Perpetual inventory for CII was not accurate, reflecting negative numbers and multiple entries for the same Rx on several different NDC's
- No record/signature log for pharmacists on duty
- Failing to provide notice of hiring and/or terminations of employees
- No adequate safeguards in the computerized system to identify whether info in system concerning a Rx has been modified or manipulated nor manner or date in which it has been modified or manipulated
- Invoices and other records not maintained in a way which they are readily retrievable (222's), III-IV invoices
- Labeled Rx bottles containing medication of a different NDC
- No policies and procedures for compounding/ no master formulations, validations of ingredients
- No training records for employees

Rafael

2-2-17

Received by Brenda Rivera license 19198

Westside Pharmacy
6125 W Sahara Ave
89146

Issues we often see in pharmacies



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

February 15, 2017

BY U.S. MAIL AND ELECTRONIC MAIL

Jude Edward Nazareth, Esq.

Montez Nazareth Law

Post Office Box 401506

Las Vegas, Nevada 89140

jude@mnlawonline.com

9171 9690 0935 0097 3107 37

Westside Pharmacy

Jessica Nguyen

11700 W Charleston Blvd #170-436

Las Vegas, NV 89135

westsidepharmacylasvegas@gmail.com

9171 9690 0935 0097 3107 51

RE: Application for Nevada In-State Pharmacy License – Failed Inspection

Dear Mr. Nazareth and Ms. Nguyen:

In October 2016, the Nevada State Board of Pharmacy (Board) conditionally approved Westside Pharmacy's application for a Nevada pharmacy license. That approval was based on information provided by Ms. Nguyen and managing pharmacist Shahin Banayan. The primary condition was that Westside Pharmacy had to pass an inspection by the Board's inspectors.

Board Staff inspected Westside Pharmacy on February 2, 2017, where the Board Inspectors identified several deficiencies. Based on that inspection, Board Staff is not satisfied that Westside Pharmacy is prepared to operate safely and in compliance with federal and state law. Therefore, Board Staff has not issued the license. The application remains pending.

The major deficiencies identified during the inspection include, among other things:

- Policies and Procedures. Westside Pharmacy could not produce pharmacy policies and procedures to demonstrate that it will operate in a safe manner consistent with federal and state pharmacy law.
- Nevada Statutes and Regulations. Westside Pharmacy did not have ready access to Nevada's pharmacy statutes and regulations.

- Computerized Systems. Westside Pharmacy did not have a computer system. It therefore failed to demonstrate that its computer system will provide adequate security, functionality, and record keeping capabilities. In particular:
 - The system must accurately capture the signature or initials of each pharmacist and pharmaceutical technician who performs any function in the filling or refilling process, including final verification.
 - The system must have adequate safeguards to identify the date, time, and substance of each data entry, modification, and manipulation for every prescription.
- Inadequate Restroom Facility. The restroom at Westside Pharmacy is impermissibly located outside the pharmacy.
- Fax Machine. Westside Pharmacy did not have a fax machine.
- Secure Storage. Westside Pharmacy did not have adequate facilities or equipment to secure its inventory of dangerous drugs and controlled substances.
- Counseling Log. Westside Pharmacy did not have a system to track and record patient counseling.
- Records. Westside Pharmacy did not have a system for keeping records of controlled substance purchases, sales, prescription files, safety caps log or personnel. It also did not have a system to log when pharmacists and pharmaceutical technicians are on duty.
- Prescription Labeling. Westside Pharmacy could not demonstrate proper labeling for each medication, which must include expiration dates, beyond-use dates, correct NDCs, accurate medication strength or concentration, specific directions for use and appropriate warnings.

Additionally, Westside Pharmacy's ownership and management structure is unclear and must be clarified before Board Staff can issue the license. During the January 11 hearing, Ms. Nguyen represented the pharmacy in her capacity as the managing member of the NG Family Trust. She designated Shahin Banayan as the pharmacist in charge. During the inspection, however, neither Ms. Nguyen nor Mr. Banayan was present. Instead, a person named Monica Rios scheduled the inspection and met the Board Inspectors at the facility. Ms. Rios introduced herself as the building administrator and presented herself as having a significant role in managing the pharmacy. Ms. Rios told the Inspectors during the inspection that the pharmacy is owned by 6125 West Sahara Enterprises, LLC, and introduced the Inspectors to a new pharmacist in charge, Brenda Rivera. Those facts and circumstances are inconsistent with the information provided on the application and at the hearing.

Further, the Board Inspectors are concerned with Ms. Rivera's preparation to work as a pharmacist in charge of a Nevada retail pharmacy. Ms. Rivera indicated during the inspection she had never met the pharmacy representative, Ms. Nguyen or any pharmacy manager. She told the pharmacy inspectors that Ms. Rios hired her by email, and that she had no other contact with

Management Structure

In addition to NG Family Trust serving as Westside Pharmacy's Manager, Brenda Rivera is the sole Managing Pharmacist.

No other person is employed or acts in a managerial capacity at Westside Pharmacy.

As you are aware, Westside Pharmacy listed Shahin Banayan as Managing Pharmacist on its original application. However, when the Board informed our office of Shahin Banayan's issues with the Board, Westside Pharmacy named Brenda Rivera to replace Shahin Banayan to avoid any issues that may continue with Westside Pharmacy's operation. We attached a copy of the correspondence and Change of Managing Pharmacist form we sent to the attention of Board Counsel that the Board's office received on January 9, 2017, over three weeks before the February 2, 2017, inspection date.

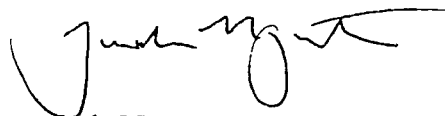
Ms. Monica Rios has no relationship to Westside Pharmacy as a manager, any employee position, or contractor. Ms. Rios is the administrator of the building that leases space to Westside Pharmacy LLC.

Please let us know if you have any further questions regarding the above.

Also, correspondence will be forthcoming that will fully address the topics Board Staff reported and listed in your letter dated February 15, 2017.

Respectfully,

MONTEZ NAZARETH LAW



Jude Nazareth, Esq.

Enclosures: 4

Cc: Client; Brenda Rivera, Pharm.D., Managing Pharmacist

100 %

1

Limited Liability Company Certificate

Westside Pharmacy LLC

A Nevada Limited Liability Company

See Return for
Certificate Definitives

This Certifies that Ng Family Trust,

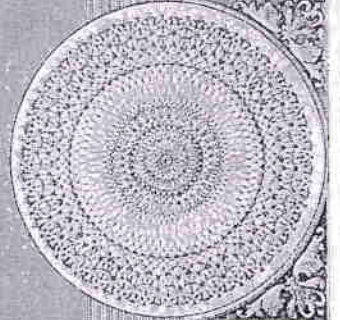
is the owner of 100 percent of the above named Limited Liability Company, transferable only on the books of the Limited Liability Company by the holder in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed. The transfer of interest in this Limited Liability Company is subject to restrictions set forth in the Limited Liability Company's Operating Agreement and the transfer of the related ownership rights may be effected only upon the unanimous consent of Members or compliance with any provisions in the Limited Liability Company's Operating Agreement.

This limited liability company interest represented by this Certificate is hereby issued on the Limited Liability Company's behalf by its duly authorized Manager or agent.


(Manager)

SEPTEMBER 14, 2016

Date



INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

WESTSIDE PHARMACY LLC
NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER
E0394632016-2



100403

FOR THE FILING PERIOD OF SEP, 2016 TO SEP, 2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsliverflume.gov****

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$150.00. A \$/5.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 232 North Carson Street, Carson City, Nevada 89701-4201 (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME NG FAMILY TRUST	MANAGER OR MANAGING MEMBER		
ADDRESS 11700 WEST CHARLESTON BLVD. # 170-436, USA	CITY LAS VEGAS	STATE NV	ZIP CODE 89135
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X JUDE NAZARETH

Title

ATTORNEY



Date

9/15/2016 1:58:46 PM

Signature of Manager, Managing Member or Other Authorized Signature

Nevada Secretary of State List ManorMem
Revised 7-1-15

CERTIFICATE OF TRUST

Name of Trust:	Ng Family Trust
Date of Trust:	September 14, 2016
Current Trustee:	Jessica T. Nguyen
Successor Trustee:	
Alternate Successor Trustee:	
Address of Trust:	11700 W. Charleston Blvd. # 170-436 Las Vegas, NV 89135
Trust Tax Identification Number:	Grantor's SSN per IRC § 301.6109-1(a)(2)

The Trustee above certifies:

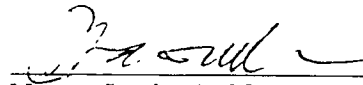
1. Jessica T. Nguyen is the sole currently serving Trustee.
2. The Trust is revocable and the Grantor reserves the right and power to amend and/or revoke this Trust in whole or in part. The Trust is in full force and effect and Grantor has not revoked, terminated, or otherwise amended it in any manner which would cause the representations in this Certification of Trust to be incorrect.
3. The Trustee is fully empowered to act for this Trust and is properly exercising Trustee's authority under this Trust. No other Trustee or other individual or entity is required to execute any document for the Trust.
4. The proper manner for taking title to the Trust property is:

NG FAMILY TRUST, dated September 14, 2016.
5. To the Trustee's knowledge, there are no claims, challenges of any kind, or causes of action alleged, which contest or question the validity of the Trust or the Trustee's authority to act for the Trust.
6. The Trust Declaration authorizes Trustee to contract for the purchase of, option, purchase, sell, convey, borrow, pledge, mortgage, lease, operate, control, transfer title to, and divide trust property, including both real and personal property, both tangible and intangible including but not limited to securities and accounts of all kinds.

[NO FURTHER TEXT – SIGNATURE PAGE FOLLOWS]

This Certificate of Trust is dated September 14, 2016.

By:



Name: Jessica T. Nguyen

Title: Trustee

STATE OF NEVADA

)

) ACKNOWLEDGMENT

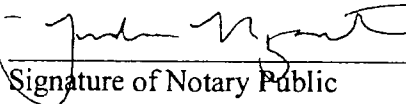
COUNTY OF CLARK

)

I, a Notary Public, hereby certify that on September 14, 2016, Jessica T. Nguyen, signing as Grantor and Trustee, produced the foregoing written instrument and executed and acknowledged the document to be their free and voluntary act and deed.



JUDE NAZARETH
Notary Public State of Nevada
No. 07-4204-1
My Appt. Exp. May 24, 2019


Signature of Notary Public

JUDE NAZARETH
Printed Name of Notary Public

My commission expires: 5/24/19

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW. FOR ADDITIONAL SECURITY FEATURES SEE BACK.

000075

CHECK # 1124

1210(8)

Remitter: JESSICA NGUYEN

Operator / ID: u371950

reno1318

CASHIER'S CHECK

0647505000

January 05, 2017

PAY TO THE ORDER OF ***STATE BOARD OF PHARMACY***

Fifty dollars and no cents

\$50.00

Payee Address:

Memo:

WELLS FARGO BANK, N.A.
2501 S RAINBOW BLVD
LAS VEGAS, NV 89146
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US \$ 50.00

Richard Levy
CONTROLLER

⑈0647505000⑈ ⑆22000248⑆4861 511917⑈

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE – RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: _____

** (Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Westside Pharmacy Store #: _____

Address: 6025 W. SARARA AVE #1A

City: LAS VEGAS State: * NV Zip: 89146

Telephone: 702 248 4119 Fax: 702 248 6884

New Managing Pharmacist Name: BRENDA RIVERA

License #: 19198 Date Started: 01.01.2017

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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

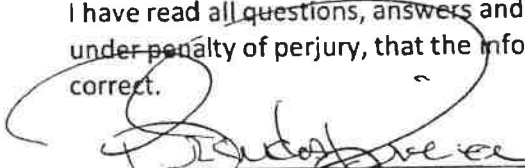
PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2)).
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2))
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


Signature of New Managing Pharmacist (no stamps or copies)

01-09-2017
Date

Board Use Only

Date Received: _____ Amount: _____

Page 2 of 2

Brenda Rivera
5190 E Colorado St #207
Long Beach, CA 90814

To Whom it May Concern,

I would like to notify the Nevada State Board of Pharmacy that I am no longer pharmacist in charge of Westside Pharmacy in Las Vegas, NV.

Thank you,

A handwritten signature in cursive script, appearing to read "Brenda Rivera".

Brenda Rivera, Pharm D.

