

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RAYMOND BRADBURY GRABER, D.D.S.,  
Certificate of Registration No. CS27126

Respondent.

CASE NO. 23-340-CS-N

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Raymond Bradbury Graber, D.D.S. Certificate of Registration No. CS27126 ("Respondent Graber"), by and through counsel, Lyn E. Beggs, Esq. **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. On or about September 12, 2023, Board Staff properly served Respondent Graber, by and through counsel Lyn E. Beggs, Esq., with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. In lieu of filing an answer and notice of defense in this matter, Respondent Graber submits this Stipulation and Order for the Board's consideration.
3. Respondent Graber is fully aware of the right to seek the advice of legal counsel and has done so prior to entered into this Stipulation.
4. Respondent Graber 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").

12. On or about January 11, 2023, Respondent Graber entered a guilty plea to a misdemeanor violation of NRS 454.351 and his sentencing was deferred for one year to allow for completion of a drug diversion program.

13. On or about February 15, 2023, Respondent Graber submitted a late renewal application for Certificate of Registration No. CS27126.

14. Respondent Graber failed to report his January 11, 2023, misdemeanor plea of guilty to a violation of NRS 454.351, within 30 days to the Board.

15. Respondent Graber had a controlled substance abuse disorder prior to his arrest on August 27, 2022.

#### **APPLICABLE LAW**

16. Any person within this State who possesses, procures, obtains, produces, derives, manufactures, sells, offers for sale, gives away or otherwise furnishes any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act is guilty of a misdemeanor. NRS 454.351.

17. The holder of any certificate, license, or permit issued by the Board shall report to the Executive Secretary any conviction not later than 30 days after the conviction and provide any documentation of the conviction required by the Executive Secretary. The term "conviction" means a conviction for any crime, other than a misdemeanor traffic violation that does not involve the use of alcohol or a controlled substance, and includes: (a) final judgement; (b) plea of guilty or nolo contendere; (c) plea pursuant to *North Carolina v. Alford*, 400 U.S. 25 (1970); or (d) guilty verdict following a bench trial or jury trial, regardless of whether a sentence is suspended or deferred, a final judgement of conviction has been entered or there are any pending appeals. Approved Regulation of the State Board of Pharmacy, LCB File No. R051-22, September 28, 2022.

18. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has

committed an act that would render registration inconsistent with the public interest. NRS 453.231(1)(h); NRS 453.236(1)(e) and NRS 453.241(1).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. The Board may suspend or revoke any license or registration issued pursuant to NRS Chapter 639, and deny the application of any person for a certificate, license, registration, or permit, if the holder of applicant has a substance abuse disorder. NRS 639.210(5).

21. Violating any provision of the Federal Food, Drug and Cosmetic Act is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

22. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

23. Administrative proceedings brought by the Board against a respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257, and upon a finding of guilt against the respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration of a schedule thereof. NRS 453.241.

24. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation alleged in an accusation for which the holder is found guilty. NRS 639.255(1)(f) and (3); NAC 639.955.

25. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r-2; 45 CFR Part 60.



**COUNT ONE**

**Failure to timely Report Conviction**

By failing to report Respondent's guilty plea to the misdemeanor charge of NRS 454.351 within 30 days, Respondent violated Approved Regulation of the State Board of Pharmacy, LCB File No. R051-22, September 28, 2022. By failing to timely report his guilty plea, Respondent committed an act that renders his continued registration to dispense controlled substances in Nevada inconsistent with the public interest. Respondent is therefore subject to discipline pursuant to NRS 453.231(1)(h) and/or NRS 453.236(1)(e) and/or NRS 453.241(1) and/or NRS 639.255(1)(f) and (3).

**COUNT TWO**

**Violation of the Federal Food, Drug, and Cosmetic Act**

By pleading guilty to a violation of the Federal Food, Drug and Cosmetic Act for possession of 3.15 grams of cocaine and admitting to an existing substance abuse disorder prior to his arrest on August 27, 2022, Respondent Graber is subject to discipline pursuant to NRS 639.210(5) and/or (11) and/or (12), and/or NRS 639.255(1)(f) and (3).

**CULPABILITY**

26. Respondent Graber admits the truth of each and every factual allegation.
27. Respondent Graber admits Count Two of the alleged violations of law.
28. Count One of the alleged violations of law contained in the Accusation is dismissed.

**DISCIPLINARY ORDER**

29. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violation(s) of law before the Board, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following **Disciplinary Order:**

- A. Respondent Graber's Certificate of Registration to Dispense Controlled Substances, Certificate of Registration No. CS27126 is hereby suspended for a period of five (5)



years but the suspension is stayed immediately, and Respondent Graber is placed on probation for the duration of the stayed suspension subject to the following terms:

- i. Respondent Graber shall maintain attendance in a substance abuse counseling program with random urinalysis;
  - ii. Respondent Graber's counselor shall submit quarterly reports directly to the Board detailing Respondent Graber's progress, attendance, and urinalysis results; and
  - iii. Upon receipt of records demonstrating substance abuse counseling attendance and negative urinalysis attributed to Respondent Graber's deferred misdemeanor sentencing for violation of NRS 454.351, Respondent Graber shall receive credit toward the five (5) year probationary period.
- B. Respondent Graber shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations, 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;
- C. Respondent Graber shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, 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) days of the effective date of this Order;
- D. Respondent Graber acknowledges this Stipulation and Order constitutes a public record of discipline that is reportable to the National Practitioner Data Bank.

30. Any failure by Respondent Graber 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 Respondent Graber 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 Graber, the Board may impose additional discipline upon Respondent Graber consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

31. The Board's 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 11, 2023. Respondent Graber will appear in-person and/or counsel at the meeting to answer questions from the Board Members. The Board Members may discuss and deliberate regarding this Stipulation, even if Respondent Graber is not present at the meeting.

32. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

33. If the Board rejects any part or all this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board – unless the parties reach an alternative agreement on the record which is approved by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

34. Subject to the approval of this Stipulation by the Board, the Board and Respondent Graber agree to release each other 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.

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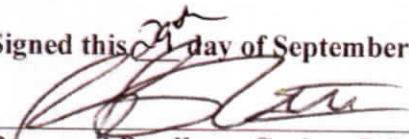
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Respondent Graber has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and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

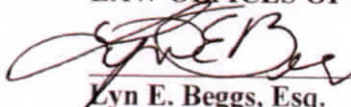
AGREED:

Signed this 20<sup>th</sup> day of September 2023.

  
Raymond Bradbury Graber, D.D.S.  
Certificate of Registration No. CS27126

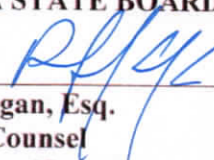
APPROVED AS TO FORM AND CONTENT  
this 20<sup>th</sup> day of September 2023.

LAW OFFICES OF LYN E. BEGGS, PLLC

  
Lyn E. Beggs, Esq.  
Nevada Bar No. 6248  
316 California Ave. #863  
Reno, Nevada 89509  
Counsel for Respondent Graber

APPROVED AS TO FORM AND CONTENT  
this 3<sup>rd</sup> day of October 2023.

NEVADA STATE BOARD OF PHARMACY

  
Peter Keegan, Esq.  
General Counsel  
Nevada Bar No. 12237  
985 Damonte Ranch Pkwy, Suite 206  
Reno, Nevada 89521  
775-850-1440

#### DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Raymond Bradbury Graber, D.D.S., Certificate of Registration No. 27126, in Case No. 23-340-RPH-N and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

**IT IS SO ORDERED.**

Entered this \_\_\_\_ day of October 2023.

\_\_\_\_\_  
Helen Park, Pharm.D.  
President  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**EDWARD SOLLESA VICTORIA, MD,  
Certificate of Registration No. CS15199,**

**Respondent.**

**CASE NO. 23-113-CS-S**

**STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through General Counsel Brett Kandt, and Respondent Edward Sollesa Victoria, MD, Certificate of Registration No. CS15199, by and through counsel, Brent M. Resh, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about June 29, 2023, Respondent was served 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 25, 2023, Respondent timely filed an Answer and Notice of Defense to the Accusation.
4. Respondent 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 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 to him 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 has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights 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 timely filed an Answer to the Accusation, acknowledges the allegations in the Accusation, and does not contest that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. On or about March 3, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 22-33039-1 and imposed discipline on Respondent's License No. 12452 to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for multiple violations of NRS 630.301(4), NRS 630.3062(1)(a) and NRS 630.3062(1)(b)(2) related to prescribing controlled substances to treat acute pain or chronic pain;

B. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-33039-1, Respondent has violated 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.2391-.23914, *inclusive*, and/or NRS 639.23507;

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-33039-1, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-33039-1, Respondent has committed acts that render his registration inconsistent with the public interest.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) 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 Respondent stipulate to the following penalties. The certificate of registration of Respondent Edward Sollesa Victoria, MD, Certificate of Registration No. CS15199, is suspended for a period of two (2) years pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner under NRS Chapter 453 and Chapter 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars (\$5,000.00) for the violations, by personal, business, certified or cashier's 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 entry of this Order;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "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) days of entry of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with the provisions of NRS 639.23507 and all applicable regulations; and



E. Respondent shall 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.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS15199 will be fully restored.

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 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 and immediately suspend Respondent's Certificate of Registration No. CS15199 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 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 11, 2023. Respondent will appear 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 is 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

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. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

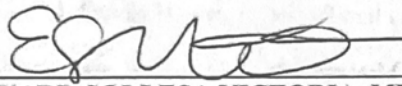
14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective 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 has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

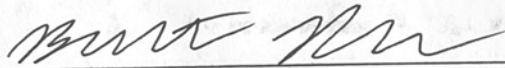
Signed this 29 day of September 2023

Signed this \_\_\_\_ day of September 2023

  
EDWARD SOLLESA VICTORIA, MD,  
Certificate of Registration No. CS15199

BRETT KANDT, ESQ.  
General Counsel  
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT  
this 29 day of September 2023

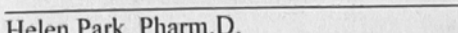
  
BRENT M. RESH, ESQ.  
Counsel for Respondent

#### DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Edward Sollesa Victoria, MD, Certificate of Registration No. CS15199, in Case No. 23-113-CS-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, 2023.

  
Helen Park, Pharm.D.  
President  
Nevada State Board of Pharmacy

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other 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 has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.**

**AGREED:**

**Signed this \_\_\_\_ day of September 2023**

**Signed this \_\_\_\_ day of September 2023**

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**EDWARD SOLLESA VICTORIA, MD,  
Certificate of Registration No. CS15199**

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**BRETT KANDT, ESQ.  
General Counsel  
Nevada State Board of Pharmacy**

**APPROVED AS TO FORM AND CONTENT  
this \_\_\_\_ day of September 2023**

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**BRENT M. RESH, ESQ.  
Counsel for Respondent**

### **DECISION AND ORDER**

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Edward Sollesa Victoria, MD, Certificate of Registration No. CS15199, in Case No. 23-113-CS-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, 2023.

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Helen Park, Pharm.D.  
President  
Nevada State Board of Pharmacy





Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST  
**EDWARD SOLLESA VICTORIA, M.D.**  
**SETTLEMENT AGREEMENT**

Case No: 22-33039-1

Board Meeting Date: March 3, 2023

ADJUDICATING MEMBERS

Aury Nagy, M.D.
Nicola (Nick) M. Spirtos, M.D., FACOG
Ms. Maggie Arias-Petrel
Victor M. Muro, M.D.
Ms. Pamela J. Beal

INDEX

1. COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\* \* \* \* \*

**In the Matter of Charges and Complaint**

**Case No. 22-33039-1**

**Against:**

**EDWARD SOLLESA VICTORIA, M.D.,**

**Respondent.**

**FILED**

**AUG 26 2022**

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

By: 

**COMPLAINT**

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Edward Sollesa Victoria, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 12452). Respondent was originally licensed by the Board on September 4, 2007.

**PATIENT A**

2. Patient A<sup>2</sup> was a 55-year-old male at the time of the events at issue.

3. On October 23, 2018, Respondent wrote a prescription for 4 mg of morphine (a controlled substance considered a dangerous drug) in an intravenous solution to Patient A. Respondent failed to document in Patient A's medical record the reasoning nor the method for  
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<sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Chowdhury Ahsan, M.D., and Col. Eric D. Wade, USAF (Ret.).

<sup>2</sup> Patient A's identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.



1 administering this dangerous drug. Respondent further failed to document Patient A's vital signs  
2 and failed to counsel Patient A on the risks of the controlled substance.

3 4. On January 7, 2019, Patient A presented to Respondent with complaints of lumbar  
4 pain radiating to the buttocks. Respondent prescribed Patient A Tramadol (a controlled substance  
5 and considered a dangerous drug) 50 mg 90 count for thirty (30) days. There was no medical  
6 justification or rationale documented in Patient A's medical record for the prescription.  
7 Respondent further failed to document Patient A's complaints within the medical record and failed  
8 to document any vital signs. Respondent, again, failed to counsel Patient A on the risks of the  
9 controlled substance and included an invalid copy of a blank pain management contract in Patient  
10 A's medical chart without a Patient A's signature, a date, and or witness attestation.

11 5. On February 20, 2019, Patient A presented to Respondent with complaints of  
12 lumbar pain radiating to the buttocks. Respondent again failed to document Patient A's  
13 complaints within the medical record and failed to document any vital signs. Respondent  
14 discharged and prescribed additional opiates and sedatives, Tramadol, 50 mg 90 count for thirty  
15 (30) days, and Clonazepam 0.5 mg 90 count for thirty (30) days, without any medical justification  
16 or rationale noted in the medical record. Respondent further failed to counsel Patient A, for a  
17 third time, on the risks of the controlled substances.

18 6. On May 22, 2019, Patient A presented to Respondent for back pain; however,  
19 Respondent did not document any complaints of pain within the review of symptoms section of  
20 the medical record. Patient A's vital signs were also not documented. Respondent discharged and  
21 prescribed opiates and sedatives, Tramadol and Alprazolam, without any medical justification or  
22 rationale for these prescriptions in the record. Patient A's history of present illness (HPI) notes  
23 were duplicative and highly templated from the January 7, 2019, and February 20, 2019, visits.  
24 Respondent again failed to counsel Patient A on the risks of the controlled substances.

25 7. On July 2, 2019, Respondent noted in Patient A's medical record with the  
26 following complaints: schizophrenia, anxiety disorder, abdominal pain, dizziness for which patient  
27 takes meclizine, and patient has continuous falls and can only ambulate with crutches. Patient A's  
28 vital signs were again, not documented. In the patient history section of the medical record,

Respondent documented Patient A has recurrent abdominal pain and requested a referral to a gastroenterologist. Additionally, Respondent documented that Patient A reported anxiety, but also documented Patient A had no depression, no insomnia, no stress, and no loss of interest. Respondent diagnosed Patient A with abdominal pain, epigastric pain, an ingrown toenail, dizziness and giddiness, screening from malignant neoplasm, and unspecified falls. Respondent prescribed opiates and sedative without medical justification or rationale. Again, Respondent did not counsel Patient A on the risk of the controlled substances.

8. From January 2019 through July 2019, Patient A was clinically evaluated by the Respondent, during which time he continuously prescribed Tramadol for lumbago with sciatica and Clonazepam for Patient A's anxiety. Respondent repeatedly failed to document in Patient A's medical record an adequate HPI, vitals, or a focused physical examination regarding Patient A's diagnoses. Further, Respondent repeatedly failed to document in Patient A's medical record the history of his conditions, response to those treatments or justifications for prescribing the controlled substances, nor was Patient A counseled on the risks of those controlled substances.

9. From June 26, 2018, through April 28, 2020, the Nevada Prescription Monitoring Program (PMP) report indicates that Respondent continuously prescribed controlled substances, including Tramadol and Clonazepam. Respondent did not execute with Patient A the required Medication Use Agreement. Patient A did not undergo a risk assessment or urine drug testing.

### COUNT I

#### **NRS 630.301(4) - Malpractice**

10. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

11. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

12. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

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13. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, when Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis, and because Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient A.

14. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

## **COUNT II**

### **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

15. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

16. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

17. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document his actions when he treated Patient A, whose medical records were neither accurate nor complete.

18. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

## **COUNT III**

### **NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates**

#### **from the Model Policy**

19. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

20. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).





1 controlled substance. Respondent again failed to counsel Patient B on the risk of the controlled  
2 substance.

3 28. On September 24, 2020, Respondent documented Patient B “presents for follow-up  
4 diabetes.” There is no HPI documentation indicating a diagnosis of diabetes or a control treatment  
5 plan. Respondent diagnosed Patient B with edema; however, the physical examination  
6 documentation indicated “no cyanosis, edema, varicosities or palpable cord.” Further, there is no  
7 documentation of Patient B’s edema.

8 29. The PMP for Patient B shows the following prescriptions were written for  
9 Patient B by Respondent from February 1, 2019, through January 13, 2020. The PMP indicated  
10 Patient B was prescribed Morphine Sulfate, Hydrocodone, and Fentanyl. There was no Medication  
11 Use Agreement (contract), or addiction risk assessment documented within Patient B’s medical  
12 records. Due to Patient B’s co-morbidities, she was at a high-risk for cardiac disease and based  
13 upon the medical records, Respondent did not assess that risk. Though the notes indicate the  
14 patient was seen for a follow up on her diabetes, Respondent failed properly manage her diabetic  
15 condition.

#### 16 COUNT IV

#### 17 **NRS 630.301(4) - Malpractice**

18 30. All the allegations contained in the above paragraphs are hereby incorporated by  
19 reference as though fully set forth herein.

20 31. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating  
21 disciplinary action against a licensee.

22 32. NAC 630.040 defines malpractice as “the failure of a physician, in treating a  
23 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar  
24 circumstances.”

25 33. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
26 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when  
27 rendering medical services to Patient B, because Respondent inappropriately prescribed controlled  
28 substances and by failing to accurately assess, examine, or use other means to appropriately



1 establish a medical diagnosis. Additionally, Respondent did not engage in any appropriate  
2 monitoring and assessing of the risks of the controlled substances prescribed to Patient B. Further,  
3 Respondent did not demonstrate the reasonableness required for the assessment, diagnosis, and  
4 treatment of Patient B's suspected neoplasm, and, because he did not exercise reasonable care  
5 with Patient B's cardiac risk factors when considering her edema medical condition.

6 34. By reason of the foregoing, Respondent is subject to discipline by the Board as  
7 provided in NRS 630.352.

8 **COUNT V**

9 **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

10 35. All the allegations contained in the above paragraphs are hereby incorporated by  
11 reference as though fully set forth herein.

12 36. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate  
13 and complete medical records relating to the diagnosis, treatment and care of a patient" constitute  
14 grounds for initiating discipline against a licensee.

15 37. Respondent failed to maintain proper medical records relating to the diagnosis,  
16 treatment, and care of Patient B by failing to correctly document his actions when he treated  
17 Patient B, whose medical records were neither accurate nor and complete as aforementioned in the  
18 above paragraphs.

19 38. By reason of the foregoing, Respondent is subject to discipline by the Board as  
20 provided in NRS 630.352.

21 **COUNT VI**

22 **NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of**  
23 **Writing Prescriptions for Controlled Substances in a Manner That Deviates**  
24 **from the Model Policy**

25 39. All the allegations in the above paragraphs are hereby incorporated by reference as  
26 though fully set forth herein.

27 40. Violation of a standard of practice adopted by the Board is grounds for disciplinary  
28 action pursuant to NRS 630.306(1)(b)(2).





1           48.    On August 20, 2020, Respondent saw Patient C and documented the "patient is  
2 following up on chronic pain and anxiety and reports that both conditions are controlled with  
3 present medications." Respondent's HPI was the same as the July 7, 2020, encounter and no vital  
4 signs were documented. Respondent, again, prescribed Alprazolam 0.25 mg 120 quantity for  
5 thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no  
6 documentation of Patient C's history of conditions, his response to the treatment or justification  
7 for prescribing these controlled substances. Patient C was not counseled by Respondent on the  
8 risks of the prescribed controlled substances.

9           49.    On September 22, 2020, Respondent saw Patient C and similarly failed to  
10 document and or obtain vital signs. The physical examination was the same as the previous  
11 encounters. Respondent was again prescribed Alprazolam 0.25 mg 120 quantity for thirty (30)  
12 days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation  
13 of Patient C's history of conditions, his response to the treatment or justification for prescribing  
14 these controlled substances. Patient C was not counseled by Respondent on the risks of the  
15 prescribed controlled substances.

16           50.    On November 23, 2020, Respondent saw Patient C. Respondent did not document  
17 Patient C's HPI, vitals or physical examination. Respondent prescribed Alprazolam 0.25 mg 120  
18 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There  
19 was no documentation of Patient C's history of conditions, his response to the treatment or  
20 justification for prescribing these controlled substances. Patient C was not counseled by  
21 Respondent on the risks of the prescribed controlled substances.

22           51.    On December 28, 2020, Respondent saw Patient C. Respondent did not document  
23 Patient C's HPI, vitals or physical examination. Respondent prescribed Alprazolam 0.25 mg 120  
24 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There  
25 was no documentation of Patient C's history of conditions, his response to the treatment or  
26 justification for prescribing these controlled substances. Patient C was not counseled by  
27 Respondent on the risks of the prescribed controlled substances.

52. From May 2020 through December 2020, Respondent repeatedly failed to document a focused HPI, physical examination, and vital signs. Respondent prescribed controlled substances on multiple occasions without documenting an adequate diagnosis, rationale for medication or response to the prescribed controlled substances, but for the repeated "conditions are controlled with his present medications."

53. From May 18, 2020, through December 28, 2020, Respondent continuously prescribed controlled substances for Patient C, including Hydrocodone and Alprazolam and there was no Medication Use Agreement, no risk assessment or a urine drug test screening documented within Patient C's medical records.

#### **COUNT VII**

##### **NRS 630.301(4) - Malpractice**

54. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

55. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

56. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient C when Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis; because, Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient C.

58. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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**COUNT VIII**

**NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

59. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

60. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

61. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient C by failing to correctly document his actions when he treated Patient C, whose medical records were neither accurate nor and complete as aforementioned in the above paragraphs.

62. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

**COUNT IX**

**NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy**

63. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein

64. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

65. The Board adopted by reference the Model Policy in NAC 630.187.

66. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

67. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for the opioid analgesics Hydrocodone and Alprazolam in a manner that deviated from the Model Policy.



## PATIENT D

69. Patient D<sup>5</sup> was a 45-year-old female at the time of the events at issue.

70. On June 8, 2020, Patient D was treated by Respondent who assessed her with thoracic back sprain and spinal stenosis of the thoracic region. Respondent documented in Patient D's HPI "patient presents today for thoracic pain not getting better, patient unable to tolerate bydureon." Respondent noted that Patient D's musculoskeletal examination was normal and "thoracolumbar appearance was normal curvature." Respondent prescribed Valium, 10 mg 120 quantity, and Norco 10/325 mg 150 quantity. There was no documentation of Patient D's history of conditions, response to treatment, justification for prescribing these controlled substances, or vital signs.

71. On November 25, 2020, Patient D presented to Respondent for her annual check-up. Respondent documented Patient D's HPI "no complaints, no chest pain, and normal bowel movements." No other vitals were documented. Musculoskeletal examination was normal and "thoracolumbar appearance with normal curvature." Respondent's assessment included anxiety and continued use of Valium as needed and opioid dependence/spinal stenosis of the thoracic region. Her medication list only showed Diazepam. Respondent did not document Patient D's history of conditions, her response to the treatment or justification for prescribing the controlled substances.

72. From February 2020 to November 2020, Respondent treated Patient D twice and each time failed to provide an adequate HPI, vital signs or a focused physical examination regarding Patient D's diagnosis. Respondent failed to assess Patient D's May 2020 MRI, as there is no documentation any review of the images. Respondent prescribed controlled substances for the treatment of anxiety without documenting an adequate diagnosis, a rational for medication prescribed or her response to the treatment to the controlled substances.

<sup>5</sup> Patient A's identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

73. From January 11, 2019, through December 28, 2020, the PMP for Patient D indicated that Respondent prescribed Clonidine and Amlodipine for her hypertension and included the controlled substances of Hydrocodone, Diazepam, and Pregabalin. There was no Medication Use Agreement, risk assessment, or a drug urine screening documented.

**COUNT X**

**NRS 630.301(4) - Malpractice**

74. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

75. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

76. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

77. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient D, because Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis; because, Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient D.

78. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

**COUNT XI**

**NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

79. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

80. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.



1 81. Respondent failed to maintain proper medical records relating to the diagnosis,  
2 treatment, and care of Patient D by failing to correctly document his actions when he treated  
3 Patient D, whose medical records were neither accurate nor and complete as aforementioned in the  
4 above paragraphs.

5 82. By reason of the foregoing, Respondent is subject to discipline by the Board as  
6 provided in NRS 630.352.

7 **COUNT XII**

8 **NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of**  
9 **Writing Prescriptions for Controlled Substances in a Manner That Deviates**  
10 **from the Model Policy**

11 83. All the allegations in the above paragraphs are hereby incorporated by reference as  
12 though fully set forth herein.

13 84. Violation of a standard of practice adopted by the Board is grounds for disciplinary  
14 action pursuant to NRS 630.306(1)(b)(2).

15 85. The Board adopted by reference the Model Policy in NAC 630.187.

16 86. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of  
17 writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that  
18 deviates from the standards set forth in the Model Policy.

19 87. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote  
20 prescriptions to Patient D for opioid analgesics Hydrocodone, Diazepam, and Pregabalin to treat  
21 chronic pain in a manner that deviated from the Model Policy.

22 88. By reason of the foregoing, Respondent is subject to discipline by the Board as  
23 provided in NRS 630.352.

24 **WHEREFORE**, the Investigative Committee prays:

25 1. That the Board give Respondent notice of the charges herein against him and give  
26 him notice that he may file an answer to the Complaint herein as set forth in  
27 NRS 630.339(2) within twenty (20) days of service of the Complaint;  
28

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;


5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 26 day of August, 2022.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

  
\_\_\_\_\_  
IAN J. CUMINGS, J.D.  
Deputy General Counsel  
9600 Gateway Drive  
Reno, NV 89521  
Tel: (775) 688-2559  
Email: [icummings@medboard.nv.gov](mailto:icummings@medboard.nv.gov)  
*Attorney for the Investigative Committee*

1 VERIFICATION


2 STATE OF NEVADA )  
3 : ss.  
4 COUNTY OF WASHOE )

5 Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of  
6 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of  
7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read  
8 the foregoing Complaint; and that based upon information discovered in the course of the  
9 investigation into a complaint against Respondent, he believes that the allegations and charges in  
10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 21<sup>st</sup> day of August, 2022.

12 INVESTIGATIVE COMMITTEE OF THE  
13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 By:

15   
16 BREI W. FREY, M.D.  
17 Chairman of the Investigative Committee  
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2

**BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA**

\* \* \* \* \*

**In the Matter of Charges and Complaint**

**Case No. 22-33039-1**

**Against:**

**EDWARD SOLLESA VICTORIA, M.D.,**

**Respondent.**

**SETTLEMENT AGREEMENT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel for the Board and attorney for the IC, and Edward Sollesa Victoria, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Crane Pomerantz, Esq., of the law firm of Clark Hill, PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:<sup>1</sup>

**A. BACKGROUND**

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on September 4, 2007 (License No. 12452).

2. On August 26, 2022, in Case No. 22-33039-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges four (4) violations of NRS 630.301(4), Malpractice (Count(s) I, IV, VII, X); four (4) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count(s) II, V, VIII, XI); and four (4) violations of NRS 630.306(1)(b)(2), Violation of Standards of

<sup>1</sup> All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 Practice Established by Regulation by Engaging in the Practice of Writing Prescriptions for  
2 Controlled Substances in a Manner That Deviates from the Model Policy (Count(s) III, VI, IX,  
3 XII). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in  
4 NRS 630.352.

5 3. Respondent was properly served with a copy of this Complaint, has reviewed and  
6 understands this Complaint, and has had the opportunity to consult with competent counsel  
7 concerning the nature and significance of this Complaint.

8 4. Respondent is hereby advised of his rights regarding this administrative matter, and  
9 of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has  
10 certain rights in this administrative matter as set out by the United States Constitution, the Nevada  
11 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is  
12 contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is  
13 contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on  
14 the allegations in the Complaint, the right to representation by counsel, at his own expense, in the  
15 preparation and presentation of his defense, the right to confront and cross-examine the witnesses  
16 and evidence against him, the right to written findings of fact, conclusions of law and order  
17 reflecting the final decision of the Board, and the right to judicial review of the Board's order, if  
18 the decision is adverse to him.

19 5. Respondent understands that, under the Board's charge to protect the public by  
20 regulating the practice of medicine, the Board may take disciplinary action against Respondent's  
21 license, including license probation, license suspension, license revocation and imposition of  
22 administrative fines, as well as any other reasonable requirement or limitation, if the Board  
23 concludes that Respondent violated one or more provisions of the Medical Practice Act.

24 6. Respondent understands and agrees that this Agreement, by and between  
25 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the  
26 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent  
27 understands that the IC shall advocate for the Board's approval of this Agreement, but that the  
28 Board has the right to decide in its own discretion whether or not to approve this Agreement.



Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

**B. TERMS & CONDITIONS**

**NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent

acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts II, III, V, VI, VIII, IX, XI, and XII, four (4) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records, and four (4) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand seven hundred ten dollars thirty-six cents (\$2,710.36).

c. Respondent shall pay a fine of five thousand dollars (\$5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

d. The Respondent shall perform ten (10) hours of Continued Medical Education (CME) related to proper medical record keeping within six (6) months from the date of the Board's acceptance, adoption, and approval of this agreement. The aforementioned hours of

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1 CME shall be in addition to the CME requirements that are regularly imposed upon Respondent as  
2 a condition of licensure in the State of Nevada pursuant to NAC 630.153(1).

3 e. The Respondent shall submit to and pass all five (5) sections of the Ethics  
4 and Boundaries Assessment Services (EBAS) examination within sixty (60) days of Board  
5 approval of this agreement which shall be paid for at the expense of the Respondent.

6 f. This Agreement shall be reported to the appropriate entities and parties as  
7 required by law, including, but not limited to, the National Practitioner Data Bank.

8 g. Respondent shall receive a Public Letter of Reprimand.

9 h. The remaining counts of the Complaint, and any other claims arising from  
10 the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

11 6. **Release from Liability.** In execution of this Agreement, Respondent understands  
12 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,  
13 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents  
14 are immune from civil liability for any decision or action taken in good faith in response to  
15 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of  
16 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,  
17 committees, panels, hearing officers, consultants and agents from any and all manner of actions,  
18 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and  
19 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against  
20 any or all of the persons, government agencies or entities named in this paragraph arising out of,  
21 or by reason of, this investigation, this Agreement or the administration of the case referenced  
22 herein.

23 7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall  
24 recommend approval and adoption of the terms and conditions of this Agreement by the Board in  
25 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of  
26 this Agreement, counsel for the IC may communicate directly with the Board staff and the  
27 adjudicating members of the Board.

28 ///

Respondent acknowledges that such contacts and communications may be made or conducted ex-parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect.** If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause.** The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

///



OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, Nevada 89521  
(775) 688-2559

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply with Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 24<sup>th</sup> day of December, 2022.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL  
EXAMINERS

By: 

IAN J. CUMINGS, J.D.  
Deputy General Counsel  
9600 Gateway Drive  
Reno, NV 89521  
Tel: (775) 688-2559  
Email: [icummings@medboard.nv.gov](mailto:icummings@medboard.nv.gov)  
Attorney for the Investigative Committee

DATED this 24<sup>th</sup> day of December, 2022.

CLARK HILL PLLC

By: 

CRANE POMERANTZ, ESQ.  
3800 Howard Hughes Parkway  
Las Vegas, NV 89169  
Tel: (702) 697-7545  
Email: [cpomerantz@clarkhill.com](mailto:cpomerantz@clarkhill.com)  
Attorney for Respondent

DATED this 27 day of December, 2022.

By: 

EDWARD SOLLESA VICTORIA, M.D..  
Nevada License No. 12452  
Respondent

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**MICHAEL C. BRINKMANN, D.V.M.,  
Certificate of Registration No. CS02213,**

**Respondent.**

**CASE NO. 22-237-CS-S**

**STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter Keegan, Esq., and Respondent Michael C. Brinkmann, D.V.M., ("Respondent"), Certificate of Registration No. CS02213, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about November 22, 2022, Board staff served Respondent with a Notice of Suspension of Certificate of Registration No. CS02213 in accordance with NRS 639.2107.

2. On or about September 12, 2023, 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. Respondent is fully aware of the right to seek the advice of counsel in this matter.

4. In lieu of filing an Answer, the proposed Stipulation, is presented for the Board's consideration.

5. Respondent 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 failed to comply with the provisions of this



Stipulation and Order, Respondent hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

### **JURISDICTION**

7. The Board has personal jurisdiction over Respondent and this subject matter jurisdiction over the events alleged in the Notice of Intended Action and Accusation (“Accusation”) and recited herein because at the time of the events alleged Respondent Brinkmann held an active Certificate of Registration No. CS02213.

### **FACTUAL ALLEGATIONS**

8. Respondent self-administered hydromorphone injections without a valid prescription.

9. Respondent dispensed controlled substances to Nevada patients without a valid Nevada dispensing practitioner’s registration.

10. On or about October 31, 2022, Respondent executed a Form DEA-104, thereby surrendering for cause his Drug Enforcement (“DEA”) Registration No. AB8900309.

11. On or about November 9, 2022, Board staff served Respondent with notice that the suspension of his DEA registration operated as an immediate suspension of his Certificate of Registration No. CS02213 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

### **APPLICABLE LAW**

12. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

13. A licensed veterinarian must hold a dispensing practitioner's registration in order to dispense controlled substances of dangerous drugs from any veterinary facility at which he or she engaged in the practice of veterinary medicine. NRS 639.100; NAC 639.7423.

14. The Board may suspend or revoke any certificate, license, registration or permit if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

15. The Board may suspend or revoke any certificate, license, registration or permit if the holder has violated, attempted to violate, assisted or abetted in the violation, or conspired to violate, or failed to report a violation, of any provision of Nevada law relating to prescription drugs. *See* NRS 639.210(12).

16. Diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

18. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. The Board shall register an applicant to dispense controlled substances included in schedules I to V, inclusive, unless it determines that the issuance of that registration would be inconsistent with the public interest due to failure of the applicant to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research, or industrial channels; or the registrant has had his or her federal registration to dispense controlled substances suspended or revoked. NRS 453.231(1)(a).

21. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

22. A veterinarian, in the course of his or her professional practice only, and not for the use by a human being, may prescribe, possess and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian. NRS 453.381(2).

23. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess, and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian. NRS 453.381(2).

24. It is unlawful for a person knowingly to use or be under the influence of a controlled substance except in accordance with a lawfully issued prescription. NRS 453.411(1).

25. The surrender, revocation or a suspension that has not been stayed of any certificate, license, or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration, or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe, or dispense drugs. NRS 639.2107.



26. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to \$10,000.00 for each violation alleged in an accusation for which the holder is found guilty. NRS 639.255(1)(f) and (3); NAC 639.955.

27. This Accusation constitutes a public record pursuant to NRS 622.330 and any discipline imposed by the Board shall be reported to the National Practitioner Data Bank as required by federal law. Title 42 USC § 1396r-2; 45 CFR Part 60.

### **COUNT ONE**

#### **Surrender of DEA Registration – Ineligible to Hold Controlled Substance Registration**

By surrendering his DEA Registration, Respondent no longer qualifies to hold a certificate of registration to dispense controlled substances under federal or state law and therefore the Board is authorized to revoke or suspend Dr. Brinkmann, D.V.M.'s certificate of registration to dispense controlled substances, Certificate of Registration No. CS02213 pursuant to NRS 453.231(1)(g) and/or NRS 453.236(1)(c) and NRS 453.241(1).

### **COUNT TWO**

#### **Diversion/Self Administration of Controlled Substances**

By diverting, acquiring, or obtaining possession of controlled substances for self-administrative without a prescription as alleged herein, Respondent violated, 21 U.S.C. § 843(a)(3), and/or NRS 453.331(1)(d), and/or NRS 453.381(2), and/or NRS 453.391(1), and/or NRS 453.411(1), and therefore is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and/or NRS 639.210(12) and/or NRS 639.255.

### **COUNT THREE**

#### **Unprofessional Conduct - Commission of Acts that Render Registration Inconsistent with the Public Interest**

By diverting and/or self-administering hydromorphone injections without a valid prescription, Respondent has engaged deceitful practices or transactions and/or in unprofessional conduct and conduct contrary to the public interest, as defined by NAC 639.945(1)(h),(g), and (n), which renders

his continued registration to dispense controlled substances inconsistent with the public interest. Respondent's acts violated NRS 639.210(4); therefore, Respondent is subject to discipline pursuant to NRS 453.236(1); NRS 453.241(1); NRS 639.210(4); and NRS 639.255.

#### **COUNT FOUR**

##### **Unlicensed Dispensing of Controlled Substances**

By dispensing controlled substances without a dispensing veterinarian registration, Respondent violated NRS 639.100(1) and NAC 639. 639.7423.; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

#### **COUNT FIVE**

##### **Unprofessional Conduct – Unlicensed Dispensing of Controlled Substances**

By dispensing controlled substances without a dispensing veterinarian registration, Respondent has engaged in conduct contrary to the public interest as set forth in NAC 639.945(1)(k); therefore, Respondent is subject to discipline pursuant to NRS 453.236(1); NRS 453.241(1); NRS 639.210(4); and NRS 639.255.

#### **CULPABILITY**

28. Respondent admits the truth of each and every factual allegation contained herein.
29. Respondent admits the truth the violations of law alleged in Counts One through Five.

#### **DISCIPLINARY ORDER**

30. In consideration of the foregoing admissions and stipulations, and to save the time and expense of litigating the alleged violation(s) of law before the Board, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following **Disciplinary Order**:

- A. Respondent's Certificate of Registration to Dispense Controlled Substances, Certificate of Registration No. CS02213 shall be revoked for a period of one (1) year. Respondent shall obtain an Evaluation for Substance Use Disorder and comply with any and all recommendations set forth by the Evaluator/Practitioner. The evaluation must be returned to the Board. Upon the

expiration of the one (1) year revocation, Respondent may apply to the Board of a Certificate of Registration to Dispense Controlled Substances;

- B. Respondent shall pay a fine of Seven Thousand Five Hundred Dollars (\$7,500.00) for the violations, 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;
- C. Respondent shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, 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) days of the effective date of this Order; and
- D. Respondent acknowledges this Stipulation and Order constitutes a public record of discipline that is reportable to the National Practitioner Data Bank.

31. 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 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 impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

32. The Board's 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 11, 2023. Respondent will appear in-person and/or counsel at the meeting to answer questions from the Board Members. The Board Members may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

33. The Board has discretion to accept this Stipulation, but it is not obligated to do so.



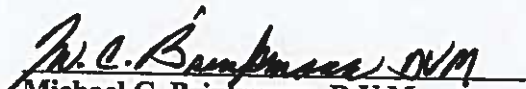
agreement on the record which is approved by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

35. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other 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 has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.


AGREED:

Signed the 5<sup>th</sup> day of October 2023.

  
Michael C. Brinkmann, D.V.M.  
Certificate of Registration No. CS02213  
Respondent

Signed this 5<sup>th</sup> day of October 2023.

NEVADA STATE BOARD OF PHARMACY

  
Peter Keegan, Esq.  
General Counsel  
Nevada State Bar No. 12237  
985 Damonte Ranch Parkway, Suite #206  
Reno, Nevada 89521

**DECISION AND ORDER**

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Michael C. Brinkmann, D.V.M., Certificate of Registration No. 02213, in Case No. 23-237-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

**IT IS SO ORDERED.**

Entered this \_\_\_\_ day of October 2023.

\_\_\_\_\_  
Helen Park, Pharm.D.  
President  
Nevada State Board of Pharmacy

# EXHIBIT 1

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC





Mobility Prosthetic and Orthotic  
Services, LLC  
Attn: Sekhar Mohanty  
400 Shadow Lane, Suite 110  
Las Vegas, Nevada 89106  
23-089-S. 233B Statement

9171 9690 0935 0279 6475 21



# EXHIBIT 2

Case No. 23-089-S

MOBILITY PROSTHETIC  
AND ORTHOTIC SERVICES,  
LLC



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: [bop.nv.gov](http://bop.nv.gov)

September 12, 2023

Mobility Prosthetics and Orthotic Services  
400 Shadow Lane, Suite 110  
Las Vegas, NV 89106

Re: Mobility Prosthetics and Orthotic Services and Case No. 23-089-S

Dear Mobility Prosthetics and Orthotic Services

The hearing for case number **23-089-S** has been scheduled for Wednesday, 10/11/2023 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Mangosing".

Kristopher Mangosing  
Assistant Board Coordinator

9171 9690 0935 0279 6473 78

# EXHIBIT 3

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC





## **ATTACHMENT A-02**

**Copy of the NVBOP License for**  
**Kingman, Arizona.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Mobility Prosthetic and Orthotic Services  
1921 Motor Avenue, Suite B  
Kingman AZ 86401

Date: 03/18/2021

Amount: \$ 500.00

License #: MP03020

*MDEG license*

*ND# 1285258996*

*tax ID  
# 85113824*

(ID Card)

NEVADA STATE BOARD OF PHARMACY		Medical Devices, Equipment, Gas Expires: 10/31/2022 Mobility Prosthetic and Orthotic Services 1921 Motor Avenue, Suite B Kingman AZ 86401
License # MP03020 Active		
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS		

Trim ID Card to fit your wallet

**NEVADA**

**STATE BOARD OF PHARMACY**

**Medical Devices, Equipment, Gas**

Expires: 10/31/2022

STATUS: Active

License Type: Medical Devices, Equipment,  
Gas

License #: MP03020

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

Mobility Prosthetic and Orthotic Services  
1921 Motor Avenue, Suite B  
Kingman AZ 86401

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 04/20/2021.



Nevada Medicaid and Nevada Check Up

May 14, 2021

MDRG License  
NPI # 1285258996  
Tax ID # 85-1113824

00001

MOBILITY PROSTHETIC AND ORTHOTIC SERVICES LLC  
1921 MOTOR AVE STE B  
KINGMAN, AZ 86401-4185

NPI: 1285258996

Medicaid ID: 250013197

Provider Taxonomy Code: 335E00000X

Provider Type: 33

Type Description: DME, Disposable, Prosthetics

Provider Specialty: 933

Specialty Description: DME, Disposable, Prosthetics

RE: APPROVAL FOR NEVADA MEDICAID/NEVADA CHECK UP PARTICIPATION

Dear Nevada Medicaid Provider:

Welcome to Nevada Medicaid and Nevada Check Up. Your effective date of participation is 05/07/2021.

Your National Provider Identifier (NPI) listed above must be included on all Nevada Medicaid/Nevada Check Up claims and correspondence received at Nevada Medicaid Provider Enrollment Department. To comply with the NPI Final Rule, the Division of Health Care Financing and Policy (DHCFP) requires the use of the NPI.

Electronic claims submission is required to submit Nevada Medicaid/Nevada Check Up claims. Claims can be directly entered in the Secure Web Portal. Please review the claims manual for claims entry. Please see resources below for assistance. Claims can continue to be submitted via a trading partner through EDI transactions.

It is important that Nevada Medicaid Provider Enrollment Department maintains your most current contact information. Please report any address, provider status or contact information changes within 5 business days of the change. Updates can be submitted online via the secure Provider Web Portal at: <https://www.medicaid.nv.gov>.

As the Nevada Medicaid/Nevada Check Up fiscal agent, Nevada Medicaid Provider Enrollment Department administers State policy as determined by the DHCFP. Nevada Medicaid Provider Enrollment Department provides claims processing, provider communication, appeals processing, prior authorizations and electronic eligibility verification. Information you will need to interface with Nevada Medicaid Provider Enrollment Department (e.g., billing instructions, announcements, the quarterly provider newsletter, forms and a link to the Medicaid Services Manual) is posted online at: <https://www.medicaid.nv.gov>.

The DHCFP and Nevada Medicaid Provider Enrollment Department offer comprehensive provider training free of charge. We encourage health care providers, billing staff, billing agencies, office managers, office staff, utilization review staff, case management staff, etc., to attend the courses held in Reno or Las Vegas or virtually. Visit the Provider Training webpage at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) for information regarding the courses and registration.

# EXHIBIT 4

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC





## **ATTACHMENT A-03**

**Documents from Nevada Medicaid and  
Nevada Check Up welcoming his  
Kingman, Arizona location.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**

## Nevada Medicaid Location Update

\* emailed in September 2021  
to add location and was  
advised as mentioned below.

Ilea

Wed 9/29/2021 11:17 AM

To: Sekhar Mohanty &lt;Sekhar@mobilityprosthetic.com&gt;;

FYI

We do not need to have another NPI we can bill under this NPI as a whole with as many locations as we want (23)

Thank you,

Ilea Mattison  
Office Administrator  
Mobility Prosthetic and Orthotic Services LLC  
ABC Accredited Facility  
1921 Motor Ave Ste B  
Kingman, AZ 86401  
(P) 928-377-4180  
(F) 928-277-4400  
[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)

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**From:** NV MMIS EDI Support (S&L HHS) <nvmmis.edisupport@dxc.com>  
**Sent:** Wednesday, September 29, 2021 11:16 AM  
**To:** Ilea <ilea@mobilityprosthetic.com>  
**Subject:** RE: Portal Request from Mobility Prosthetic

You can have multiple service locations under your currently enrolled NPI for NV Medicaid as it's for the same provider type as our system will only allow for one to be on file per provider type in our system. You will continue to billing as you normally do.

Thank you, EMAIL SIGNATURE FOR EDI

Keaunna Moore  
Nevada Medicaid EDI Level I Support  
(877) 638-3472 Opt. 2, Opt. 0, Opt. 3  
[nvmmis.EDIsupport@gainwelltechnologies.com](mailto:nvmmis.EDIsupport@gainwelltechnologies.com)  
Gainwell Technologies  
9850 Double R BLVD, Ste. 102  
Reno, NV 89521  
[gainwelltechnologies.com](http://gainwelltechnologies.com)

**From:** Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>  
**Sent:** Wednesday, September 29, 2021 12:42 PM  
**To:** NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)>  
**Subject:** RE: Portal Request from Mobility Prosthetic

Just to confirm. We can have multiple office locations under the main NPI in Arizona?-

Thank you,

Ilea Mattison  
Office Administrator  
Mobility Prosthetic and Orthotic Services LLC  
ABC Accredited Facility  
1921 Motor Ave Ste B  
Kingman, AZ 86401  
(P) 928-377-4180  
(F) 928-277-4400  
[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)

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**From:** NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)>  
**Sent:** Wednesday, September 29, 2021 10:35 AM  
**To:** Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>  
**Subject:** RE: Portal Request from Mobility Prosthetic

Good morning,

The system will only allow one service location to be on file for the same provider type and NPI, so no changes will need to be made and claim submission will remain the same.

Thank you, EMAIL SIGNATURE FOR EDI

Keaunna Moore  
Nevada Medicaid EDI Level I Support  
(877) 638-3472 Opt. 2, Opt. 0, Opt. 3  
[nvmmis.EDIsupport@gainwelltechnologies.com](mailto:nvmmis.EDIsupport@gainwelltechnologies.com)  
Gainwell Technologies  
9850 Double R BLVD, Ste. 102  
Reno, NV 89521  
[Gainwelltechnologies.com](http://Gainwelltechnologies.com)

**From:** Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>  
**Sent:** Tuesday, September 28, 2021 1:37 PM  
**To:** NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)>  
**Subject:** Re: Portal Request from Mobility Prosthetic

9/29/21, 4:15 PM

Nevada Medicaid Location Update - Sekhar Mohanty

Same provider type

Get Outlook for Android

---

From: NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dx.com](mailto:nvmmis.edisupport@dx.com)>

Sent: Friday, September 24, 2021 12:28:10 PM

To: Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>

Subject: RE: Portal Request from Mobility Prosthetic

Will it be for the same provider type or different provider type?

Thank you,

Keaunna Moore

Nevada Medicaid EDI Level I Support

(877) 638-3472 Opt. 2, Opt. 0, Opt. 3

[nvmmis.EDIsupport@gainwelltechnologies.com](mailto:nvmmis.EDIsupport@gainwelltechnologies.com)

Gainwell Technologies

9850 Double R BLVD, Ste. 102

Reno, NV 89521

[Gainwelltechnologies.com](http://Gainwelltechnologies.com)

-----Original Message-----

From: Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>

Sent: Thursday, September 23, 2021 1:23 PM

To: NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dx.com](mailto:nvmmis.edisupport@dx.com)>

Subject: RE: Portal Request from Mobility Prosthetic

Hi

The NPI on file is for our facility so I wasn't aware we needed another NPI.  
It is not for an individual provider but a facility.

Does that a difference?  
I am only requesting to add a new location

Thank you,

Ilea Mattison

Office Administrator

Mobility Prosthetic and Orthotic Services LLC ABC Accredited Facility

1921 Motor Ave Ste B

Kingman, AZ 86401

(P) 928-377-4180

(F) 928-277-4400

[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)

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-----Original Message-----

From: NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)>

Sent: Thursday, September 23, 2021 11:04 AM

To: Ilea <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>

Subject: RE: Portal Request from Mobility Prosthetic

Good morning,

We recommend a separate NPI for each service location as there can only be one service location on file at a single time for the same provider type.

Please take note of CTN 301254184 as a receipt of our correspondence. This can be helpful in the case that you ever need to reference this interaction in the future.

Thank you,

Keaunna Moore

Nevada Medicaid EDI Level I Support

(877) 638-3472 Opt. 2, Opt. 0, Opt. 3

[nvmmis.EDIsupport@gainwelltechnologies.com](mailto:nvmmis.EDIsupport@gainwelltechnologies.com)

Gainwell Technologies

9850 Double R BLVD, Ste. 102

Reno, NV 89521

[Gainwelltechnologies.com](http://Gainwelltechnologies.com)

-----Original Message-----

From: Division of Health Care Financing and Policy Provider Portal <[NVMMIS.edisupport@dxc.com](mailto:NVMMIS.edisupport@dxc.com)>

Sent: Monday, September 20, 2021 11:06 AM

To: NV MMIS EDI Support (S&L HHS) <[nvmmis.edisupport@dxc.com](mailto:nvmmis.edisupport@dxc.com)>; Mobility Prosthetic <[ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)>

Subject: Portal Request from Mobility Prosthetic

Portal: HCP Provider Portal

Name: Mobility Prosthetic

Street Address: 1921 Motor Ave

City: Kingman

State: ARIZONA

Zip Code: 86401

Phone: 9283774180

Email: [ilea@mobilityprosthetic.com](mailto:ilea@mobilityprosthetic.com)

User ID: mpos2020

Comments:

9/29/21, 4:15 PM

Nevada Medicaid Location Update - Sekhar Mohanty

How do I add another office location to my contract?

# EXHIBIT 5

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC



## **ATTACHMENT A-04**

**09/01/2022 document from the Nevada  
Medicaid and Nevada Check Up  
regarding his NPI expiring.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**





Nevada Medicaid and Nevada Check Up

September 01, 2022

*MEG Renewal  
Notification*

00465

MOBILITY PROSTHETIC AND ORTHOTIC SERVICES LLC  
1921 MOTOR AVE STE B  
KINGMAN, AZ 86401-4185

NPI: 1285258996

Medicaid ID: 250013197

RE: Professional/Business/Facility License Associated with NPI 1285258996 is expiring.

Dear Nevada Medicaid and Nevada Check Up Provider:

The Nevada Division of Health Care Financing and Policy (DHCFP) has been informed that your professional/business/facility license is expiring in 59 days. In accordance with the Nevada Medicaid Services Manual, providers must meet all of the licensing requirements in order to continue enrollment with Nevada Medicaid and Nevada Check Up.

Please provide a copy of your renewed professional/business/facility license by Oct 31, 2022 along with a copy of this notice to:

Nevada Medicaid Provider Enrollment  
PO Box 30042

Reno, NV 89520-3042

Or, Email: [nv.providerapps@gainwelltechnologies.com](mailto:nv.providerapps@gainwelltechnologies.com)

If a copy of your renewed license is not received, your contract will be terminated. The result of the termination is that no payment will be made for services provided after the termination date. Prior authorization requests submitted after the provider is terminated will not be reviewed. It will also be necessary for you to submit a new Provider Enrollment Application, Contract and the required documentation for your provider type to re-enrol as a Nevada Medicaid and Nevada Check Up provider.

If you have any questions regarding this request, please contact the Nevada Medicaid Provider Enrollment Unit at (877) 638-3472.

Thank you for your prompt attention to this matter.

Sincerely,

Nevada Medicaid Provider Enrollment Department

*email sent 09/12/22*

# EXHIBIT 6

Case No. 23-089-S

MOBILITY PROSTHETIC  
AND ORTHOTIC SERVICES,  
LLC



## **ATTACHMENT A-05**

**Requesting information on how to add a location in Las Vegas to the NPI system.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**

**Sekhar Mohanty**

(email requesting how to add location)  
9/12/22

**From:** Sekhar Mohanty  
**Sent:** Monday, September 12, 2022 9:04 AM  
**To:** 'nv.providerapps@gainwelltechnologies.com'  
**Subject:** Professional/Business/Facility License  
**Attachments:** NV Medicaid Notice2022.pdf; FacilityElectronicCertificate\_ABC Kingman.pdf; FacilityElectronicCertificate\_ABC LV.pdf; Certificates.pdf; City Of Kingman Business License.pdf; NV BL 2022.pdf

Medicaid ID # 250013197 NPI # 1285258996

Dear Sir

Please find attached the requested documents.

We now have a Clinic located in Las Vegas and would like to add the same to your system.

The clinic address is as follows,

Mobility Prosthetic and Orthotic Services LLC  
400 Shadow Lane, Suite 110  
Las Vegas, NV 89106

Should you require any further information, please let us know.

Sincerely

**Sekhar Mohanty, CP, BOCO, FAAOP, MBA**

Clinical Director

**Mobility Prosthetic and Orthotic Services**

ABC Accredited Facility

**714 624 3804 Mobile**

**Las Vegas Clinic:**

400 Shadow Lane, Suite 110, Las Vegas, NV 89106

Phone 702 800 6520 Fax 702 800 6492

**AZ Clinics: (Clinics in Kingman, Flagstaff, Lake Havasu City and Bullhead City)**

1921 Motor Avenue, Suite B, Kingman, AZ 86401

Phone 928 377 4180 Fax 928 277 4400

**Flagstaff:**

930 N. Switzer Canyon Drive, Suite 104, Flagstaff, AZ 86001

928 263 6624 Phone

928 263 6645 Fax

[sekhar@mobilityprosthetic.com](mailto:sekhar@mobilityprosthetic.com)

[www.mobilityprosthetic.com](http://www.mobilityprosthetic.com)



# EXHIBIT 7

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC



## **ATTACHMENT A-06**

**Email from the NVBOP regarding the  
license renewal for the Kingman,  
Arizona location.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**

Nevada State Board Of Pharmacy

Current License  
for NPI #1285258996

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/15/2022


Amount: \$ 525.00

Permit #: MP03020

tax ID #  
85 111 3824

Mobility Prosthetic and Orthotic Services  
1921 Motor Avenue, Suite B  
Kingman AZ 86401

(ID Card)

	Medical Devices, Equipment, Gas
	Effective Date: 11/01/2022
	Expires: 10/31/2024
	Mobility Prosthetic and Orthotic Services
	1921 Motor Avenue, Suite B
	Kingman AZ 86401
Permit # MP03020 Active	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Trim ID Card to fit your wallet

Cut Here

Permit Type: Medical Devices, Equipment,  
Gas

Permit #: MP03020

Effective Date: 11/01/2022

NEVADA  
STATE BOARD OF PHARMACY  
Medical Devices, Equipment, Gas

Expires: 10/31/2024

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Mobility Prosthetic and Orthotic Services  
1921 Motor Avenue, Suite B  
Kingman AZ 86401

**NONTRANSFERABLE**

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE



# Nevada State Board Of Pharmacy

## Payment Confirmation

Dear Mobility Prosthetic and Orthotic Services,

Your payment has been processed successfully. Below are the details:

Applicant ID#:	105827	Receipt#:	488766
Payment Method:	Credit Card	Reference#:	63934017699
Transaction Date:	09/15/22	Application Fees:	\$525.00
Transaction Time:	11:09:21 AM		

Total amount paid: \$525.00

### Fee Details

Description	Fee Type	Fees
Firm Permit Application Fee	Application Fees	\$500.00
	Convenience Fees	\$25.00
	Total	\$525.00

This email is an automated notification, which is unable to receive replies. We are happy to help you with any questions or concerns you may have. If you have questions mail to [hqp@nv.gov](mailto:hqp@nv.gov).

Thank you for using our website.

Nevada State Board of Pharmacy



**Sekhar Mohanty**

**From:** license@nvbop.org  
**Sent:** Thursday, September 15, 2022 11:09 AM  
**To:** Sekhar Mohanty  
**Subject:** Firm Renewal Submission Email



# Nevada State Board Of Pharmacy

## Submission Confirmation

Dear Mobility Prosthetic and Orthotic Services,

Thank you for using the online License Application renewal process. Your Renewal application has been processed. Your license renewal remains in a pending status. Upon review and approval, you will receive email confirmation to include your pocket receipt. Below are the details:

Date: 9/15/2022

License Renewal Application Number: 220915105281

License Number: MP03020

Unfortunately, this email is an automated notification and cannot receive replies. We are happy to help you with any questions or concerns you may have. If you have questions please contact us by clicking on this link: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

Thank you for using our website.

Nevada State Board Of Pharmacy

<http://bop.nv.gov/>

# EXHIBIT 8

Case No. 23-089-S

## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES, LLC



## **ATTACHMENT A-08**

**Owner Sekhar Mohanty's statement.**

**Case #23-089-S**

**NVBOP –vs– Mobility Prosthetic & Orthotic Services**



## MOBILITY PROSTHETIC AND ORTHOTIC SERVICES

March 27,2023

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite.206

Reno, NV 89521

I am writing this statement on behalf of  
Mobility Prosthetic and Orthotic Services LLC., located  
at 400 Shadow Ln. Ste. 110, Las Vegas, NV 89106.

The purpose behind this statement is to assure that, we  
are operating and doing business in accordance to the  
State of NV Pharmacy Board Laws and regulations.

Mobility Prosthetic and Orthotic Services LLC is a NV  
registered partnership LLC formed in May 2020 to  
provide Prosthetic and Orthotic Services.

Our first clinic was opened at 1921 Motor  
Avenue,Suite.B, Kingman, AZ 86401 in July 2020 and  
expanded to few more location in AZ.

Since we provide services in few facilities and also  
home services in State of NV, **we applied for our MDEG  
license under NV State Pharmacy Board on  
02/23/2021 and was approved on 05/14/2021 with**

**ID # 250013197 ( NPI # 1285258996, Tax ID #  
851113824 for our primary location 1921 Motor  
Avenue, Suite.B, Kingman,AZ 86401.( Documents  
attached)**

**We continued services from our primary location in AZ  
under the same Tax ID and NPI and were able to  
provide services to our patients mostly in skilled  
facilities and at their homes.**

In September 2021, we leased a space in Las Vegas  
Medical District to operate our clinic in NV, which will  
provide some services locally but primarily to provide a  
base for our inhouse fabrication.

Our Las Vegas Clinic is fully inspected/surveyed and  
approved by Medicare and accredited by American  
Board of Orthotics and Prosthetics.

We provide services to patients in and around the area, veterans and also contracted with so many insurances locally and Nationally.

**We did reach out to the Pharmacy board on 09/24/2021, asking to add location( email communication) and was informed that we can have multiple service locations for same NPI for NV Medicaid as it is for the same provider type and the system will only allow one provider type(email communication from that date is attached).**

We got notification on 09/01/2022 for renewal for our NV Medicaid ID # 250013197 to which we promptly responded with all required documents on 09/12/2022, paid \$ 525 application fees for renewal and were approved on 09/15/2022( Permit # MPO3020) which expires on 10/31/2024.

When we sent all requested documents through email on 09/12/2022, I did also request asking how do add our Las Vegas Clinic, to which I never got a response.( Email copy attached)

On 10/31/2022, our office received a phone call from NV Board of Pharmacy, that our license was expiring and needed to renew. Rebekkah Torres, our office Administrator took the call and told them that we had just renewed. The Agent on the phone looked up our License number and then informed us that we would actually need to send a new MDEG Application to cover our new office location in Las Vegas.

At that point we had come to know that we needed a separate License for our new location.

We promptly filled out the application and sent in our fees on 11/7/2022.



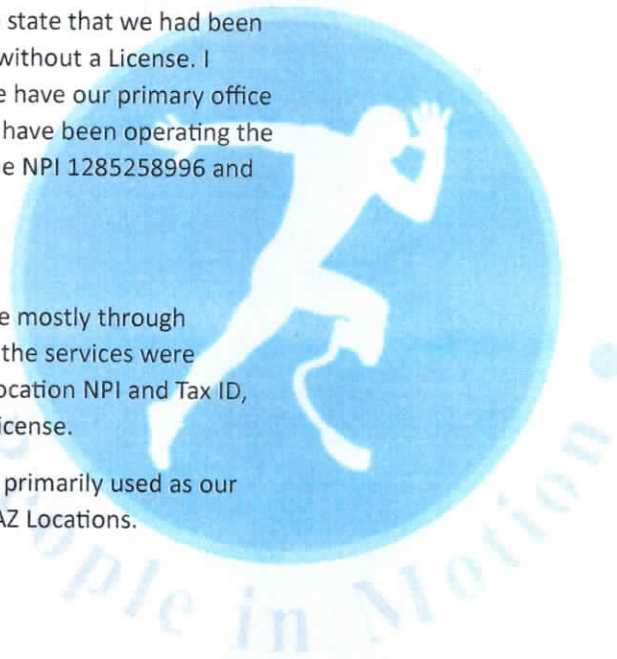
On 12/1/2022, we reached out via email to follow up on the application, when we were advised there was some missing information. We sent in the Information on 12/3/22 and waited for our Board appearance appointment. We were sent the appointment letter on 2/1/2023.

We were given appearance date for 3/9/2023.

On March 9<sup>th</sup>, 2023, I appeared before the Board of Pharmacy regarding a new MDEG License Application of which was submitted on 11/7/2022. While in front of the board we had been asked several questions about our Business/Company. When asked the question "When we opened?" I had answered our Las Vegas location has been open since October of 2021. The Board proceeded to state that we had been operating and doing business without a License. I explained to the Board that we have our primary office in Kingman, Arizona which we have been operating the Las Vegas Clinic under the same NPI 1285258996 and Tax Id ( 85 1113824).

All our services in Las Vegas are mostly through facilities or home visits and all the services were provided under our Kingman location NPI and Tax ID, for which we have the MDEG license.

This facility in Las Vegas is also primarily used as our Central Fabrication for all our AZ Locations.



To the best of our knowledge, we were in fact operating accordingly with an Out of State License #MP03020 that was valid from 3/18/2021-10/31/2022 and renewed on 09/15/2022. The Board stated that they would approve the motion and grant us the License upon inspection.

Sincerely

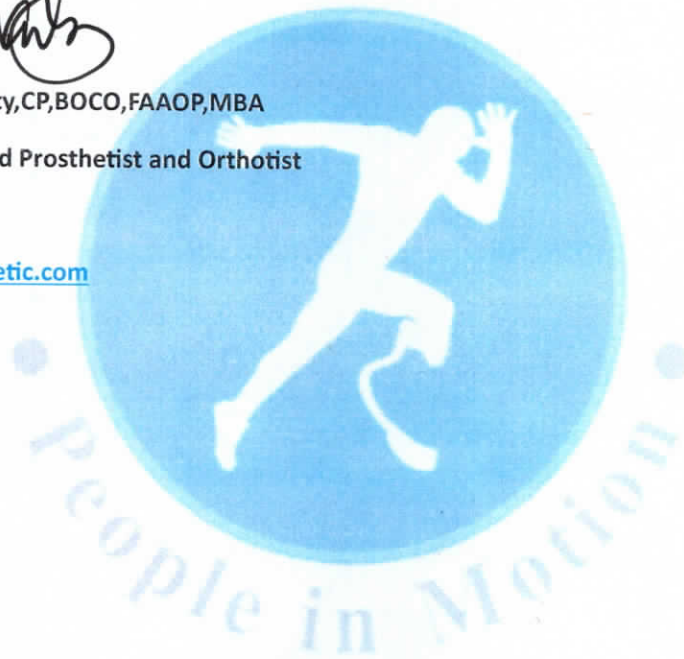


Chandra Sekhar Mohanty, CP, BOCO, FAAOP, MBA

American Board Certified Prosthetist and Orthotist

Clinical Director

[sekhar@mobilityprosthetic.com](mailto:sekhar@mobilityprosthetic.com)



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MONA MATAR, RPH,  
Certificate of Registration No. 20104,

and,

WALGREENS PHARMACY #04755,  
Pharmacy License No. PH01383,

Respondents.

Case No. 22-370-RPH-S  
22-370-PH-S

STIPULATION AND ORDER

Gregory L. Zunino, Senior General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383, jointly by and through counsel, William J. Stilling, of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondents Walgreens and these matters.
2. The Board's staff properly served Respondents 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. The undersigned representative of Respondent Walgreens hereby warrants and represents that he/she has all necessary corporate power and authority to execute this Stipulation and Proposed Order ("Stipulation") on behalf of Respondent Walgreens.
4. Respondents Walgreens and Matar acknowledge that they understand the terms of this Stipulation and that they have executed the Stipulation knowingly and voluntarily.



5. Respondents acknowledge that they are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent Walgreens under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of the paragraphs below, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them 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. Respondents admit 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 against Respondents Matar and Walgreens in Count Two of the Accusation, *to wit*:

A. Respondent Matar knew or should have known that she had prepared an incorrect dose of Energix B for the adult customer. Accordingly, Respondent Matar performed her duties as a pharmacist in an incompetent, unskillful, or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4), NRS 639.255, NAC 639.945(1)(i), and NAC 639.955.

B. As the pharmacy/pharmacy owner, Respondent Walgreens may be held responsible for the acts of Respondent Matar as set forth above pursuant NRS 639.230(5) and NAC 639.945(2).

8. The Board and Respondents agree that Count One and Count Two of the Accusation are duplicative insofar as they address the same underlying conduct. Accordingly, the parties agree that upon approval of this Stipulation by the Board, Count One of the Accusation shall be dismissed.

9. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Matar, stipulate to the following penalties:

A. Respondent Matar shall pay an administrative fine in the amount of One Thousand and 00/100s Dollars (\$1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Matar shall pay the fine by cashier's check, certified check, or money order made payable to "**State of Nevada, Office of the Treasurer.**" Respondent Matar shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Matar shall pay the sum of Five Hundred and 00/100 Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Matar shall pay such attorney's fees and costs by issuance of a cashier's check, certified check, or money order made payable to "**Nevada State Board of Pharmacy.**" Respondent Matar shall remit payment in full to 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 the Board's Order as stated below.

10. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent Walgreens stipulate to the following penalties:

A. Respondent Walgreens shall pay an administrative fine in the amount of One Thousand and 00/100 Dollars (\$1,000.00) for the violation alleged in Count Two of the Accusation. Respondent Walgreens shall pay the fine by company check, cashier's check, certified check, or money order made payable to "**State of Nevada, Office of the Treasurer.**" Respondent Walgreens shall remit



payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, within thirty (30) days after the effective date of the Board's Order as stated below.

B. Respondent Walgreens shall pay the sum of Five Hundred and 00/100 Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent Walgreens shall pay such attorney's fees and costs by issuance of a company check, cashier's check, certified check, or money order made payable to **"Nevada State Board of Pharmacy."** Respondent Walgreens shall remit payment in full to 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 the Board's Order as stated below.

11. Any failure by any 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 the non-compliant Respondent(s) 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 any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. The undersigned Board 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 11, 2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent Walgreens or its attorney fails to appear for the meeting.

13. The Board may 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 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

14. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation at the next regularly

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

**AGREED:**

Signed this 4th day of October 2023.

Signed this \_\_\_\_ day of October 2023


  
\_\_\_\_\_  
WALGREENS PHARMACY #04755  
Pharmacy License No. PH01383,

\_\_\_\_\_  
MONA MATAR, RPH  
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT  
this \_\_\_\_ day of October 2023.

APPROVED AS TO FORM AND CONTENT  
this 6<sup>th</sup> day of October 2023.

\_\_\_\_\_  
WILLIAM STILLING, ESQ.  
Stilling & Harrison, PLLC  
Counsel for Respondents

  
\_\_\_\_\_  
GREGORY L. ZUNINO, ESQ.  
Senior General Counsel  
Nevada State Board of Pharmacy

scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

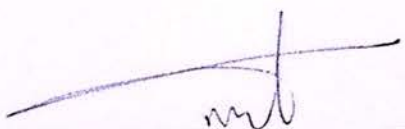
15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

**AGREED:**

Signed this \_\_\_\_ day of October 2023.

Signed this 5 day of October 2023

\_\_\_\_\_  
**WALGREENS PHARMACY #04755**  
Pharmacy License No. PH01383,

  
\_\_\_\_\_  
**MONA MATAR, RPH**  
Certificate of Registration No. 20104

**APPROVED AS TO FORM AND CONTENT**  
this \_\_\_\_ day of October 2023.

**APPROVED AS TO FORM AND CONTENT**  
this \_\_\_\_ day of October 2023.

\_\_\_\_\_  
**WILLIAM STILLING, ESQ.**  
Stilling & Harrison, PLLC  
Counsel for Respondents

\_\_\_\_\_  
**GREGORY L. ZUNINO, ESQ.**  
Senior General Counsel  
Nevada State Board of Pharmacy



scheduled Board meeting in Las Vegas. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent Walgreens agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

**AGREED:**

Signed this \_\_\_\_ day of October 2023.

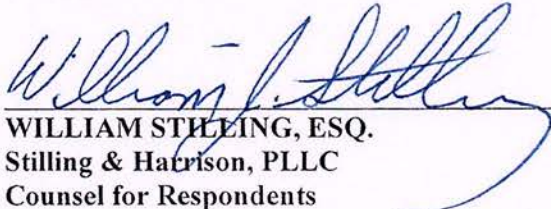
Signed this \_\_\_\_ day of October 2023

\_\_\_\_\_  
WALGREENS PHARMACY #04755  
Pharmacy License No. PH01383,

\_\_\_\_\_  
MONA MATAR, RPH  
Certificate of Registration No. 20104

APPROVED AS TO FORM AND CONTENT  
this 6<sup>th</sup> day of October 2023.

APPROVED AS TO FORM AND CONTENT  
this \_\_\_\_ day of October 2023.

  
\_\_\_\_\_  
WILLIAM STILLING, ESQ.  
Stilling & Harrison, PLLC  
Counsel for Respondents

\_\_\_\_\_  
GREGORY L. ZUNINO, ESQ.  
Senior General Counsel  
Nevada State Board of Pharmacy

**DECISION AND ORDER**

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Walgreens Pharmacy #04755, Pharmacy License No. PH01383 in Case No. 22-370-PH-S and Mona Matar, RPh., Certificate of Registration No, 20104 in Case No. 22-370-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective immediately upon execution below.

**IT IS SO ORDERED.**

Entered this \_\_\_\_ day of October 2023.

\_\_\_\_\_  
Helen Park, Pharm.D.  
President  
Nevada State Board of Pharmacy



# EXHIBIT 1

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT



Justine Stanevich  
[REDACTED] Mandalay Springs Drive,  
Apt [REDACTED]  
Las Vegas, NV 89120  
20-135-PT-S. Order to Show Cause  
22-041-PT-S. NIAA

9171 9690 0935 0279 1494 76



851 N7E 1 123C0108/16/23

RETURN TO SENDER

STANEVICH, JUSTINE

6865 TAMARUS ST UNIT 203

LAS VEGAS NV 89119-0389

RETURN TO SENDER



neopost<sup>®</sup>  
08/10/2023  
US POST



Justine Stanevich  
[REDACTED] Mandalay Springs Drive,  
Apt [REDACTED]  
Las Vegas, NV 89120

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9171969009350279149476

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Feedback

Latest Update

Your item was delivered to an individual at the address at 2:47 pm on September 11, 2023 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered  
Delivered, Left with Individual  
RENO, NV 89521  
September 11, 2023, 2:47 pm

In Transit to Next Facility  
August 29, 2023

Departed USPS Regional Facility  
LAS VEGAS NV DISTRIBUTION CENTER  
August 25, 2023, 11:35 pm

Arrived at USPS Regional Facility  
LAS VEGAS NV DISTRIBUTION CENTER  
August 25, 2023, 12:10 am

Departed USPS Facility  
ALBUQUERQUE, NM 87101  
August 23, 2023, 7:40 am

Arrived at USPS Facility  
ALBUQUERQUE, NM 87101  
August 23, 2023, 3:07 am

- Departed USPS Regional Facility  
PHOENIX AZ DISTRIBUTION  
CENTER ANNEX  
August 18, 2023, 10:57 am
- Arrived at USPS Regional Facility  
PHOENIX AZ DISTRIBUTION  
CENTER ANNEX  
August 16, 2023, 6:00 pm
- Forwarded  
LAS VEGAS, NV  
August 12, 2023, 8:18 am
- Departed USPS Regional Facility  
LAS VEGAS NV DISTRIBUTION  
CENTER  
August 11, 2023, 8:58 pm
- Arrived at USPS Regional Facility  
LAS VEGAS NV DISTRIBUTION  
CENTER  
August 11, 2023, 4:15 pm
- Accepted at USPS Origin Facility  
RENO, NV 89521  
August 11, 2023, 3:00 pm
- Pre-Shipment Info Sent to USPS,  
USPS Awaiting Item  
August 10, 2023
- [Hide Tracking History](#)

[What Do USPS Tracking Statuses Mean?](#)

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- Resources for Developers

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- Access bility Statement

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# EXHIBIT 2

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: [bop.nv.gov](http://bop.nv.gov)

September 12, 2023

Justine Stanevich

██████ Mandalay Springs Drive Apt ██████  
Las Vegas, NV 89120

Re: Justine Stanevich and Case No. 20-135-PT-S

Dear Justine Stanevich

The hearing for case number **20-135-PT-S** has been scheduled for Wednesday, 10/11/2023 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Mangosing".

Kristopher Mangosing  
Assistant Board Coordinator

9171 9690 0935 0279 6473 30



# NEVADA STATE BOARD OF PHARMACY

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September 12, 2023

Justine Stanevich

██████ Mandalay Springs Drive Ap ██████  
Las Vegas, NV 89120

Re: Justine Stanevich and Case No. 22-041-PT-S

Dear Justine Stanevich

The hearing for case number **22-041-PT-S** has been scheduled for Wednesday, 10/11/2023 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Mangosing".

Kristopher Mangosing  
Assistant Board Coordinator

9171 9690 0935 0279 6473 23

# EXHIBIT 3

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT



## Dena M. McClish

**From:** Prievo, Holly <holly.prieho@walgreens.com>  
**Sent:** Friday, September 2, 2022 1:09 PM  
**To:** Dena M. McClish  
**Cc:** Bernard, Krystal  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Dena-

According to this fill history for the albuterol the prescription started with a new prescription and eleven refills with RX# 2781542 at store 5311.

It was transferred and refilled under Rx# 2082922 at store 5862 until was transferred again and assigned RX# 1831336 at store 5479.

For some reason it was assigned a new date of 11/20/22 for RX# 1831336-5479 for the remaining refills.

So when it was transferred to store 7841 and assigned number 2385153 it was not expired.

Therefore, it had no exceptions or annotations when Dan Chiti refilled it.

For all intents and purposes 2385153-7841 was a clean refill.

The only difference was the manufacturer change which was a different gram weight.

Krystal is researching what happened when the prescription was transferred to store 5479 on 11/20/22 and assigned a new date.

The record shows that the prescription transferred over but it was not filled until 2/2/21

Store 5479 is the pharmacy that Ms. Stanevich worked at prior to transferring to store 7841 in Southern Highlands.

Thanks

Holly

Pharmacy_State	Prescription_Number	Written_Date	Filled_Date	Filled_Time	Sold_Date
NV	2781542	3/31/2020	4/1/2020	10:22:38	4/1/2020
NV	2082911	3/31/2020	6/4/2020	17:36:10	6/4/2020
NV	2082911	3/31/2020	6/18/2020	17:24:12	6/24/2020
NV	2082911	3/31/2020	7/8/2020	12:35:29	7/13/2020
NV	2082911	3/31/2020	8/8/2020	12:07:18	8/10/2020
NV	1831336	11/20/2020	2/2/2021	18:13:04	2/2/2021
NV	2385153	11/20/2020	8/16/2021	10:17:42	8/18/2021

**From:** Dena M. McClish <dmcclish@pharmacy.nv.gov>  
**Sent:** Monday, August 29, 2022 1:20 PM  
**To:** Prieho, Holly <holly.prieho@walgreens.com>  
**Cc:** Bernard, Krystal <krystal.bernard@walgreens.com>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Holly I'm sorry to be a pain on this but you know I need to be thorough- on the 2<sup>nd</sup> prescription that was filled after one year, Krystal reported the below"

" The second rx# that was called into question was 2385153-07841. Pharmacy Manager Dan Chiti spoke with Valerie at provider's office and she confirmed that these were not approved refills that came from the office. We have reversed and refunded the claims for both script numbers. "

The data entry on this script shows to have been done by RPh Chiti--- was there an exception resolved with this one as well? Was Justine involved in this one, or is this a mistake by RPh Chiti and his sole responsibility?

**From:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Sent:** Tuesday, August 23, 2022 5:57 PM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Ms. Stanevich had her employment from Walgreens terminated on 06/13/22.

Thanks  
Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Sent:** Tuesday, August 23, 2022 2:32 PM  
**To:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Its possible—hopefully at this point Ms. Stanevich will simply give up; but if needed would Krystal be ok with that?

**From:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Sent:** Tuesday, August 23, 2022 2:26 PM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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We will likely need to have Krystal appear since she has been deeply involved in the investigation.

Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Sent:** Tuesday, August 23, 2022 2:25 PM  
**To:** Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Thank you—yes please advise the termination date... if needed, would you and/or Krystal be able to testify to what's listed below as its not clear in the documentation?

Dena

**From:** Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>  
**Sent:** Tuesday, August 23, 2022 2:06 PM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Hi Dena-

Please let me know if you need anything else like the employment termination date for this technician.

Thanks  
Holly

**From:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>  
**Sent:** Thursday, August 18, 2022 10:32 AM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>; Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

Good Morning,

The 3 prescription fills for rx# 2498610-7841 filled in the first 3 months of 2022 were the result of refills being added. There is a Call MD exception on 1/5/2022 at 0:22:52 in the data (which is 10:22:52pm on 1/4/2022 local time). The data shows the Call MD exception was resolved 74 seconds later, with the 3 refills added to the prescription. Team member Vanessa Calderon was signed onto Intercom Plus when the refills were added. TM Calderon had already finished her shift and was gone for the day when the exception was resolved. It was determined that Justine was the only technician to have access to resolve the exception on that day. The second rx# that was called into question was 2385153-07841. Pharmacy Manager Dan Chiti spoke with Valerie at provider's office and she confirmed that these were not approved refills that came from the office. We have reversed and refunded the claims for both script numbers.

Thank you,



Krystal Bernard

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Sent:** Wednesday, August 17, 2022 2:32 PM  
**To:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Cc:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Good afternoon—just following up on this one? I'd love to get this wrapped up so we can get her into hearing as I'm sure she'll just go somewhere else to work again.

Thank you  
Dena

**From:** Dena M. McClish  
**Sent:** Monday, July 18, 2022 8:46 AM  
**To:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Cc:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

Thank you-- She is on probation with us so any violations can result in suspension/revocation of her license which means I need solid facts to present to the Board.

Can we please have a conversation on the substantiated violations or can I please get a copy of the full report. With the documents I've been given I can clearly see she was involved in data entry of 3 of her father's prescriptions but **I'm not seeing where unauthorized refills were added by her or what exception she resolved:**

1869680-1 -5479 This script looks to be an e-script sent on 12/07/20. Justine performed data entry on 4/13/21 and it was filled on 4/14/21, sold on 4/20/21. This appears to be the first fill of what seems to be a legitimate prescription.

1741967-2-5479 This script originates from e-script #2781543-5311 sent on 3/31/20 (with 11 refills). Justine did data entry on the transfer to 5479 on 8/14/20. It seems there were 7 refills left at that time.

1831330-11-5479. This one also originates from #2781543-5311 on 3/31/20 and would be the 11<sup>th</sup> fill of such. Justine did data entry on 2/2/21 (and for whatever reason it changed prescription numbers from 1741967 to 1831330.

Please explain and if possible, provide supporting documentation that shows what exception she resolved to create unauthorized refills.

Thank you,

Dena M McClish, Investigator

Nevada State Board of Pharmacy  
1140 N Town Center Dr Ste 300  
Las Vegas, NV, 89144



Office: 702.486.6420 ext 154

Cell: 702.494.8672

Fax: 702.486.7903

E-mail: [dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)

Web Page: [www.bop.nv.gov](http://www.bop.nv.gov)

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**From:** Prievo, Holly <[holly.prievowalgreens.com](mailto:holly.prievowalgreens.com)>  
**Sent:** Wednesday, July 13, 2022 11:47 AM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Subject:** FW: NV Board of Pharmacy case no. 22-041

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Hi Dena-

This is the information that Asset Protection Manager Krystal Bernard has provided as part of this case.

Thanks  
Holly

**From:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>  
**Sent:** Wednesday, July 13, 2022 10:47 AM  
**To:** Prievo, Holly <[holly.prievowalgreens.com](mailto:holly.prievowalgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

Good Morning,

I had a meeting on June 13<sup>th</sup> with ER and Compliance regarding this case with PHT Justine Stanevich. ER's guidance was to terminate. The Employee Relations Specialist reached out to John on June 13<sup>th</sup> with the following information:



"Recommend termination based on billing fraud that occurred by way of PHT approving a refill that wasn't authorized by the prescriber, the fact that PHT approved it which is outside the scope of a technician's license, and lastly the violation of our Conduct Policy by way of her dishonesty in the AP interview because PHT said she hasn't been involved in the lifecycle of her father's scripts, but we were able to pull data to show for PHT's involvement in it." PHT Stanevich was terminated on June 13<sup>th</sup>.

It was substantiated that Stanevich has regularly been a part of her father's prescription life cycle and resolved an exception to add 3 unauthorized refills to a prescription for her father. The outcomes for all allegations are as follows:

Alleged to have disclosed personal health thus violating HIPAA by disclosing prescription information to persons outside of the pharmacy-**unsubstantiated**

Alleged to have forged a prescriber's authorizations for breathing related prescriptions for her father, **-substantiated**

Alleged that she has exchanged falsified COVID test and COVID vaccination cards to friends and family-**unsubstantiated**

Alleged to have provided false positive COVID tests for parties so they may miss work-**unsubstantiated**

Alleged that PHT Stanevich has provided falsified COVID vaccination cards (by wasting the vaccine instead of actually administering it) to various parties-**unsubstantiated**

Please let me know if you have any questions or need more information.

Thank you

Krystal

**From:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>

**Sent:** Wednesday, July 13, 2022 8:25 AM

**To:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>

**Subject:** FW: NV Board of Pharmacy case no. 22-041

Hi Krystal-

Do you have facts from the case that can be provided?

Thanks

Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>

**Sent:** Wednesday, July 13, 2022 8:00 AM

**To:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Good morning Holly, just checking in on this one-- the below inquiry plus the ongoing internal investigation into Ms. Stanevich—has that been completed, and if so, what were the results?

Respectfully,

Dena McClish

**From:** Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>  
**Sent:** Wednesday, June 8, 2022 5:12 PM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Cc:** Leo D. Basch <[lbach@pharmacy.nv.gov](mailto:lbach@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

Hi Dena-

I am sending your inquiry to Pharmacy Affairs to see if they can pull together a spreadsheet/timeline with users for these prescriptions.

Thanks  
Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Sent:** Wednesday, June 08, 2022 2:46 PM  
**To:** Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>  
**Cc:** Leo D. Basch <[lbach@pharmacy.nv.gov](mailto:lbach@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Thank you Holly, it doesn't look like Ms. Stanevich was involved in the refills after 1 year so my question in that regard is more of a how/why? For example, the Albuterol script #2385153-4 -7841 was filled on 8/16/21..(data entry and filling/verification done by PIC Chiti) when you go back through, this script was created from another script #1831336-5479 (which now shows written on 11/20/20); well that one was created from #2082911-58692; and of course that one was created from the original e-script under #2781542-5311. The originating script was written on 3/31/20 with 11 refills.

It looks like a total of 7 fills were done but obviously the last one on 8/8/21 was a little over 4 mos past 1 year of the original script. How would pharmacy personnel possibly know that they were now past the 1 year point? When #1831336-5479 was created, somehow the written date changed to 11/20/20 from the original written date of 3/31/20. Why did that happen?

This same thing appears to have happened with the Breo scripts:

Original e-script written on 12/7/20 under #1869680-5479. Its filled a few times at 5479 then gets transferred to 3843 under Rx #2272237 where it gets filled 1 time. Then it gets transferred to 7841 under Rx #2385097. Its still showing the original written date of 12/7/20 and gets filled under the #2385097 a total of 4 times. Then, for some unknown reason a new Rx number is created and we now have Rx #2498610-7841 with a new written date of 1/5/22 yet it shows it was transferred/copied from Rx #2385097.

This new Rx #2498610 shows entry by V Calderon at 7841 but then all the data review, filling and product review steps were done elsewhere. This script was filled 3 times under this Rx # and all 3 were past the 1 yr expiration of the original script but since the written date changes, how would the pharmacist know?

**Why, when a new script number is generated stemming from a transfer or copy of an old script is a new written date issued? This was done on some but not others so there doesn't seem to be much consistency here—is this a system issue or did the person performing data entry change it? If the data entry person changed it, would the pharmacist performing the verification of data entry have a way to verify the original written date?** Essentially, what I am asking is who am I going to hold accountable for these mistakes?



In regards to the Stanevich specific investigation, I will wait until the conclusion of your internal investigation and look forward to the report. You can clearly see that Ms. Stanevich performed data entry on her father's script #1869680-1-5479; 1741967-2-5479; and 1831330-11-5479. What you guys do with that is of course entirely up to you but with the ongoing and seemingly never ending family conflicts I would strongly suggest Ms. Stanevich be prohibited from doing absolutely anything with any family members scripts or profiles.

**From:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Sent:** Wednesday, June 8, 2022 1:49 PM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Hi Dena-

According to APM Krystal Bernard the investigation is ongoing.  
Ms. Stanevich did not admit to adding refills.  
She denied being a part of the life cycle of her father's prescriptions.  
A different technician was signed on at the time the refills were authorized.  
Since there is no video, additional interviews are being required as part of the investigation.  
I will no more once I get the report.

Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Sent:** Tuesday, June 07, 2022 12:04 PM  
**To:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Thank you Holly, is she being disciplined for the entries on her father's scripts?

**From:** Prievo, Holly <[holly.prievo@walgreens.com](mailto:holly.prievo@walgreens.com)>  
**Sent:** Tuesday, June 7, 2022 11:18 AM  
**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>  
**Cc:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Hi Dena –

**Yes we do have a clause in our "Dispensing Prescription Products Policy".**

*Walgreens Team Members are prohibited from accessing their own profile or those of their family members. They are also prohibited from scanning, entering, reviewing, filling, verifying, or selling their own prescription products or those of their family members.*

*a. The only exception to the above is if no other pharmacist is available and a Walgreens Team Member determines, based on their professional and clinical judgement, that an emergency exception is warranted. The Walgreens Team Member may assist the family member accordingly and must notify his or her District Manager in writing immediately after the family member is serviced to inform them of the situation.*

Please let me know if you need a full copy of the policy it is written in as it is several pages long.

Thanks

Holly

**From:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>

**Sent:** Monday, June 06, 2022 1:18 PM

**To:** Prieto, Holly <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Holly, I also see that Justine Stanevich performed data entry for a few of her father's prescriptions-- although the only issue I've found with the scripts seems to be refills done after 1 year, does Walgreens have anything in it's policies that allows or disallows employees to fill/touch, or otherwise be involved in friends or relatives prescriptions?

Thank you

Dena

**From:** Dena M. McClish

**Sent:** Monday, June 6, 2022 12:28 PM

**To:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>; Holly Prieto @ Walgreens <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

Good afternoon Ms. Bernard and Ms. Prieto, I'm wrapping up my side of things on this investigation and want to clarify a few things. Part of the allegations were that Ms. Stanevich was accessing relatives prescription info and possibly telling others about it. Does Walgreens' system track access to patient profiles?

For example, another complainant, P [REDACTED] S [REDACTED] DOB [REDACTED] stated that she believes Ms. Stanevich accessed her and her sons' COVID test results. Would there be a way in Walgreens' system to see if Ms. Stanevich has looked at her or her sons' results?

Thank you

Dena M McClish, Investigator

Nevada State Board of Pharmacy  
1140 N Town Center Dr Ste 300  
Las Vegas, NV, 89144



Office: 702.486.6420 ext 154

Cell: 702.494.8672

Fax: 702.486.7903

E-mail: [dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)

Web Page: [www.bop.nv.gov](http://www.bop.nv.gov)

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**From:** Dena M. McClish

**Sent:** Monday, May 16, 2022 11:35 AM

**To:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

Thank you Krystal I will need a brief report as to all aspects of your investigation (i.e. did you review video, did you contact the prescribers, if so did the prescribers validate the scripts or deny writing them? Did you interview co-workers, etc)

I have held off on my investigation to let you guys do your internal investigation but with this information would need to get my side of things going-- so I would need to know what you have done so I don't duplicate efforts if that makes sense. I'm confident you guys have done a thorough job but my boss would want detailed information as to what your internal investigation entailed.

Thank you



Dena M McClish, Investigator

Nevada State Board of Pharmacy  
1140 N Town Center Dr Ste 300  
Las Vegas, NV, 89144



Office: 702.486.6420 ext 154

Cell: 702.494.8672

Fax: 702.486.7903

E-mail: [dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)

Web Page: [www.bop.nv.gov](http://www.bop.nv.gov)

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**This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.**

**From:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>

**Sent:** Monday, May 16, 2022 11:24 AM

**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>

**Subject:** NV Board of Pharmacy case no. 22-041

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Dena,

Attached is the statement from PHT Justine Stanevich. RPh Chiti's statement is in review and will be passed along as soon as approved by legal. We have not closed our internal investigation, but at this time none of the allegations have been substantiated. I will inform you if that changes. Please let me know if there's anything else you need from me.

Thank you,

**Krystal Bernard, CPhT**  
**Manager, Asset Protection Solutions**  
**Walgreen Co.**

5888 W. Sunset Rd. Ste. 200, Las Vegas, NV 89118

Telephone 702-889-0602 | Mobile 702-301-8279

**Member of Walgreens Boots Alliance**

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## Dena M. McClish

---

**From:** Prieto, Holly <holly.prieto@walgreens.com>  
**Sent:** Tuesday, June 7, 2022 11:18 AM  
**To:** Dena M. McClish  
**Cc:** Bernard, Krystal  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Dena –

**Yes we do have a clause in our “Dispensing Prescription Products Policy”.**

*Walgreens Team Members are prohibited from accessing their own profile or those of their family members. They are also prohibited from scanning, entering, reviewing, filling, verifying, or selling their own prescription products or those of their family members.*

*a. The only exception to the above is if no other pharmacist is available and a Walgreens Team Member determines, based on their professional and clinical judgement, that an emergency exception is warranted. The Walgreens Team Member may assist the family member accordingly and must notify his or her District Manager in writing immediately after the family member is serviced to inform them of the situation.*

Please let me know if you need a full copy of the policy it is written in as it is several pages long.

Thanks

Holly

**From:** Dena M. McClish <dmcclish@pharmacy.nv.gov>  
**Sent:** Monday, June 06, 2022 1:18 PM  
**To:** Prieto, Holly <holly.prieto@walgreens.com>  
**Subject:** RE: NV Board of Pharmacy case no. 22-041

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Holly, I also see that Justine Stanevich performed data entry for a few of her father's prescriptions-- although the only issue I've found with the scripts seems to be refills done after 1 year, does Walgreens have anything in it's policies that allows or disallows employees to fill/touch, or otherwise be involved in friends or relatives prescriptions?



Thank you

Dena

**From:** Dena M. McClish

**Sent:** Monday, June 6, 2022 12:28 PM

**To:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>; Holly Prieto @ Walgreens <[holly.prieto@walgreens.com](mailto:holly.prieto@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

Good afternoon Ms. Bernard and Ms. Prieto, I'm wrapping up my side of things on this investigation and want to clarify a few things. Part of the allegations were that Ms. Stanevich was accessing relatives prescription info and possibly telling others about it. Does Walgreens' system track access to patient profiles?

For example, another complainant, P [REDACTED] S [REDACTED] DOB [REDACTED] stated that she believes Ms. Stanevich accessed her and her sons' COVID test results. Would there be a way in Walgreens' system to see if Ms. Stanevich has looked at her or her sons' results?

Thank you

Dena M McClish, Investigator

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**From:** Dena M. McClish

**Sent:** Monday, May 16, 2022 11:35 AM

**To:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>

**Subject:** RE: NV Board of Pharmacy case no. 22-041

Thank you Krystal I will need a brief report as to all aspects of your investigation (i.e. did you review video, did you contact the prescribers, if so did the prescribers validate the scripts or deny writing them? Did you interview co-workers, etc)

I have held off on my investigation to let you guys do your internal investigation but with this information would need to get my side of things going-- so I would need to know what you have done so I don't duplicate efforts if that makes sense. I'm confident you guys have done a thorough job but my boss would want detailed information as to what your internal investigation entailed.

Thank you

Dena M McClish, Investigator

Nevada State Board of Pharmacy  
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**From:** Bernard, Krystal <[krystal.bernard@walgreens.com](mailto:krystal.bernard@walgreens.com)>

**Sent:** Monday, May 16, 2022 11:24 AM

**To:** Dena M. McClish <[dmcclish@pharmacy.nv.gov](mailto:dmcclish@pharmacy.nv.gov)>

**Subject:** NV Board of Pharmacy case no. 22-041

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Hello Dena,

Attached is the statement from PHT Justine Stanevich. RPh Chiti's statement is in review and will be passed along as soon as approved by legal. We have not closed our internal investigation, but at this time none of the allegations have been substantiated. I will inform you if that changes. Please let me know if there's anything else you need from me.

Thank you,

Krystal Bernard, CPhT



**Manager, Asset Protection Solutions**

**Walgreen Co.**

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# EXHIBIT 4

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT



## VOLUNTARY STATEMENT

I, Justine Stanevich, make the following voluntary statement to (APM) Krystal Bernard, who had identified himself to me as an Asset Protection Manager of the Walgreens Family of Companies. No promises have been made, nor have I been threatened or mistreated by Krystal Bernard or anyone else into giving this voluntary statement.

I am currently a (position code) pharmacy tech, at Store # 7841, (address) 10510 Southern Highlands Pkwy LVNV 8141

I have worked for the Walgreens Family of Companies since: April 2020

I have never disclosed my cousin Amara Melton's prescription information. I did mention to her mother Carolyn Kosteew Eyrly that I had seen her at my job but never told her or anyone whether it was pharmacy or anything about her prescriptions. I have never falsified covid test results. I have never provided false covid vaccination documents. I have never forged prescriptions for my father or anyone else. I have added him to programs such as auto refills, sweatrip, but do not type or physically fill his meds. These claims are harassment from my mother Michele Kosteew Stanevich Cohen. She has made claims to welfare that I lived in FL to get my medicaid canceled, sent threatening messages notifying me she was going to make claims with my job.

This is a true and accurate statement of the facts:

Signature Justine Stanevich Date 5/3/22 Time 1:11pm

APM [Signature] Date 5/3/22 Time 1:12pm

Witness [Signature] Date 5/3/22 Time 1:12pm



## VOLUNTARY STATEMENT

I, \_\_\_\_\_, make the following voluntary statement to (APM) Krystal Bernard, who had identified himself to me as an Asset Protection Manager of the Walgreens Family of Companies. No promises have been made, nor have I been threatened or mistreated by Krystal Bernard or anyone else into giving this voluntary statement.

I am currently a (position code) \_\_\_\_\_, at Store # \_\_\_\_\_, (address) \_\_\_\_\_

I have worked for the Walgreens Family of Companies since: and the BOP she  
recently opened up a false claim with adult  
Social service regarding my elderly father.  
She is doing anything she can to make me  
lose any and everything in my personal life.  
I did make my pharmacy manager Dan Chiti  
and Store Manager Rich Koontz aware  
that potential threats were possible when  
I first recieved the texts/<sup>Facebook</sup>email.  
My mother  
is aware of my previous case with BOP regarding  
Dr. [REDACTED] [REDACTED].  
When she recieved information  
about my court date March 2 2022 that's  
when the harrasment increased.

This is a true and accurate statement of the facts:

Signature [Signature] Date 5/3/22 Time 1:11pm

APM [Signature] Date 5/3/22 Time 1:12pm

Witness [Signature] Date 5/3/22 Time 1:12pm

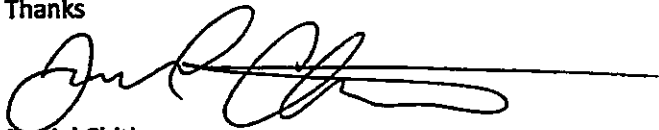
5/16/2022

To Whom It May Concern:

I have recently been made aware of some allegations made against my technician Justine Stanevich. I will say, I have not witnessed any activity from her that corresponds to the allegations of 1) HIPPA Violation 2) falsifying COVID test results 3) falsifying COVID vaccine records 4) falsifying prescription authorizations. When investigating the prescription authorizations for her father, John Stanevich, I contacted the prescriber's office and the staff could not verify the authorization of two of the prescriptions. These prescriptions were rx# 2385153-07841 and rx# 2498610-07841.

Please let me know if I can be of any further assistance.

Thanks

A handwritten signature in black ink, appearing to read 'Daniel Chiti', with a long horizontal line extending to the right.

Daniel Chiti

Pharmacy Manager

Walgreens #7841

License #17640



# EXHIBIT 5

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT

Prescription_Num	Pharmacy_Address	Description_Num	Written_Date	Sold_Date	Drug_Name	Quantity	Dispensed	Supplier	Subscriber_Last	Subscriber_First	Subscriber_Middle	Subscriber_Next	Subscriber_Patient_Last	Subscriber_Patient_First	Subscriber_Patient_Middle	Subscriber_Patient_Next	Subscriber_Patient_Birth_Day
5311	1180 E FLAMINGO RD	2781543	3/31/2020	4/1/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5311	1180 E FLAMINGO RD	2781542	3/31/2020	4/1/2020	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5311	1180 E FLAMINGO RD	2781543	3/31/2020	4/28/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082911	3/31/2020	6/4/2020	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082912	3/31/2020	6/4/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082911	3/31/2020	6/24/2020	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082912	3/31/2020	7/6/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082911	3/31/2020	7/13/2020	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5862	401 N ARROYO GRANDE BLVD	2082911	3/31/2020	8/10/2020	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	8/14/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	9/11/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	10/9/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	11/12/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	12/11/2020	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1741967	3/31/2020	1/7/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1831330	3/31/2020	2/2/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1831336	11/20/2020	2/2/2021	ALBUTEROL HFA INH (200 PUFFS) 8.5GM	8.5	16	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1831330	3/31/2020	3/16/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	HOLMAN	SHANA	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1869680	12/7/2020	4/20/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
5479	385 E SILVERADO RANCH BLVD	1869680	12/7/2020	6/8/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
3843	2995 E FLAMINGO	2272237	12/7/2020	7/11/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2385153	11/20/2020	8/18/2021	ALBUTEROL HFA INH (200 PUFFS) 6.7GM	6.7	16	HOLMAN	SHANA	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2385097	12/7/2020	8/18/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2385097	12/7/2020	9/23/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2385097	12/7/2020	10/26/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2385097	12/7/2020	11/26/2021	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2498610	1/5/2022	1/11/2022	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2498610	1/5/2022	2/9/2022	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				
7841	10510 SOUTHERN HIGHLANDS PKWY	2498610	1/5/2022	3/15/2022	BREO ELLIPTA 200-25MCG ORAL INH(30)	60	30	SIMPSON	ADRIENNE	JO			ST				

# EXHIBIT 6

Case No. 22-041-PT-S

JUSTINE STANEVICH, PT



# Audit / Board of Pharmacy Inspection Report

Rx #: 2781542-3

Store #: 5311

Sold Date: 04/01/2020

## Prescription Image Side 1

03/31/2020		eRx
Patient		
J [REDACTED] S [REDACTED]	Ph: [REDACTED]	
Gender: M		
[REDACTED] RAMROD AVE HENDERSON, NV, 89014		
Prescriber		
SHANA HOLMAN PA-C		F: 702-270-0934 Ph: 702-877-5199
7150 S Durango Dr Las Vegas, NV, 89113		
Supervising Pbr: CASSANDA DAVIS MD		
NPI: 1881745081 DEA:MH1525659		Supervising Pbr NPI: 1033171715 DEA:BD9593725
Rx		
Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution		
INHALE 1-2 PUFFS EVERY 4-6 HOURS AS NEEDED AND AS DIRECTED.		
#8.5 Gram(s)	30 days supply	
Refills: 11		
Diagnosis 1: Description not available. Tra +		
Substitution Allowed		
Page 1 of 3		

## Prescription Image Side 2

eRx Sent to Store: 5311 NCPDP ID: 2979384	Sent Time: 03/31/20 12:41:48 CST
1180 E FLAMINGO RD LAS VEGAS, NV 891193449	
Message ID: 814720120043932972	
Prescriber Order Number: 1814806237	
Page 2 of 3	

## Prescription Image Side 3

### Additional Prescriber Info

State License: PA1018

Clinic Name: SCC-SMA Convenient Care - Durango

Supervising Prescriber

7150 S Durango Dr  
Las Vegas, NV, 89113

Ph: 702-877-5199 F: 702-270-0934

### Additional Prescription Info

Diagnosis 1: Description not available. Tra+ ICD10:J449

Page 3 of 3





# Audit / Board of Pharmacy Inspection Report

Rx #: 2781542-3

Store #: 5311

Sold Date: 04/01/2020

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J. S.

Address:

MANDALAY SPRINGS DR UNIT  
LAS VEGAS, NV. 89120-5239

Date of Birth:

Allergies/Health Conditions: Chronic Bronchitis, Benign  
Prostatic Hypertrophy, Pain Or Migraine, Hypertension, Obstructive  
Pulmonary Dis

### Drug

Drug: ALBUTEROL HFA INH (200 PUFFS)8.5GM

MFG: PERRIGO

NDC: 45802-0088-01

Generic for:

Drug Class: RX

Directions: INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.5 Days Supply: 16

Original Date: 03/31/2020 00:00

Refills remaining when entered: 11

### Prescriber

Name: SHANA HOLMAN

DEA #: MH1525659

Address:

7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanning overridden.

Entered by J. A. MARRERO on 04/01/2020 09:50:38 at 5311

Pat/Phr rev by R. RASHID on 04/01/2020 09:51:00 at 2445

Data Prod rev by R. RASHID on 04/01/2020 09:51:00 at 2445

Filled by J. A. MARRERO on 04/01/2020 09:55:31 at 5311

Prod rev by Y. JEONG on 04/01/2020 10:22:38

Sold Date: 04/01/2020 12:30:29

RPH of Record: Y. JEONG

### Consultation

Consultation Required:Y

Consultation Type:SYSTEM GENERATED

#### Initiating

Comments: 04/01/20; 10:50 AM;In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

#### Resolution

RPh: Y.JEONG on 04/01/20; 01:26 PM at store#5311

Comments: 04/01/20; 01:26 PM;YJJ;Patient Declined:

### DUR

DUR Type: TP TD-THERAPEUTIC DUPL

DUR Description: INHALED BETA-2 AGONISTS, SHORT

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.ADECK on 2020-04-01

09:51:03 at 2445

DUR Comment:

DUR Type: TP TD-THERAPEUTIC DUPL

DUR Description: BETA-ADRENERGIC AGENTS

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.ADECK on 2020-04-01

09:51:03 at 2445

DUR Comment:



## Audit / Board of Pharmacy Inspection Report

Rx #: 2082911-2

Store #: 5862

Sold Date: 06/04/2020

### Prescription Image Side 1

Orig. Date: 03/31/2020

J. S. [REDACTED]  
[REDACTED] RAMROD AVE APT [REDACTED]  
HENDERSON, NV 890142380

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

ALBUTEROL HFA INH (200 PUFFS) 8.5GM  
INHALE 1 TO 2 PUFFS BY MOUTH EVERY 4 TO 6 HOU  
RS AS NEEDED AS DIRECTED

Qty: 8.500 Orig. Refills: 9  
Substitution Allowed  
Drug Class: RX

SHANA HOLMAN, PBR  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

CREATED WITH DATA FROM INTERCOM PLUS

### Prescription Image Side 2

Rx transferred from Rx# 2781542-5311 on 06/04  
/2020; RPh Ints: RMT; DEA #: BW7042461. 1180  
E FLAMINGO RD, LAS VEGAS, NV; ALBUTEROL HFA I  
NH (200 PUFFS) 8.5GM; Orig Qty:8.5; Orig Rem  
Qty:76.5; INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UT  
D

#### ORIGINAL Rx INFORMATION

-----  
ALBUTEROL HFA INH (200 PUFFS) 8.5GM  
INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.500 Orig. Refills: 9  
Substitution Allowed  
Drug Class: RX

SHANA HOLMAN  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 2082911-2

Store #: 5862

Sold Date: 06/04/2020

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: ALBUTEROL HFA INH (200 PUF

MFG: PERRIGO

NDC: 45802-0088-01

Generic for:

Drug Class: RX

Directions: INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.5 Days Supply: 16

Original Date: 03/31/2020 00:00

Refills remaining when entered: 9

### Prescriber

Name: SHANA HOLMAN

DEA #: MH1525659

Address:

7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanning overridden.

Entered by C. B. BERLIEN on 06/04/2020 17:22:07 at 5862

Pat/Pbr rev by R. RASHID on 04/01/2020 09:51:00 at 2445

Data Prod rev by R. RASHID on 04/01/2020 09:51:00 at 2445

Filled by C. B. BERLIEN on 06/04/2020 17:34:59 at 5862

Prod rev by S. KAZEMEYNI-MONFARED on 06/04/2020  
17:36:10 at 5862

Sold Date: 06/04/2020 17:37:48

RPH of Record: J. L. JOHNSON

### Consultation

Consultation Required: Y

Consultation Type: SYSTEM GENERATED

Initiating

Comments: 06/04/20; 06:22 PM; In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

Resolution

RPh: S.KAZEMEYNI-MONFARED on 06/04/20; 06:37 PM  
at store#5862

Comments: 06/04/20; 06:37 PM; SKM; Consultation  
Completed:

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: HYPERTENSION INDICATES USING  
CAUTION WITH ALBUTEROL HFA INH (200 PUFFS)  
8.5GM

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by A.PRUITT on 06/04/2020  
17:22:20 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 1

ALBUTEROL HFA INH (200 PUFFS) 8.5GM, ALBUTEROL  
HFA INH (200 PUFFS) 8.5GM AND IPRATROPI/ALB  
0.5/3MG INH SL 60X3ML ARE MEMBERS OF THE  
INHALED BETA-2 AGONISTS, SHORT-ACTING CLASS  
AND MAY REPRESENT DUPLICATE THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by A.PRUITT on 06/04/2020  
17:22:20 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 0

ALBUTEROL HFA INH (200 PUFFS) 8.5GM AND  
ALBUTEROL HFA INH (200 PUFFS) 8.5GM ARE  
MEMBERS OF THE SHORT ACTING INHALED BETA-2  
AGONISTS, MDI CLASS AND MAY REPRESENT  
DUPLICATE THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by A.PRUITT on 06/04/2020  
17:22:20 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 2

ALBUTEROL HFA INH (200 PUFFS) 8.5GM, ALBUTEROL  
HFA INH (200 PUFFS) 8.5GM, BREO ELLIPTA 200-25MCG  
ORAL INH(30) AND IPRATROPI/ALB 0.5/3MG INH SL  
60X3ML ARE MEMBERS OF THE BETA-ADRENERGIC  
AGENTS CLASS AND MAY REPRESENT DUPLICATE  
THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by A.PRUITT on 06/04/2020  
17:22:20 at 2445

DUR Comment:

	<p> <b>DUR Type:</b> TP DC-DRG/INFERRED HC  <b>DUR Description:</b> CARVEDILOL TAB 12.5MG  <b>DUR Severity:</b> MODERATE  <b>DUR Overridden:</b> Y  DUR Overridden completed by A.PRUITT on 06/04/2020  17:22:20 at 2445  <b>DUR Comment:</b> </p> <p> <b>DUR Type:</b> TP TD-THERAPEUTIC DUPL  <b>DUR Description:</b> INHALED BETA-2 AGONISTS, SHORT  <b>DUR Severity:</b>  <b>DUR Overridden:</b> Y  DUR Overridden completed by A.PRUITT on 06/04/2020  17:22:20 at 2445  <b>DUR Comment:</b> </p> <p> <b>DUR Type:</b> TP TD-THERAPEUTIC DUPL  <b>DUR Description:</b> BETA-ADRENERGIC AGENTS  <b>DUR Severity:</b>  <b>DUR Overridden:</b> Y  DUR Overridden completed by A.PRUITT on 06/04/2020  17:22:20 at 2445  <b>DUR Comment:</b> </p>
--	--



# Audit / Board of Pharmacy Inspection Report

Rx #: 2385153-4

Store #: 7841

Sold Date: 08/18/2021

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:  
[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV, 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: ALBUTEROL HFA INH (200 PUF)  
MFG: CIPLA  
NDC: 69097-0142-60  
Generic for:  
Drug Class: RX  
Directions: INHALE 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 6.7 Days Supply: 16  
Original Date: 11/20/2020 00:00  
Refills remaining when entered: 3

### Prescriber

Name: SHANA HOLMAN  
DEA #: MH1525659  
Address:  
7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanned by H. SLAUGHTER-MIYAMOTO on 11/20/2020  
22:09:07 at 5479  
Entered by D. CHITI on 08/16/2021 08:56:54 at 7841  
Pat/Pbr rev by D. CHITI on 08/16/2021 08:58:55 at 7841  
Data Prod rev by D. CHITI on 08/16/2021 08:58:55 at 7841  
  
Filled by S. A. BACA-HERNANDEZ on 08/16/2021 10:06:36 at  
7841  
Prod rev by D. CHITI on 08/16/2021 10:17:42 at 7841  
Sold Date: 08/18/2021 16:40:22  
RPH of Record: D. CHITI

### Consultation

Consultation Required: Y  
Consultation Type: SYSTEM GENERATED

#### Initiating

Comments: 08/16/21; 09:57 AM; In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

#### Resolution

RPh: T.BRINK on 08/18/21; 05:38 PM at store#7841  
Comments: 08/18/21; 05:38 PM; TNV; Patient  
Declined: Patient Declined: Patient Declined:

### DUR

DUR Type: DRUG / HLTH COND  
DUR Description: ADMINISTRATION OF ALBUTEROL  
SULFATE HFA INHALATION AEROSOL SOLUTION 108  
(90 BASE) MCG/ACT SHOULD BE USED CAUTIOUSLY IN  
HYPERTENSION.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by D.CHITI on 08/16/2021  
08:58:56 at 7841

DUR Comment:

DUR Type: TP MC-DRUG/HEALTH COND

DUR Description: DX: HYPOKALEMIA

DUR Severity: MINOR

DUR Overridden: Y

DUR Overridden completed by D.CHITI on 08/16/2021  
08:58:56 at 7841

DUR Comment:

DUR Type: TP TD-THERAPEUTIC DUPL

DUR Description: INHALED BETA-2 AGONISTS, SHORT

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by D.CHITI on 08/16/2021  
08:58:56 at 7841

DUR Comment:

DUR Type: TP TD-THERAPEUTIC DUPL

DUR Description: BETA-ADRENERGIC AGENTS

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by D.CHITI on 08/16/2021  
08:58:56 at 7841

DUR Comment:





## Audit / Board of Pharmacy Inspection Report

Rx #: 2385153-4

Store #: 7841

Sold Date: 08/18/2021

### Prescription Image Side 1

Orig. Date: 11/20/2020

S [REDACTED]

MANDALAY SPRINGS DR UNIT [REDACTED]

LAS VEGAS, NV 891205239

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

ALBUTEROL HFA INH (200 PUFFS)8.5GM

INHALE 1 TO 2 PUFFS BY MOUTH EVERY 4 TO 6 HOU  
RS AS NEEDED AS DIRECTED

Qty: 8.500 Orig. Refills: 3

Substitution Allowed

Drug Class: RX

SHANA HOLMAN, PBR

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred

Original Rx Information on Page 2

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### Prescription Image Side 2

Rx Info- Rx# 1831336-5479 on 08/14/2021; RPh  
Ints: BDC; DEA #: BW9250933. 385 E SILVERADO  
RANCH BLVD, LAS VEGAS, NV; ALBUTEROL HFA INH  
(200 PUFFS)8.5GM; Orig Qty:8.500; Orig Rem Qt  
y:34; INHALE 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

#### ORIGINAL Rx INFORMATION

-----  
ALBUTEROL HFA INH (200 PUFFS)8.5GM

INHALE 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.500 Orig. Refills: 3

Substitution Allowed

SHANA HOLMAN

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 1831336-3

Store #: 5479

Sold Date: 02/02/2021

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J. S.

Address:

MANDALAY SPRINGS DR UNIT  
LAS VEGAS, NV. 89120-5239

Date of Birth:

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: ALBUTEROL HFA INH (200 PUF

MFG: LUPIN

NDC: 68180-0963-01

Generic for:

Drug Class: RX

Directions: INHALE 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.5 Days Supply: 16

Original Date: 11/20/2020 00:00

Refills remaining when entered: 4

### Prescriber

Name: SHANA HOLMAN

DEA #: MH1525659

Address:

7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanned by H. SLAUGHTER-MIYAMOTO on 11/20/2020

22:09:07 at 5479

Entered by J. TRAN on 02/02/2021 17:52:59 at 5479

Pat/Pbr rev by M. D. LE on 02/02/2021 17:53:17 at 2445

Data Prod rev by M. D. LE on 02/02/2021 17:53:17 at 2445

Filled by G. MARTINEZ on 02/02/2021 17:57:22 at 5479

Prod rev by R. K. WEIDNER on 02/02/2021 18:13:04 at 5479

Sold Date: 02/02/2021 18:17:36

RPH of Record: R. K. WEIDNER

### Consultation

Consultation Required:Y

Consultation Type:SYSTEM GENERATED

Initiating

Comments: 02/02/21; 05:53 PM;In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

Resolution

RPh: R.K.WEIDNER on 02/02/21; 06:14 PM at store#5479

Comments: 02/02/21; 06:14 PM;RKW;Patient Declined:

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: HYPERTENSION INDICATES USING  
CAUTION WITH ALBUTEROL HFA INH (200  
PUFFS)8.5GM

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by J.ASULLENS on 02/02/2021  
17:53:25 at 21147

DUR Comment:

DUR Type: TP MC-DRUG/HEALTH COND

DUR Description: DX: HYPOKALEMIA

DUR Severity: MINOR

DUR Overridden: Y

DUR Overridden completed by J.ASULLENS on 02/02/2021  
17:53:25 at 21147

DUR Comment:

DUR Type: TP TD-THERAPEUTIC DUPL

DUR Description: BETA-ADRENERGIC AGENTS

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by J.ASULLENS on 02/02/2021  
17:53:25 at 21147

DUR Comment:



## Audit / Board of Pharmacy Inspection Report

Rx #: 1831336-3

Store #: 5479

Sold Date: 02/02/2021

### Prescription Image Side 1

Orig. Date: 03/31/2020

J [REDACTED] S [REDACTED]

[REDACTED] TAMARUS STREET APT [REDACTED]

LAS VEGAS, NV 89119

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

ALBUTEROL HFA INH (200 PUFFS) 8.5GM  
INHALE 1 TO 2 PUFFS BY MOUTH EVERY 4 TO 6 HOU  
RS AS NEEDED AS DIRECTED

Qty: 8.500 Orig. Refills: 5  
Substitution Allowed  
Drug Class: RX

SHANA HOLMAN, PBR  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

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### Prescription Image Side 2

Rx Info- Rx# 2082911-5862 on 08/23/2020; RPh  
Ints: TAM; DEA #: BW7552789. 401 N ARROYO GRA  
NDE BLVD, HENDERSON, NV; ALBUTEROL HFA INH (2  
00 PUFFS) 8.5GM; Orig Qty:8.500; Orig Rem Qty  
:51; INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

ORIGINAL RX INFORMATION

-----  
ALBUTEROL HFA INH (200 PUFFS) 8.5GM  
INL 1 TO 2 PFS PO Q 4 TO 6 H PRN UTD

Qty: 8.500 Orig. Refills: 5  
Substitution Allowed

SHANA HOLMAN  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-8

Store #: 7841

Sold Date: 03/15/2022

## Annotations

1. "The following changes were made: REF: 0; Original Date: 01/04/2022; VIC  
10:22:53 PM 1/4/2022" - by SYSTEM on 01/05/2022 00:22:53 at 7841

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA

MFG: GLAXO SMITH KLINE

NDC: 00173-0882-10

Generic for:

Drug Class: RX

Directions: INL 1 PUFF PO QD

Qty: 60 Days Supply: 30

Original Date: 01/05/2022 00:24

Refills remaining when entered: 2

### Prescriber

Name: ADRIENNE SIMPSON

DEA #: MK5736294

Address:

270 W LAKE MEAD PKWY  
HENDERSON, NV. 89015-7093  
(702) 677-3720

### Fill History

Scanning overridden.

Pbr selected by V. CALDERON on 01/05/2022 00:22:53 at  
7841

Entered by Automatic Re-fill on 03/08/2022 07:25:02 at 7841

Data Prod rev by

Manual Central Fill

Filled by B. N. RODRIGUEZ on 03/08/2022 08:13:49 at 21372

Prod rev by R. JEE on 03/08/2022 08:13:53 at 21372

Sold Date: 03/15/2022 19:49:07

RPH of Record: D. CHITI

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: ADMINISTRATION OF BREO ELLIPTA  
INHALATION AEROSOL POWDER BREATH ACTIVATED  
200-25 MCG/INH SHOULD BE USED WITH EXTREME  
CAUTION IN HYPERTENSION.

DUR Severity: MODERATE

DUR Overridden: Y

DUR Overridden completed by T.NVO on 03/08/2022 07:25:14  
at 2445

DUR Comment:

DUR Type: TP PA-DRUG/AGE CAUTION

DUR Description: NOT ADVISED FOR PATIENT AGE

DUR Severity: MINOR

DUR Overridden: Y

DUR Overridden completed by T.NVO on 03/08/2022 07:25:14  
at 2445

DUR Comment:



# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-8

Store #: 7841

Sold Date: 03/15/2022

## Prescription Image Side 1

Orig. Date: 01/04/2022

J S

MANDALAY SPRINGS DR UNIT

LAS VEGAS, NV 891205239

Patient Phone:

Date of birth:

BREO ELLIPTA 200-25MCG ORAL INH(30)  
INHALE 1 PUFF BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 0

Substitution Allowed

Drug Class: RX

ADRIENNE SIMPSON, NP

DEA #: MK5736294

270 W LAKE MEAD PKWY

HENDERSON, NV 890157093

Prescriber Phone: (702) 677-3720

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

CREATED WITH DATA FROM INTERCOM PLUS

## Prescription Image Side 2

Rx created from Rx # 2385097-7841 on 01/04/2022 by TNV. 10510 SOUTHERN HIGHLANDS PKWY, LAS VEGAS, NV; BREO ELLIPTA 200-25MCG ORAL INH(30); Orig Qty:60; Orig Rem Qty:300; INL 1 PUFF PO QD

ORIGINAL RX INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)  
INL 1 PUFF PO QD

Qty: 60 Orig. Refills: 0

Substitution Allowed

Drug Class: RX

ADRIENNE SIMPSON

DEA #: MK5736294

270 W LAKE MEAD PKWY

HENDERSON, NV 890157093

Prescriber Phone: (702) 677-3720

CREATED WITH DATA FROM INTERCOM PLUS





# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-6

Store #: 7841

Sold Date: 02/09/2022

## Annotations

1. "The following changes were made: REF: 0; Original Date: 01/04/2022; VIC  
10:22:53 PM 1/4/2022" - by SYSTEM on 01/05/2022 00:22:53 at 7841

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

#### Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA

MFG: GLAXO SMITH KLINE

NDC: 00173-0882-10

Generic for:

Drug Class: RX

Directions: INL 1 PUFF PO QD

Qty: 60 Days Supply: 30

Original Date: 01/05/2022 00:24

Refills remaining when entered: 2

### Prescriber

Name: ADRIENNE SIMPSON

DEA #: MK5736294

#### Address:

270 W LAKE MEAD PKWY  
HENDERSON, NV. 89015-7093  
(702) 677-3720

### Fill History

Scanning overridden.

Pbr selected by V. CALDERON on 01/05/2022 00:22:53 at  
7841

Entered by A. ATIENZA on 02/07/2022 21:25:02 at 7841

Data Prod rev by

Manual Central Fill

Filled by B. N. RODRIGUEZ on 02/08/2022 11:16:14 at 21372

Prod rev by R. JEE on 02/08/2022 11:16:19 at 21372

Sold Date: 02/09/2022 17:35:28

RPH of Record: A. ATIENZA

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: ADMINISTRATION OF BREO ELLIPTA  
INHALATION AEROSOL POWDER BREATH ACTIVATED  
200-25 MCG/INH SHOULD BE USED WITH EXTREME  
CAUTION IN HYPERTENSION.

DUR Severity: MODERATE

DUR Overridden: Y

DUR Overridden completed by A.ATIENZA on 02/07/2022  
21:24:41 at 7841

DUR Comment:

DUR Type: TP PA-DRUG/AGE CAUTION

DUR Description: AGE GREATER THAN 64

DUR Severity: MINOR

DUR Overridden: Y

DUR Overridden completed by A.ATIENZA on 02/07/2022  
21:33:43 at 7841

DUR Comment:



# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-6

Store #: 7841

Sold Date: 02/09/2022

## Prescription Image Side 1

Orig. Date: 01/04/2022

S [REDACTED]  
MANDALAY SPRINGS DR UNIT [REDACTED]

LAS VEGAS, NV 891205239

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

BREO ELLIPTA 200-25MCG ORAL INH(30)  
INHALE 1 PUFF BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 0  
Substitution Allowed  
Drug Class: RX

ADRIENNE SIMPSON, NP  
DEA #: MK5736294  
270 W LAKE MEAD PKWY  
HENDERSON, NV 890157093  
Prescriber Phone: (702) 677-3720

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

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## Prescription Image Side 2

Rx created from Rx # 2385097-7841 on 01/04/20  
22 by TNV. 10510 SOUTHERN HIGHLANDS PKWY, LAS  
VEGAS, NV; BREO ELLIPTA 200-25MCG ORAL INH(3  
0); Orig Qty:60; Orig Rem Qty:300; INL 1 PUFF  
PO QD

### ORIGINAL Rx INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)  
INL 1 PUFF PO QD

Qty: 60 Orig. Refills: 0  
Substitution Allowed  
Drug Class: RX

ADRIENNE SIMPSON  
DEA #: MK5736294  
270 W LAKE MEAD PKWY  
HENDERSON, NV 890157093  
Prescriber Phone: (702) 677-3720

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-3

Store #: 7841

Sold Date: 01/11/2022

## Annotations

1. "The following changes were made: REF: 0; Original Date: 01/04/2022; VIC  
10:22:53 PM 1/4/2022" - by SYSTEM on 01/05/2022 00:22:53 at 7841

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

#### Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA

MFG: GLAXO SMITH KLINE

NDC: 00173-0882-10

Generic for:

Drug Class: RX

Directions: INL 1 PUFF PO QD

Qty: 60 Days Supply: 30

Original Date: 01/05/2022 00:24

Refills remaining when entered: 2

### Prescriber

Name: ADRIENNE SIMPSON

DEA #: MK5736294

#### Address:

270 W LAKE MEAD PKWY  
HENDERSON, NV. 89015-7093  
(702) 677-3720

### Fill History

Scanning overridden.

Pbr selected by V. CALDERON on 01/05/2022 00:22:53 at  
7841

Entered by V. I. CALDERON on 01/05/2022 00:24:08 at 7841

Pat/Pbr rev by T. WONG on 01/05/2022 09:35:04 at 2445

Data Prod rev by T. WONG on 01/05/2022 09:35:04 at 2445

Manual Central Fill

Filled by B. N. RODRIGUEZ on 01/05/2022 11:07:50 at 21372

Prod rev by R. JEE on 01/05/2022 11:07:54 at 21372

Sold Date: 01/11/2022 00:39:55

RPH of Record: A. ATIENZA

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: ADMINISTRATION OF BREO ELLIPTA  
INHALATION AEROSOL POWDER BREATH ACTIVATED  
200-25 MCG/INH SHOULD BE USED WITH EXTREME  
CAUTION IN HYPERTENSION.

DUR Severity: MODERATE

DUR Overridden: Y

DUR Overridden completed by A.ATIENZA on 01/05/2022  
09:43:26 at 7841

DUR Comment:

DUR Type: TP PA-DRUG/AGE CAUTION

DUR Description: AGE GREATER THAN 64

DUR Severity: MINOR

DUR Overridden: Y

DUR Overridden completed by A.ATIENZA on 01/05/2022  
09:43:26 at 7841

DUR Comment:



# Audit / Board of Pharmacy Inspection Report

Rx #: 2498610-3

Store #: 7841

Sold Date: 01/11/2022

## Prescription Image Side 1

Orig. Date: 01/04/2022

J [REDACTED] S [REDACTED]

MANDALAY SPRINGS DR UNIT [REDACTED]

LAS VEGAS, NV 891205239

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

BREO ELLIPTA 200-25MCG ORAL INH(30)

INHALE 1 PUFF BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 0

Substitution Allowed

Drug Class: RX

ADRIENNE SIMPSON, NP

DEA #: MK5736294

270 W LAKE MEAD PKWY

HENDERSON, NV 890157093

Prescriber Phone: (702) 677-3720

-----  
Transfer/Copy of the Rx has occurred

Original Rx Information on Page 2

CREATED WITH DATA FROM INTERCOM PLUS

## Prescription Image Side 2

Rx created from Rx # 2385097-7841 on 01/04/20  
22 by TNV. 10510 SOUTHERN HIGHLANDS PKWY, LAS  
VEGAS, NV; BREO ELLIPTA 200-25MCG ORAL INH(3  
0); Orig Qty:60; Orig Rem Qty:300; INL 1 PUFF  
PO QD

ORIGINAL Rx INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)

INL 1 PUFF PO QD

Qty: 60 Orig. Refills: 0

Substitution Allowed

Drug Class: RX

ADRIENNE SIMPSON

DEA #: MK5736294

270 W LAKE MEAD PKWY

HENDERSON, NV 890157093

Prescriber Phone: (702) 677-3720

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 1869680-1

Store #: 5479

Sold Date: 04/20/2021

## Annotations

1. "TPRA-Refill Too Soon Reject; Deleted to Profile based on resubmit date provided from plan - TPR  
9:21:04 AM 12/10/2020" - by SYSTEM on 12/10/2020 11:21:04 at 5479

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:  
[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA  
MFG: GLAXO SMITH KLINE  
NDC: 00173-0882-10  
Generic for:  
Drug Class: RX  
Directions: INL 1 PUFF PO QD

Qty: 60 Days Supply: 30  
Original Date: 12/07/2020 00:00  
Refills remaining when entered: 11

### Prescriber

Name: ADRIENNE SIMPSON  
DEA #: MK5736294  
Address:  
270 W LAKE MEAD PKWY  
HENDERSON, NV. 89015-7093  
(702) 677-3720

### Fill History

Scanning overridden.  
Entered by J. C. STANEVICH on 04/13/2021 22:55:21 at 5479  
Pat/Pbr rev by L. M. RISCHE on 12/10/2020 11:19:16 at 5479  
Data Prod rev by L. M. RISCHE on 12/10/2020 11:19:16 at 5479

Filled by S. TERPAI-SCHUMITZKI on 04/14/2021 08:29:47 at 5479  
Prod rev by J. S. RABBANIAN on 04/14/2021 08:54:16 at 5479  
Sold Date: 04/20/2021 15:23:49  
RPH of Record: J. S. RABBANIAN

### Consultation

Consultation Required: Y  
Consultation Type: SYSTEM GENERATED  
Initiating

Comments: 04/13/21; 11:55 PM; In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

### Resolution

RPh: R.K. WEIDNER on 04/16/21; 05:14 PM at store#5479  
Comments: 04/16/21; 05:14 PM; RKW; Patient Declined:

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: HYPERTENSION INDICATES USING  
CAUTION WITH BREO ELLIPTA 200-25MCG ORAL  
INH(30)

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by J.SRABBANIAN on 04/13/2021  
22:56:10 at 5479

DUR Comment:

DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED

DUR Description: MANUAL DOSE CHECK REQUIRED

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by J.SRABBANIAN on 04/13/2021  
22:56:10 at 5479

DUR Comment:



### Prescription Image Side 3

#### Additional Prescriber Info

State License: APRN825719

Clinic Name: HEN-AM Henderson Lake Mead - Adult

#### Additional Prescription Info

Diagnosis 1: Chronic obstructive pulmonary +  
ICD10:J449

Page 3 of 3



# Audit / Board of Pharmacy Inspection Report

Rx #: 1869680-1

Store #: 5479

Sold Date: 04/20/2021

## Prescription Image Side 1

12/07/2020		eRx
Patient		
[REDACTED]		Ph: [REDACTED]
Gender: M		
MANDLAY SPRINGS DR APT [REDACTED] LAS VEGAS, NV, 89120		
Prescriber		
ADRIENNE KEMP APRN		F: 702-667-4621 Ph: 702-677-3720
270 W Lake Mead Pkwy Building 1200 Henderson, NV, 89015		
NPI: 1184092272 DEA:MK5736294		
Rx		
Breo Ellipta 200-25 MCG/INH Inhalation Aerosol Powder Breath Activated		
INHALE 1 PUFF BY MOUTH EVERY DAY refill		
#28	30 days supply	
Refills: 11		
Diagnosis 1: Chronic obstructive pulmonary +		
Substitution Allowed		
Pbr Comments: refill		

Page 1 of 3

## Prescription Image Side 2

eRx Sent to	Store: 5479	NCPDP ID: 2989070	Sent Time: 12/07/20 14:58:38 PST
385 E SILVERADO RANCH BLVD LAS VEGAS, NV 891834428			
		Message ID: 814720117847288740	
		Prescriber Order Number: 1908223049	
Additional Patient Info			
Height: 182.88 cm Date: 12/07/2020			
Weight: 119.07 kg Date: 12/07/2020			

Page 2 of 3



# Audit / Board of Pharmacy Inspection Report

Rx #: 1831330-11

Store #: 5479

Sold Date: 02/02/2021

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA

MFG: GLAXO SMITH KLINE

NDC: 00173-0882-10

Generic for:

Drug Class: RX

Directions: TK 1 INHALATION PO QD

Qty: 60 Days Supply: 30

Original Date: 03/31/2020 00:00

Refills remaining when entered: 1

### Prescriber

Name: SHANA HOLMAN

DEA #: MH1525659

Address:

7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanning overridden.

Entered by J. C. STANEVICH on 02/02/2021 15:27:42 at 10215

Pat/Pbr rev by K. PATEL on 03/31/2020 12:46:19 at 2445

Data Prod rev by K. PATEL on 03/31/2020 12:46:19 at 2445

Filled by G. MARTINEZ on 02/02/2021 18:03:38 at 5479

Prod rev by R. K. WEIDNER on 02/02/2021 18:12:58 at 5479

Sold Date: 02/02/2021 18:17:36

RPH of Record: R. K. WEIDNER

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: HYPERTENSION INDICATES USING  
CAUTION WITH BREO ELLIPTA 200-25MCG ORAL  
INH(30)

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by E.RKHALIL on 02/02/2021  
15:29:13 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 0

BREO ELLIPTA 200-25MCG ORAL INH(30) AND BREO  
ELLIPTA 200-25MCG ORAL INH(30) ARE MEMBERS OF  
THE BETA-ADRENERGIC AGENTS, LONG-ACTING  
CLASS AND MAY REPRESENT DUPLICATE THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by E.RKHALIL on 02/02/2021  
15:29:13 at 2445

DUR Comment:

DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED

DUR Description: MANUAL DOSE CHECK REQUIRED

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by E.RKHALIL on 02/02/2021  
15:29:13 at 2445

DUR Comment:



## Audit / Board of Pharmacy Inspection Report

Rx #: 1831330-11

Store #: 5479

Sold Date: 02/02/2021

### Prescription Image Side 1

Orig. Date: 03/31/2020

J [REDACTED] ST [REDACTED]

MANDALAY SPRINGS DR UNIT [REDACTED]

LAS VEGAS, NV 891205239

Patient Phone: [REDACTED]

Date of birth: [REDACTED]

BREO ELLIPTA 200-25MCG ORAL INH(30)  
TAKE 1 INHALATION BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 1

Substitution Allowed

Drug Class: RX

SHANA HOLMAN, PBR

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

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### Prescription Image Side 2

Rx transferred from Rx# 1741967-5479 on 02/01  
/2021; RPh Ints: RKW; DEA #: BW9250933. 385 E  
SILVERADO RANCH BLVD, LAS VEGAS, NV; BREO EL  
LIPTA 200-25MCG ORAL INH(30); Orig Qty:60; Or  
ig Rem Qty:60; TK 1 INHALATION PO QD

ORIGINAL Rx INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)  
TK 1 INHALATION PO QD

Qty: 60 Orig. Refills: 1

Substitution Allowed

Drug Class: RX

SHANA HOLMAN

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 1741967-2

Store #: 5479

Sold Date: 08/14/2020

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: [REDACTED] S [REDACTED]  
Address:  
[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV, 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro, Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA  
MFG: GLAXO SMITH KLINE  
NDC: 00173-0882-10  
Generic for:  
Drug Class: RX  
Directions: TK 1 INHALATION PO QD

Qty: 60 Days Supply: 30  
Original Date: 03/31/2020 00:00  
Refills remaining when entered: 7

### Prescriber

Name: SHANA HOLMAN  
DEA #: MH1525659  
Address:  
7150 S DURANGO DR  
LAS VEGAS, NV, 89113  
(702) 877-5199

### Fill History

Scanning overridden.  
Entered by J. C. STANEVICH on 08/14/2020 14:53:06 at 5479  
Pat/Pbr rev by K. PATEL on 03/31/2020 12:46:19 at 2445  
Data Prod rev by K. PATEL on 03/31/2020 12:46:19 at 2445

Filled by C. GAMBOA on 08/14/2020 16:06:26 at 5479  
Prod rev by K. FOWLER on 08/14/2020 16:28:17 at 5479  
Sold Date: 08/14/2020 22:09:39  
RPH of Record: K. FOWLER

### Consultation

Consultation Required: Y  
Consultation Type: SYSTEM GENERATED  
Initiating

Comments: 08/14/20; 03:53 PM; In order to comply with state regulations, all new and copy prescriptions are blocked for patient consultation in this state.

### Resolution

RPh: K. FOWLER on 08/14/20; 10:48 PM at store#5479  
Comments: 08/14/20; 10:48 PM; KNF; Consultation Completed:

### DUR

DUR Type: DRUG / HLTH COND  
DUR Description: HYPERTENSION INDICATES USING CAUTION WITH BREO ELLIPTA 200-25MCG ORAL INH(30)  
DUR Severity:  
DUR Overridden: Y  
DUR Overridden completed by D.DNGUYEN on 08/14/2020 14:53:47 at 2445  
DUR Comment:

DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED  
DUR Description: MANUAL DOSE CHECK REQUIRED  
DUR Severity:  
DUR Overridden: Y  
DUR Overridden completed by D.DNGUYEN on 08/14/2020 14:53:47 at 2445  
DUR Comment:

DUR Type: TP MC-DRUG/HEALTH COND  
DUR Description: DX: OVERT CONGEST HRT FAILURE  
DUR Severity: MINOR  
DUR Overridden: Y  
DUR Overridden completed by D.DNGUYEN on 08/14/2020 14:53:47 at 2445  
DUR Comment:

DUR Type: TP DC-DRG/INFERRED HC  
DUR Description: CARVEDILOL TAB 12.5MG  
DUR Severity: MODERATE  
DUR Overridden: Y  
DUR Overridden completed by D.DNGUYEN on 08/14/2020 14:53:47 at 2445  
DUR Comment:

DUR Type: TP TD-THERAPEUTIC DUPL  
DUR Description: BETA-ADRENERGIC AGENTS  
DUR Severity:  
DUR Overridden: Y  
DUR Overridden completed by D.DNGUYEN on 08/14/2020 14:53:47 at 2445  
DUR Comment:





## Audit / Board of Pharmacy Inspection Report

Rx #: 1741967-2

Store #: 5479

Sold Date: 08/14/2020

### Prescription Image Side 1

Orig. Date: 03/31/2020

J S

RAMROD AVE APT  
HENDERSON, NV 890142280

Patient Phone:

Date of birth:

BREO ELLIPTA 200-25MCG ORAL INH(30)  
TAKE 1 INHALATION BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 7

Substitution Allowed

Drug Class: RX

SHANA HOLMAN, PBR

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

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### Prescription Image Side 2

Rx transferred from Rx# 2082912-5862 on 08/14  
/2020; RPh Ints: TAM; DEA #: BW7552789. 401 N  
ARROYO GRANDE BLVD, HENDERSON, NV; BREO ELLI  
PTA 200-25MCG ORAL INH(30); Orig Qty:60; Orig  
Rem Qty:420; TK 1 INHALATION PO QD  
ORIGINAL Rx INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)  
TK 1 INHALATION PO QD

Qty: 60 Orig. Refills: 7

Substitution Allowed

Drug Class: RX

SHANA HOLMAN

DEA #: MH1525659

7150 S DURANGO DR

LAS VEGAS, NV 89113

Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS

**DUR Type:** TP DC-DRG/INFERRED HC  
**DUR Description:** DX: HYPERTENSION  
**DUR Severity:** MINOR  
**DUR Overridden:** Y  
DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445  
**DUR Comment:**



# Audit / Board of Pharmacy Inspection Report

Rx #: 2082912-2

Store #: 5862

Sold Date: 06/04/2020

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

### Patient

Name: J [REDACTED] S [REDACTED]

Address:

[REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED]  
LAS VEGAS, NV. 89120-5239

Date of Birth: [REDACTED]

Allergies/Health Conditions: Hypertension, Obstructive  
Pulmonary Dis, Chronic Bronchitis, Benign Prostatic Hypertro,  
Pain Or Migraine

### Drug

Drug: BREO ELLIPTA 200-25MCG ORA

MFG: GLAXO SMITH KLINE

NDC: 00173-0882-10

Generic for:

Drug Class: RX

Directions: TK 1 INHALATION PO QD

Qty: 60 Days Supply: 30

Original Date: 03/31/2020 00:00

Refills remaining when entered: 9

### Prescriber

Name: SHANA HOLMAN

DEA #: MH1525659

Address:

7150 S DURANGO DR  
LAS VEGAS, NV. 89113  
(702) 877-5199

### Fill History

Scanning overridden.

Entered by C. B. BERLIEN on 06/04/2020 17:21:36 at 5862

Pat/Pbr rev by K. PATEL on 03/31/2020 12:46:19 at 2445

Data Prod rev by K. PATEL on 03/31/2020 12:46:19 at 2445

Filled by C. B. BERLIEN on 06/04/2020 17:34:30 at 5862

Prod rev by S. KAZEMEYNI-MONFARED on 06/04/2020

17:36:23 at 5862

Sold Date: 06/04/2020 17:37:48

RPH of Record: J. L. JOHNSON

### Consultation

Consultation Required: Y

Consultation Type: SYSTEM GENERATED

Initiating

Comments: 06/04/20; 06:21 PM; In order to comply with state  
regulations, all new and copy prescriptions are blocked for  
patient consultation in this state.

Resolution

RPh: S.KAZEMEYNI-MONFARED on 06/04/20; 06:37 PM  
at store#5862

Comments: 06/04/20; 06:37 PM; SKM; Consultation  
Completed:

### DUR

DUR Type: DRUG / HLTH COND

DUR Description: HYPERTENSION INDICATES USING  
CAUTION WITH BREO ELLIPTA 200-25MCG ORAL  
INH(30)

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 2

BREO ELLIPTA 200-25MCG ORAL INH(30), ALBUTEROL  
HFA INH (200 PUFFS) 8.5GM, BREO ELLIPTA 200-25MCG  
ORAL INH(30), IPRATROPI/ALB 0.5/3MG INH SL 60X3ML  
AND ALBUTEROL HFA INH (200 PUFFS) 8.5GM ARE  
MEMBERS OF THE BETA-ADRENERGIC AGENTS CLASS  
AND MAY REPRESENT DUPLICATE THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445

DUR Comment:

DUR Type: DUPLICATE THERAPY

DUR Description: SIGNIFICANCE: NO

ABUSE/DEPENDENCY POTENTIAL

DUPLICATION ALLOWANCE: 0

BREO ELLIPTA 200-25MCG ORAL INH(30) AND BREO  
ELLIPTA 200-25MCG ORAL INH(30) ARE MEMBERS OF  
THE BETA-ADRENERGIC AGENTS, LONG-ACTING  
CLASS AND MAY REPRESENT DUPLICATE THERAPY.

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445

DUR Comment:

DUR Type: DRUG DOSAGE CONDITION ENCOUNTERED

DUR Description: MANUAL DOSE CHECK REQUIRED

DUR Severity:

DUR Overridden: Y

DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445

DUR Comment:

DUR Type: TP DC-DRG/INFERRED HC

DUR Description: CARVEDILOL TAB 12.5MG

DUR Severity: MODERATE

DUR Overridden: Y

DUR Overridden completed by R.BALDASARE on 06/04/2020  
17:21:53 at 2445

DUR Comment:



## Audit / Board of Pharmacy Inspection Report

Rx #: 2082912-2

Store #: 5862

Sold Date: 06/04/2020

### Prescription Image Side 1

Orig. Date: 03/31/2020

J S

RAMROD AVE APT  
HENDERSON, NV 890142380

Patient Phone:

Date of birth:

BREO ELLIPTA 200-25MCG ORAL INH(30)  
TAKE 1 INHALATION BY MOUTH EVERY DAY

Qty: 60 Orig. Refills: 9  
Substitution Allowed  
Drug Class: RX

SHANA HOLMAN, PBR  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

-----  
Transfer/Copy of the Rx has occurred  
Original Rx Information on Page 2

CREATED WITH DATA FROM INTERCOM PLUS

### Prescription Image Side 2

Rx transferred from Rx# 2781543-5311 on 06/04  
/2020; RPh Ints: RMT; DEA #: BW7042461. 1180  
E FLAMINGO RD, LAS VEGAS, NV; BREO ELLIPTA 20  
0-25MCG ORAL INH(30); Orig Qty:60; Orig Rem Q  
ty:540; TK 1 INHALATION PO QD  
ORIGINAL Rx INFORMATION

-----  
BREO ELLIPTA 200-25MCG ORAL INH(30)  
TK 1 INHALATION PO QD

Qty: 60 Orig. Refills: 9  
Substitution Allowed  
Drug Class: RX

SHANA HOLMAN  
DEA #: MH1525659  
7150 S DURANGO DR  
LAS VEGAS, NV 89113  
Prescriber Phone: (702) 877-5199

CREATED WITH DATA FROM INTERCOM PLUS



# Audit / Board of Pharmacy Inspection Report

Rx #: 2781543-6

Store #: 5311

Sold Date: 04/28/2020

## Annotations

This prescription does not have Annotations.

## Prescription Information

All times are Central Standard Time except DUR comments which is local time

<b>Patient</b> Name: J [REDACTED] Address: [REDACTED] MANDALAY SPRINGS DR UNIT [REDACTED] LAS VEGAS, NV. 89120-5239 [REDACTED] Date of Birth: [REDACTED] Allergies/Health Conditions: Chronic Bronchitis, Benign Prostatic Hypertro, Pain Or Migraine, Hypertension, Obstructive Pulmonary Dis <b>Drug</b> Drug: BREO ELLIPTA 200-25MCG ORAL INH(30) MFG: GLAXO SMITH KLINE NDC: 00173-0882-10 Generic for: Drug Class: RX Directions: TK 1 INHALATION PO QD  Qty: 60 Days Supply: 30 Original Date: 03/31/2020 00:00 Refills remaining when entered: 11 <b>Prescriber</b> Name: SHANA HOLMAN DEA #: MH1525659 Address: 7150 S DURANGO DR LAS VEGAS, NV. 89113 (702) 877-5199 <b>Fill History</b> Scanned by Escribe on 03/31/2020 12:41:53 at 5311 Entered by Internet refill on 04/26/2020 22:56:13 at 5311 Data Prod rev by  Filled by J. A. MARRERO on 04/27/2020 08:34:18 at 5311 Prod rev by R. TUCKER on 04/27/2020 08:42:24 Sold Date: 04/28/2020 10:07:06 RPH of Record: R. TUCKER <b>Consultation</b> <b>Consultation Required:</b> Y <b>Consultation Type:</b> SYSTEM GENERATED <b>Initiating</b> Comments: 04/26/20; 11:56 PM;This Patients insurance has a 90 day benefit and their 90 day preference has automatically been updated to A,â€œYÄ,â€œ. Confirm patients 90 day preference. NOTE- THIS PATIENT MAY NOT HAVE FILLED A 90 DAY ELIGIBLE RX DURING THIS TRANSACTION BUT HAS AN ELIGIBLE PRESCRIPTION(S) ON THEIR PROFILE <b>Resolution</b> RPh: R.TUCKER on 04/28/20; 11:06 AM at store#5311 Comments: 04/28/20; 11:06 AM;RMT;Patient Declined:	<b>DUR</b> <b>DUR Type:</b> DRUG DOSAGE CONDITION ENCOUNTERED <b>DUR Description:</b> MANUAL DOSE CHECK REQUIRED <b>DUR Severity:</b> <b>DUR Overridden:</b> Y DUR Overridden completed by K.NGUYEN on 2020-04-27 05:24:58 at 2445 <b>DUR Comment:</b>  <b>DUR Type:</b> TP TD-THERAPEUTIC DUPL <b>DUR Description:</b> BETA-ADRENERGIC AGENTS <b>DUR Severity:</b> <b>DUR Overridden:</b> Y DUR Overridden completed by K.NGUYEN on 2020-04-27 05:24:58 at 2445 <b>DUR Comment:</b>
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## Prescription Image Side 3

### Additional Prescriber Info

State License: PA1018

Clinic Name: SCC-SMA Convenient Care - Durango

Supervising Prescriber

7150 S Durango Dr

Las Vegas, NV, 89113

Ph: 702-877-5199 F: 702-270-0934

### Additional Prescription Info

Diagnosis 1: Description not available. Tra+ ICD10:J449

Page 3 of 3



# Audit / Board of Pharmacy Inspection Report

Rx #: 2781543-6

Store #: 5311

Sold Date: 04/28/2020

## Prescription Image Side 1

03/31/2020		eRx
Patient		
J [redacted] S [redacted]	Ph: [redacted]	
Gender: M		
RAMROD AVE HENDERSON, NV, 89014		
Prescriber		
SHANA HOLMAN PA-C		F: 702-270-0934 Ph: 702-877-5199
7150 S Durango Dr Las Vegas, NV, 89113		
NPI: 1881745081 DEA:MH1525659		Supervising Pbr: CASSANDA DAVIS MD
		Supervising Pbr NPI: 1033171715 DEA:BD9593725
Rx		
Breo Ellipta 200-25 MCG/INH Inhalation Aerosol Powder Breath Activated		
INHALE 1 PUFF BY MOUTH EVERY DAY refill		
#28	30 days supply	
Refills: 11	Diagnosis 1:Description not available. Tra +	
Substitution Allowed		
Pbr Comments: refill		

Page 1 of 3

## Prescription Image Side 2

eRx Sent to	Store: 5311	NCPDP ID: 2979384	Sent Time: 03/31/20 12:41:49 CST
1180 E FLAMINGO RD LAS VEGAS, NV 891193449			
		Message ID: 814720120043932973	
		Prescriber Order Number: 1814806512	

Page 2 of 3

# EXHIBIT 1

Case No. 20-135-PT-S

JUSTINE STANEVICH, PT



Justine Stanevich  
[REDACTED] Mandalay Springs Drive,  
Apt [REDACTED]  
Las Vegas, NV 89120  
20-135-PT-S. Order to Show Cause  
22-041-PT-S. NIAA

9171 9690 0935 0279 1494 76



851 N7E 1 123C0108/16/23  
RETURN TO SENDER  
STANEVICH, JUSTINE  
6865 TAMARUS ST UNIT 203  
LAS VEGAS NV 89119-0389  
RETURN TO SENDER

Stanevich SC 003



# EXHIBIT 2

Case No. 20-135-PT-S

JUSTINE STANEVICH, PT



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: [bop.nv.gov](http://bop.nv.gov)

September 12, 2023

Justine Stanevich

██████ Mandalay Springs Drive Apt ██████  
Las Vegas, NV 89120

Re: Justine Stanevich and Case No. 20-135-PT-S

Dear Justine Stanevich

The hearing for case number **20-135-PT-S** has been scheduled for Wednesday, 10/11/2023 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn  
7830 S Las Vegas Boulevard  
Las Vegas, NV

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Mangosing".

Kristopher Mangosing  
Assistant Board Coordinator

9171 9690 0935 0279 6473 30

# EXHIBIT 3

Case No. 20-135-PT-S

JUSTINE STANEVICH, PT

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

**MONEY  
ORDER**

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

WesternUnion **WU**

19-342870877

A 735724 D 051722

T 1911 02

193428708778 L 029664

\$ 158.77

NOT GOOD OVER \$500

ONE HUNDRED FIFTY-EIGHT DOLLARS  
AND SEVENTY-SEVEN CENTS

PAY EXACTLY

PAY TO THE  
ORDER OF

Pay to the order of Nivala State Bank of Phoenix  
5720 Mendocino Springs Dr #202  
Phoenix, AZ 85120  
Justin Starevich  
Justin Starevich

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

San Francisco 007

⑆ 102100400⑆ 40193428708778⑈

20-135-5

NOTICE Do not cash this Money Order for any person from whom you are not able to recover your payment. Should this item bear any unauthorized signature, be stolen, forged, altered, or issued, issuer will either stop payment hereon or charge back against any endorsement. For customer service, call 1-800-999-9660. Intended for domestic use only. Western Union Money Order and Design is a service mark of Western Union Holdings, Inc.

Stanevich SC 008

Warning - do not cash check without noting true watermark. Hold up to light to verify presence of watermark.

CS PREMIUM  
SCS PREMIUM  
CS PREMIUM  
SCS PREMIUM

ENDORSE ABOVE THIS LINE

MP

Refunds and Encashment

7-Eleven DOES NOT cash money orders over \$75. Contact Western Union Customer Service at 1-800-999-9660 for money orders over \$75.

SERVICE CHARGE

If this Money Order is not used or cashed (presented for payment) within 1 year (3 years for CA) of the purchase date, there will be a non-refundable Service Charge applied (where permitted by law). The Service Charge will be deducted from the amount shown on the Money Order. Subject to applicable law, the Service Charge is \$1.50 per month (exceptions - CT & PR: \$0; CA \$0.25; MD \$0.40; MN \$12 annually; NJ \$2; & TX \$1) applied from the purchase date (from 13th month for NJ), not to exceed \$126 or the maximum permitted by law.





UNITED STATES  
POSTAL SERVICE®

# POSTAL MONEY ORDER

Serial Number

27534607843

Year Month Day

391 Post Office

U.S. Dollars and Cents

One Hundred Fifty Eight Dollars and 77/100 \*\*\*\*\*  
\$158.77

Amount

Pay to

Clerk 20

Address

From

Memo

Address

Nevada Board of Pharmacy  
595 Danonte Ranch Pkwy #206  
Reno NV 89521  
FOR FINES  
Stanevich SC 009  
Justine Stanevich  
5130 Mandalay Springs Dr  
#206  
LV NV 89128

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

1:00000080021:

27534807843

DAISY DE GUZMAN M.D.  
285 HOMEWARD WAY,HENDERSON NV 89011  
E MAIL-DANSTARLIGHT@AOL.COM  
TELEPHONE 702 808 3034

JULY 27,2023

RE: DOCUMENTS NEEDED BEFORE MY CDS AND DEA APPROVAL

J.DAVID WUEST,R.,PH ,CPM  
EXECUTIVE SECRETARY  
NEVADA STATE BOARD OF PHARMACY  
985 DAMONTE RANCH,PARKWAY,SUITE 206  
RENO,NEVADA 89521

DEAR MR.WUEST,

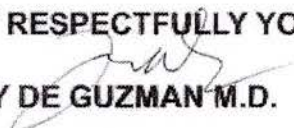
I AM DR.DAISY DE GUZMAN APPLYING FOR A CDS DEA REGISTRATION CERTIFICATE AS  
PART OF MY EMPLOYMENT TO ADVANCED WEIGHT LOSS CENTER IN HENDERSON NEVADA.

I AM SUBMITTING THE NECESSARY DOCUMENTS AS REQUESTED DURING THE LAST  
NEVADA PHARMACY BOARD MEETING.

PLEASE ACCEPT MY DEEP GRATITUDE FOR YOUR ASSISTANCE AND IF POSSIBLE TO SEND  
ME A BILL FOR YOUR GREAT SERVICES.

MY APOLOGY FOR TAKING A FEW MINUTES OF YOUR TIME,I REMAIN

VERY RESPECTFULLY YOURS,

  
DAISY DE GUZMAN M.D.

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5<sup>th</sup> Floor  
P.O. Box 45029  
Newark, New Jersey 07101

By: Bindi Merchant  
Deputy Attorney General  
(973) 648-7454

**FILED**

January 7, 2013

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE  
SUSPENSION OR REVOCATION  
OF THE LICENSE OF

DAISY G. DEGUZMAN, M.D.  
LICENSE NO.: 25MA02598700

TO PRACTICE MEDICINE AND  
SURGERY IN THE STATE OF NEW  
JERSEY

ADMINISTRATIVE ACTION

CONSENT ORDER

This matter was opened to the State Board of Medical  
Examiners ("Board") upon receipt of information that on June 4,  
2012, Respondent Daisy G. Deguzman, M.D. pled guilty to a one-  
count Information charging her with accepting payments for  
referrals in violation of the Federal Anti-Kickback statute,  
Title 42, United States Code, Section 1320a-7(b)(1)(A) and Title  
18, United States Code, Section 2, in the U.S. District Court  
for the District of New Jersey.

**CERTIFIED TRUE COPY**

Respondent admitted to receiving a total of \$3,830 in exchange for referrals of Medicare and Medicaid patients to Orange Community MRI for MRI and CAT scan testing from September 2011 to November 2011. The Government did not allege, and did not contend, that the admitted referrals for diagnostic testing was less than medically necessary, and thus the plea agreement did not require Respondent to stipulate to restitution. However, for the purpose of calculating the offense level under section 2B4.1(b) (1) the United States Sentencing Guidelines (U.S.S.G.), Respondent stipulated to a loss, that is the value of the diagnostic testing, of more than \$70,000 but not more than \$120,000. Respondent stipulated that the offense involved the abuse of a position of public or private trust in a manner that significantly facilitated the commission or concealment of the offense. Respondent consented to a forfeiture money judgment in the amount of \$23,595 and is scheduled for sentencing on January 29, 2013.

The parties being desirous of resolving this matter, and the Board, being satisfied that entry of the within Order obviates the need for formal proceedings, and being further satisfied that good cause exists to support entry of the within Order,

IT IS, therefore, on this 7th day of January, 2013,



ORDERED and AGREED that:

1. Daisy G. Deguzman, M.D. shall be suspended from the practice of medicine in all jurisdictions for three (3) years, with one (1) year to be served as active suspension and the remainder to be served as probation. The active suspension will begin retroactive as of April 1, 2012. Notwithstanding the ~~suspension~~ term herein, in no instance shall Respondent be reinstated to active status during any period of incarceration or any period of non-compliance with terms and conditions of sentence such as probation, supervised release, and a fine payment plan. If Respondent is compliant with terms and conditions of his sentence, the fact that terms and conditions of the sentence, other than incarceration, have not been completed shall not act as a bar to reinstatement as long as Respondent can demonstrate compliance therewith. Any period of incarceration shall not toll the periods of active and/or inactive suspension imposed under this Order.

2. Respondent shall immediately return her original New Jersey medical license and CDS registration to the New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

3. Respondent shall comply with the attached "Directives Applicable to Any Medical Board Licensee Who is Disciplined or Whose Surrender of Licensure Has Been Accepted," which are





ORDERED and AGREED that:

1. Daisy G. Deguzman, M.D. shall be suspended from the practice of medicine in all jurisdictions for three (3) years, with one (1) year to be served as active suspension and the remainder to be served as probation. The active suspension will begin retroactive as of April 1, 2012. Notwithstanding the ~~suspension~~ term herein, in no instance shall Respondent be reinstated to active status during any period of incarceration or any period of non-compliance with terms and conditions of sentence such as probation, supervised release, and a fine payment plan. If Respondent is compliant with terms and conditions of his sentence, the fact that terms and conditions of the sentence, other than incarceration, have not been completed shall not act as a bar to reinstatement as long as Respondent can demonstrate compliance therewith. Any period of incarceration shall not toll the periods of active and/or inactive suspension imposed under this Order.

2. Respondent shall immediately return her original New Jersey medical license and CDS registration to the New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

3. Respondent shall comply with the attached "Directives Applicable to Any Medical Board Licensee Who is Disciplined or Whose Surrender of Licensure Has Been Accepted," which are

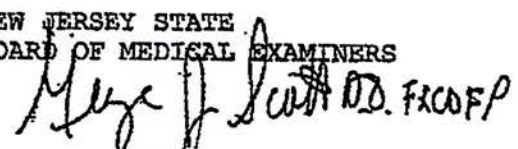
incorporated herein by reference.

4. Failure to comply with any provision of this Order will result in subsequent disciplinary proceedings for failure to comply with an Order of the Board.

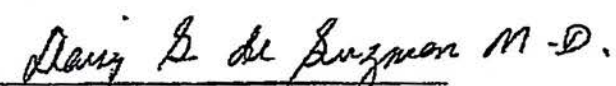
5. The parties hereby stipulate that entry of this Order is without prejudice to further action by this Board or other law enforcement entities resulting from Respondent's conduct prior to the entry of this Order.

NEW JERSEY STATE  
BOARD OF MEDICAL EXAMINERS

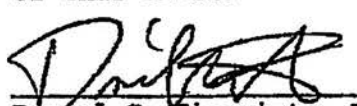
By:

  
George Scott, D.P.M., D.O.  
President

I have read and understood  
the within Order and agree to  
be bound by its terms.

  
Daisy G. Deguzman, M.D.

Consent is hereby given  
as to the form and entry  
of this Order.

  
Daniel G. Giaquinto, Esq.  
Attorney for Respondent

APR 10

## U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

Inmate Name DEGUZMAN, DAISY	Reg No: 64010-050 FBI No: 706714ND0 (Misc No.): (Misc No.): (Misc No.):	Institution/Address Federal Prison Camp 33 1/2 Pembroke Road Danbury, CT 06811-3099
Release Date 09-16-2013	Release Method FT REL	
Public Law Days	Supervision to follow release: (if yes, advise inmate of Obligation to Report for Supervision) <input checked="" type="checkbox"/> Yes      Supervision Term: 2 Years - 3559 PLRA SENTENCE <input type="checkbox"/> No      Special Parole Term: <input type="checkbox"/> N/A	

RELEASED TO: (Check One)	
<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Detainer
Transportation arranged to: <u>Waretown, NJ</u>	Detaining Agency: _____
Method of transportation: <u>Private Auto</u>	Agency Address: _____
Date of expected arrival at residence: <u>09-16-2013</u>	_____

SUPERVISION JURISDICTION(S)	
<b>Sentencing District</b> Chief/Director: <u>Wilfredo Torres, Chief</u> Supervision/District: <u>New Jersey Probation Office</u> Address: <u>Martin Luther King, Jr. Federal Building and</u> <u>United States Courthouse</u> <u>50 Walnut Street Room 1001</u> <u>Newark, NJ 07102</u> Phone: <u>973-645-4240</u>	<b>District of Residence (for relocation cases)</b> Chief/Director: _____ Supervision/District: _____ Address: _____ Phone: _____
Address of proposed residence:  28 Strathmere Road, Waretown, NJ 08758	

DNA STATUS		
DNA Sample Required:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES date sample taken:	DNA Number DAN05407

**Obligation to Report for Supervision:** If you were sentenced to, or otherwise required to serve, a term of supervision, this term begins immediately upon your discharge from imprisonment, and you are directed to report for supervision within 72 hours. If you are released from a detaining authority, you shall report for supervision within 72 hours after your release by the detaining authority. If you can not report for supervision in the district of your approved residence within 72 hours, you must report to the nearest U.S. Probation Office for instruction. Failure to obey the reporting requirements described above will constitute a violation of release conditions.

Inmate's Signature (file copy only)  
--

**Distribution:** Inmate Central File (Section 5), Inmate, Chief Supervision Officer in Sentencing District, Chief Supervision Officer in District of Residence, and U.S. Parole Commission (if applicable)

Replaces BP-S714 dtd FEB 02

ISDS Version: 1.6.1



UNITED STATES DISTRICT COURT  
District of New Jersey

UNITED STATES OF AMERICA

v.

Case Number 2:12-CR-389 (CCC)

DAISY DEGUZMAN

Defendant.

JUDGMENT IN A CRIMINAL CASE  
(For Offenses Committed On or After November 1, 1987)

The defendant, DAISY DEGUZMAN, was represented by Daniel G. Giaquinto, Esq.

The defendant pled guilty to count(s) 1 of the INFORMATION on 6/4/2012. Accordingly, the court has adjudicated that the defendant is guilty of the following offense(s):

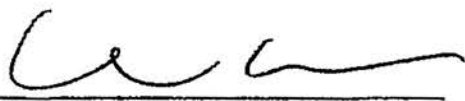
<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Date of Offense</u>	<u>Count Number(s)</u>
42:1320a-7b(b)(1)(A)	Anti-Kickback Statute	9/2011-12-2011	1

As pronounced on 1/31/13, the defendant is sentenced as provided in pages 2 through 7 of this Judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

It is ordered that the defendant shall pay to the United States a special assessment of \$100, for count(s) 1, which shall be due immediately. Said special assessment shall be made payable to the Clerk, U.S. District Court.

It is further ordered that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this Judgment are fully paid. If ordered to pay restitution, the defendant shall notify the court and United States Attorney of any material change in the defendant's economic circumstances.

Signed this the 25 day of February, 2013.

  
CLAIRE C. CECCHI  
United States District Judge

Defendant: DAISY DEGUZMAN  
Case Number: 2:12-CR-389 (CCC)

**IMPRISONMENT**

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of 6 Months.

The Court makes the following recommendations to the Bureau of Prisons: Designate a facility for service of this sentence as near as possible to the defendant's home address. Also to designate a low level facility.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons 9:00 a.m. on March 18, 2013.

**RETURN**

I have executed this Judgment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant delivered on \_\_\_\_\_ To \_\_\_\_\_  
At \_\_\_\_\_, with a certified copy of this Judgment.

\_\_\_\_\_  
United States Marshal

By \_\_\_\_\_  
Deputy Marshal



Defendant: DAISY DEGUZMAN  
Case Number: 2:12-CR-389 (CCC)

### **SUPERVISED RELEASE**

Upon release from imprisonment, the defendant shall be placed on supervised release for a term of 2 years.

Within 72 hours of release from custody of the Bureau of Prisons, the defendant shall report in person to the Probation Office in the district to which the defendant is released.

While on supervised release, the defendant shall comply with the standard conditions that have been adopted by this court as set forth below.

Based on information presented, the defendant is excused from the mandatory drug testing provision, however, may be requested to submit to drug testing during the period of supervision if the probation officer determines a risk of substance abuse.

If this judgment imposes a fine, special assessment, costs, or restitution obligation, it shall be a condition of supervised release that the defendant pay any such fine, assessments, costs, and restitution that remains unpaid at the commencement of the term of supervised release and shall comply with the following special conditions:

#### **LOCATION MONITORING PROGRAM (6 months) (Payment NOT waived)**

You are to participate in the Location Monitoring Program. You shall be confined to your residence for a period of 6 months commencing at the direction of the U.S. Probation Office. You shall be required to be at this residence at all times except for approved absences for gainful employment, community service, religious services, medical care, educational or training programs and at other such times as may be specifically authorized by the U.S. Probation Office. You shall wear a Location Monitoring device and follow all location monitoring procedures. You shall permit the Probation Officer access to the residence at all times and maintain a telephone at the residence without any custom services or portable, cordless equipment. You shall comply with any other specific conditions of home confinement as the Court may require. You shall pay all the costs associated with the Location Monitoring Device. The U.S. Probation Office may use less restrictive location monitoring technology if the U.S. Probation Office determines that a less restrictive device is available and appropriate.

#### **NEW DEBT RESTRICTIONS**

You are prohibited from incurring any new credit charges, opening additional lines of credit, or incurring any new monetary loan, obligation, or debt, by whatever name known, without the approval of the U.S. Probation Office. You shall not encumber or liquidate interest in any assets unless it is in direct service of the fine and/or restitution obligation or otherwise has the expressed approval of the Court.

Defendant: DAISY DEGUZMAN  
Case Number: 2:12-CR-389 (CCC)

**STANDARD CONDITIONS OF SUPERVISED RELEASE**

While the defendant is on supervised release pursuant to this Judgment:

- 1) The defendant shall not commit another federal, state, or local crime during the term of supervision.
- 2) The defendant shall not illegally possess a controlled substance.
- 3) If convicted of a felony offense, the defendant shall not possess a firearm or destructive device.
- 4) The defendant shall not leave the judicial district without the permission of the court or probation officer.
- 5) The defendant shall report to the probation officer in a manner and frequency directed by the Court or probation officer.
- 6) The defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer.
- 7) The defendant shall support his or her dependents and meet other family responsibilities.
- 8) The defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons.
- 9) The defendant shall notify the probation officer within seventy-two hours of any change in residence or employment.
- 10) The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute or administer any narcotic or other controlled substance, or any paraphernalia related to such substances.
- 11) The defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered.
- 12) The defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer.
- 13) The defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view by the probation officer.
- 14) The defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer.
- 15) The defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court.
- 16) As directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.
- 17) You shall cooperate in the collection of DNA as directed by the Probation Officer.

*(This standard condition would apply when the current offense or a prior federal offense is either a felony, any offense under Chapter 109A of Title 18 (i.e., §§ 2241-2248, any crime of violence [as defined in 18 U.S.C. § 16], any attempt or conspiracy to commit the above, an offense under the Uniform Code of Military Justice for which a sentence of confinement of more than one year may be imposed, or any other offense under the Uniform Code that is comparable to a qualifying federal offense);*

- (18) Upon request, you shall provide the U.S. Probation Office with full disclosure of your financial records, including co-mingled income, expenses, assets and liabilities, to include yearly income tax returns. With the exception of the financial accounts reported and noted within the presentence report, you are prohibited from maintaining and/or opening any additional individual and/or joint checking, savings, or other financial accounts, for either personal or business purposes, without the knowledge



Defendant: DAISY DEGUZMAN  
Case Number: 2:12-CR-389 (CCC)

and approval of the U.S. Probation Office. You shall cooperate with the Probation Officer in the investigation of your financial dealings and shall provide truthful monthly statements of your income. You shall cooperate in the signing of any necessary authorization to release information forms permitting the U.S. Probation Office access to your financial information and records;

- (19) As directed by the U.S. Probation Office, you shall participate in and complete any educational, vocational, cognitive or any other enrichment program offered by the U.S. Probation Office or any outside agency or establishment while under supervision;
- (20) You shall not operate any motor vehicle without a valid driver's license issued by the State of New Jersey, or in the state in which you are supervised. You shall comply with all motor vehicle laws and ordinances and must report all motor vehicle infractions (including any court appearances) within 72 hours to the U.S. Probation Office;

*For Official Use Only --- U.S. Probation Office*

Upon a finding of a violation of probation or supervised release, I understand that the Court may (1) revoke supervision or (2) extend the term of supervision and/or modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions, and have been provided a copy of them.

You shall carry out all rules, in addition to the above, as prescribed by the Chief U.S. Probation Officer, or any of his associate Probation Officers.

(Signed) \_\_\_\_\_  
Defendant Date

\_\_\_\_\_  
U.S. Probation Officer/Designated Witness Date

Defendant: DAISY DEGUZMAN  
Case Number: 2:12-CR-389 (CCC)

FINE

The defendant shall pay a fine of \$20,000.

This fine, plus any interest pursuant to 18 U.S.C. § 3612(f)(1), is due immediately and shall be paid in full within 30 days of sentencing.

The Court determines that the defendant does not have the ability to pay interest and therefore waives the interest requirement pursuant to 18 U.S.C. § 3612(f)(3).

If the fine is not paid, the court may sentence the defendant to any sentence which might have been originally imposed. See 18 U.S.C. § 3614.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) community restitution, (6) fine interest, (7) penalties, and (8) costs, including cost of prosecution and court costs.

**RESTITUTION AND FORFEITURE**

**FORFEITURE**

The defendant is ordered to forfeit the following property to the United States:

\$23,595 in U.S. Currency.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) community restitution, (6) fine interest, (7) penalties, and (8) costs, including cost of prosecution and court costs.



2:12-cr-00389-CCC USA v. DEGUZMAN

U.S. District Court

District of New Jersey [LIVE]

**Notice of Electronic Filing**

The following transaction was entered on 2/27/2013 at 1:19 PM EST and filed on 2/25/2013

Case Name: USA v. DEGUZMAN

Case Number: 2:12-cr-00389-CCC

Filer:

Document Number: 21

**Docket Text:**

JUDGMENT as to DAISY DEGUZMAN (1), Count(s) 1, Imprisonment for a term of 6 months; Supervised Release: for a term of 2 years, w/ Special Conditions; Fine: \$20,000 due immediately; Special Assessment: of \$100 due immediately. (Finance notified). Signed by Judge Claire C. Cecchi on 2/25/13. (dc, )

2:12-cr-00389-CCC-1 Notice has been electronically mailed to:

DANIEL G. GIAQUINTO dgiaquinto@drilaw.com

JOSEPH GEORGE MACK joseph.mack@usdoj.gov, usanj.ecfcriminaldocketing@usdoj.gov

SCOTT B. MCBRIDE scott.mcbride@usdoj.gov, usanj.ecfcriminaldocketing@usdoj.gov

2:12-cr-00389-CCC-1 Notice will not be electronically mailed to:

The following document(s) are associated with this transaction:

Document description: Main Document

Original filename: n/a

Electronic document Stamp:

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CASE NUMBER: 2:12-CR-389 (CCC)

DISTRICT: District of New Jersey

## STATEMENT OF REASONS

(Not for Public Disclosure)

### I COURT FINDINGS ON PRESENTENCE INVESTIGATION REPORT

- A ☒ The court adopts the presentence investigation report without change.
- B ☐ The court adopts the presentence investigation report with the following changes.  
(Check all that apply and specify court determination, findings, or comments, referencing paragraph numbers in the presentence report, if applicable.) (Use page 4 if necessary.)
- 1 ☐ Chapter Two of the U.S.S.G. Manual determinations by court (including changes to base offense level, or specific offense characteristics):
- 2 ☐ Chapter Three of the U.S.S.G. Manual determinations by court (including changes to victim-related adjustments, role in the offense, obstruction of justice, multiple counts, or acceptance of responsibility):
- 3 ☐ Chapter Four of the U.S.S.G. Manual determinations by court (including changes to criminal history category or scores, career offender, or criminal livelihood determinations):
- 4 ☐ Additional Comments or Findings (including comments or factual findings concerning certain information in the presentence report that the Federal Bureau of Prisons may rely on when it makes inmate classification, designation, or programming decisions):
- C ☐ The record establishes no need for a presentence investigation report pursuant to Fed.R.Crim.P. 32.

### II COURT FINDING ON MANDATORY MINIMUM SENTENCE (Check all that apply.)

- A ☒ No count of conviction carries a mandatory minimum sentence.
- B ☐ Mandatory minimum sentence imposed.
- C ☐ One or more counts of conviction alleged in the indictment carry a mandatory minimum term of imprisonment, but the sentence imposed is below a mandatory minimum term because the court has determined that the mandatory minimum does not apply based on
- ☐ findings of fact in this case
- ☐ substantial assistance (18 U.S.C. § 3553(e))
- ☐ the statutory safety valve (18 U.S.C. § 3553(f))

### III COURT DETERMINATION OF ADVISORY GUIDELINE RANGE (BEFORE DEPARTURES):

Total Offense Level: 15

Criminal History Category: I

Imprisonment Range: 18 to 24 months

Supervised Release Range: 1 to 3 years

Fine Range: \$ 4,000 to \$ 40,000

- ☐ Fine waived or below the guideline range because of inability to pay.



**STATEMENT OF REASONS**  
(Not for Public Disclosure)**VII COURT DETERMINATIONS OF RESTITUTION**A ☒ Restitution Not Applicable.

B Total Amount of Restitution: \$ \_\_\_\_\_

C Restitution not ordered (Check only one.):

- 1 ☐ For offenses for which restitution is otherwise mandatory under 18 U.S.C. § 3663A, restitution is not ordered because the number of identifiable victims is so large as to make restitution impracticable under 18 U.S.C. § 3663A(c)(3)(A).
- 2 ☐ For offenses for which restitution is otherwise mandatory under 18 U.S.C. § 3663A, restitution is not ordered because determining complex issues of fact and relating them to the cause or amount of the victims' losses would complicate or prolong the sentencing process to a degree that the need to provide restitution to any victim would be outweighed by the burden on the sentencing process under 18 U.S.C. § 3663A(c)(3)(B).
- 3 ☐ For other offenses for which restitution is authorized under 18 U.S.C. § 3663 and/or required by the sentencing guidelines, restitution is not ordered because the complication and prolongation of the sentencing process resulting from the fashioning of a restitution order outweigh the need to provide restitution to any victims under 18 U.S.C. § 3663(a)(1)(B)(ii).
- 4 ☐ Restitution is not ordered for other reasons. (Explain.)

D ☐ Partial restitution is ordered for these reasons (18 U.S.C. § 3553(c)):**VIII ADDITIONAL FACTS JUSTIFYING THE SENTENCE IN THIS CASE** (if applicable.)

Sections I, II, III, IV, and VII of the Statement of Reasons form must be completed in all felony cases.

Defendant's Soc. Sec. No.: [REDACTED]Defendant's Date of Birth: [REDACTED]

Defendant's Residence Address:

28 Stratmere Street  
Waretown, NJ 08758

Defendant's Mailing Address:

28 Stratmere Street  
Waretown, NJ 08758

Date of Imposition of Judgment

January 31, 2013  
Signature of JudgeClaire C. Cecchi, U.S.D.J.

Name of Judge

Title of Judge

Date Signed February 25, 2013

**STATEMENT OF REASONS**  
(Not for Public Disclosure)**VI COURT DETERMINATION FOR SENTENCE OUTSIDE THE ADVISORY GUIDELINE SYSTEM**  
(Check all that apply.)**A The sentence imposed is (Check only one.):**

- ☒ below the advisory guideline range  
☐ above the advisory guideline range

**B Sentence Imposed pursuant to (Check all that apply.):****1 Plea Agreement (Check all that apply and check reason(s) below.):**

- ☐ binding plea agreement for a sentence outside the advisory guideline system accepted by the court  
☐ plea agreement for a sentence outside the advisory guideline system, which the court finds to be reasonable  
☐ plea agreement that states that the government will not oppose a defense motion to the court to sentence outside the advisory guideline system

**2 Motion Not Addressed in a Plea Agreement (Check all that apply and check reason(s) below.):**

- ☐ government motion for a sentence outside of the advisory guideline system  
☒ defense motion for a sentence outside of the advisory guideline system to which the government did not object  
☐ defense motion for a sentence outside of the advisory guideline system to which the government objected

**3 Other**

- ☐ Other than a plea agreement or motion by the parties for a sentence outside of the advisory guideline system (Check reason(s) below.):

**C Reason(s) for Sentence Outside the Advisory Guideline System (Check all that apply.)**

- ☒ the nature and circumstances of the offense and the history and characteristics of the defendant pursuant to 18 U.S.C. § 3553(a)(1)  
☒ to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense (18 U.S.C. § 3553(a)(2)(A))  
☒ to afford adequate deterrence to criminal conduct (18 U.S.C. § 3553(a)(2)(B))  
☒ to protect the public from further crimes of the defendant (18 U.S.C. § 3553(a)(2)(C))  
☐ to provide the defendant with needed educational or vocational training, medical care, or other correctional treatment in the most effective manner (18 U.S.C. § 3553(a)(2)(D))  
☒ to avoid unwarranted sentencing disparities among defendants (18 U.S.C. § 3553(a)(6))  
☐ to provide restitution to any victims of the offense (18 U.S.C. § 3553(a)(7))

**D Explain the facts justifying a sentence outside the advisory guideline system. (Use page 4 if necessary.)**



# STATEMENT OF REASONS

(Not for Public Disclosure)

## IV ADVISORY GUIDELINE SENTENCING DETERMINATION (Check only one.)

- A ☐ The sentence is within an advisory guideline range that is not greater than 24 months, and the court finds no reason to depart.
- B ☐ The sentence is within an advisory guideline range that is greater than 24 months, and the specific sentence is imposed for these reasons. (Use page 4 if necessary.)
- C ☐ The court departs from the advisory guideline range for reasons authorized by the sentencing guidelines manual. (Also complete Section V.)
- D ☒ The court imposed a sentence outside the advisory sentencing guideline system. (Also complete Section VI.)

## V DEPARTURES AUTHORIZED BY THE ADVISORY SENTENCING GUIDELINES (If applicable.)

### A The sentence imposed departs (Check only one.):

- ☐ below the advisory guideline range
- ☐ above the advisory guideline range

### B Departure based on (Check all that apply.):

- 1 **Plea Agreement (Check all that apply and check reason(s) below.):**
- ☐ 5K1.1 plea agreement based on the defendant's substantial assistance
- ☐ 5K3.1 plea agreement based on Early Disposition or "Fast-track" Program
- ☐ binding plea agreement for departure accepted by the court
- ☐ plea agreement for departure, which the court finds to be reasonable
- ☐ plea agreement that states that the government will not oppose a defense departure motion
- 2 **Motion Not Addressed in a Plea Agreement (Check all that apply and check reason(s) below.):**
- ☐ 5K1.1 government motion based on the defendant's substantial assistance
- ☐ 5K3.1 government motion based on Early Disposition or "Fast-track" program
- ☐ government motion for departure
- ☐ defense motion for departure to which the government did not object
- ☐ defense motion for departure to which the government objected
- 3 **Other**
- ☐ Other than a plea agreement or motion by the parties for departure (Check reason(s) below.):

### C Reason(s) for Departure (Check all that apply other than 5K1.1 or 5K3.1.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 4A1.3 Criminal History Inadequacy                      | <input type="checkbox"/> 5K2.1 Death                             | <input type="checkbox"/> 5K2.11 Lesser Harm                             |
| <input type="checkbox"/> 5H1.1 Age  | <input type="checkbox"/> 5K2.2 Physical Injury                   | <input type="checkbox"/> 5K2.12 Coercion and Duress                     |
| <input type="checkbox"/> 5H1.2 Education and Vocational Skills                  | <input type="checkbox"/> 5K2.3 Extreme Psychological Injury      | <input type="checkbox"/> 5K2.13 Diminished Capacity                     |
| <input type="checkbox"/> 5H1.3 Mental and Emotional Condition                   | <input type="checkbox"/> 5K2.4 Abduction or Unlawful Restraint   | <input type="checkbox"/> 5K2.14 Public Welfare                          |
| <input type="checkbox"/> 5H1.4 Physical Condition                               | <input type="checkbox"/> 5K2.5 Property Damage or Loss           | <input type="checkbox"/> 5K2.16 Voluntary Disclosure of Offense         |
| <input type="checkbox"/> 5H1.5 Employment Record                                | <input type="checkbox"/> 5K2.6 Weapon or Dangerous Weapon        | <input type="checkbox"/> 5K2.17 High-Capacity, Semiautomatic Weapon     |
| <input type="checkbox"/> 5H1.6 Family Ties and Responsibilities                 | <input type="checkbox"/> 5K2.7 Disruption of Government Function | <input type="checkbox"/> 5K2.18 Violent Street Gang                     |
| <input type="checkbox"/> 5H1.11 Military Record, Charitable Service, Good Works | <input type="checkbox"/> 5K2.8 Extreme Conduct                   | <input type="checkbox"/> 5K2.20 Aberrant Behavior                       |
| <input type="checkbox"/> 5K2.0 Aggravating or Mitigating Circumstances          | <input type="checkbox"/> 5K2.9 Criminal Purpose                  | <input type="checkbox"/> 5K2.21 Dismissed and Uncharged Conduct         |
|   | <input type="checkbox"/> 5K2.10 Victim's Conduct                 | <input type="checkbox"/> 5K2.22 Age or Health of Sex Offenders          |
|   |  | <input type="checkbox"/> 5K2.23 Discharged Terms of Imprisonment        |
|   |  | <input type="checkbox"/> Other guideline basis (e.g., 2B1.1 commentary) |

### D Explain the facts justifying the departure. (Use page 4 if necessary.)



4. CREDIT CARD PAYMENTS

Client hereby waives any and all defense to presentment of this transaction to my bank and/or credit card issuer for payment. Further, client agrees she may not request her bank or credit card issuer to charge back this transaction to the Law Offices of Alan Ellis. Client further agrees not to request his bank or credit card issuer to dishonor this transaction.

5. NO GUARANTEES OF OUTCOME

We cannot and have not guaranteed or predicted a favorable outcome of your case.

6. WITHDRAWAL

We retain the right to terminate a client's representation if there is an irreconcilable breakdown in the lawyer-client relationship. Despite the fact that this is a flat fee, we keep track of our hours and will refund any unused monies to you. Enclosed are our current 2013 hourly rates.

7. VENUE

The exclusive jurisdiction for any dispute or litigation arising from the services provided under this agreement shall be the County of Marin, State of California. The exclusive jurisdiction of any judicial proceeding to enforce this agreement shall be the State of California, Marin County Superior Court and that the parties to the action are Alan Ellis and any signatory.

8. COLLECTION

If I need to hire an attorney to recover any sums payable or paid under this agreement, I shall be entitled to collect, if successful, in addition to the fees and costs owed, reasonable attorney's fees and costs that I incur with or without the commencement of a lawsuit.

9. WRITTEN AGREEMENT

**This written agreement contains all agreements between us and must be signed by both you and me and the retainer received before we begin any work on your behalf.** Nonetheless, as stated above, if we have worked on your case prior to the execution of this agreement, time spent on your case will be billed unless it was the subject of a previous agreement.

10. CONCLUSION

We look forward to representing you and to earning your trust and confidence.

11. CONFIDENTIALITY

My attorney-client relationship will be with you and you only; I will not be able to discuss any confidential aspect of the case with anyone else, including family members, any more than I could with a stranger, without first having your consent.

JEFFREY S. CHIESA  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5<sup>th</sup> Floor  
P.O. Box 45029  
Newark, New Jersey 07101

By: Bindi Merchant  
Deputy Attorney General  
(973) 648-7454

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

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IN THE MATTER OF THE  
SUSPENSION OR REVOCATION  
OF THE LICENSE OF

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ADMINISTRATIVE ACTION

DAISY G. DEGUZMAN, M.D.  
LICENSE NO.: 25MA02598700

CONSENT ORDER

TO PRACTICE MEDICINE AND  
SURGERY IN THE STATE OF NEW  
JERSEY

---

This matter was opened to the State Board of Medical  
Examiners ("Board") upon receipt of information that on June 4,  
2012, Respondent Daisy G. Deguzman, M.D. pled guilty to a one-  
count Information charging her with accepting payments for  
referrals in violation of the Federal Anti-Kickback statute,  
Title 42, United States Code, Section 1320a-7(b)(1)(A) and Title  
18, United States Code, Section 2, in the U.S. District Court  
for the District of New Jersey.

Respondent admitted to receiving a total of \$3,830 in exchange for referrals of Medicare and Medicaid patients to Orange Community MRI for MRI and CAT scan testing from September 2011 to November 2011. Respondent stipulated that the offense resulted in losses of more than \$70,000 but no more than \$120,000. Respondent stipulated that the offense involved the abuse of a position of public or private trust in a manner that significantly facilitated the commission or concealment of the offense. Respondent consented to a forfeiture money judgment in the amount of \$26,485 and is scheduled for sentencing on November 16, 2012.

The parties being desirous of resolving this matter, and the Board, being satisfied that entry of the within Order obviates the need for formal proceedings, and being further satisfied that good cause exists to support entry of the within Order,

IT IS, therefore, on this \_\_\_\_ day of October, 2012,  
ORDERED and AGREED that:

1. Daisy G. Deguzman, M.D. shall be suspended from the practice of medicine in all jurisdictions for three (3) years, with one (1) year to be served as active suspension and the remainder to be served as probation. The active suspension will begin retroactive as of March 1, 2012. Notwithstanding the suspension term herein, in no instance shall Respondent be



reinstated to active status during any period of incarceration or any period of non-compliance with terms and conditions of sentence such as probation, supervised release, and a fine payment plan. If Respondent is compliant with terms and conditions of his sentence, the fact that terms and conditions of the sentence, other than incarceration, have not been completed shall not act as a bar to reinstatement as long as Respondent can demonstrate compliance therewith. Any period of incarceration shall not toll the periods of active and/or inactive suspension imposed under this Order.

2. Respondent shall immediately return her original New Jersey medical license and CDS registration to the New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

3. Respondent shall comply with the attached "Directives Applicable to Any Medical Board Licensee Who is Disciplined or Whose Surrender of Licensure Has Been Accepted," which are incorporated herein by reference.

4. Failure to comply with any provision of this Order will result in subsequent disciplinary proceedings for failure to comply with an Order of the Board.

5. The parties hereby stipulate that entry of this Order

is without prejudice to further action by this Board or other law enforcement entities resulting from Respondent's conduct prior to the entry of this Order.

NEW JERSEY STATE  
BOARD OF MEDICAL EXAMINERS

By: \_\_\_\_\_  
George Scott, D.P.M., D.O.  
President

I have read and understood  
the within Order and agree to  
be bound by its terms.

\_\_\_\_\_  
Daisy G. Deguzman, M.D

Consent is hereby given  
as to the form and entry  
of this Order.

\_\_\_\_\_  
Daniel G. Giaquinto, Esq.  
Attorney for Respondent



UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA,	)	Honorable Claire Cecchi, U.S.D.J.
Plaintiff,	)	Criminal Number 12-389 (CCC)
v.	)	
	)	
DAISY DEGUZMAN,	)	<b>SENTENCING MEMORANDUM</b>
Defendant,	)	
	)	

**INTRODUCTION**

Daisy Deguzman submits this sentencing memorandum in support of her request for a downward variance and a sentence of probation. The sentence requested is "sufficient, but not greater than necessary" to achieve the purposes of sentencing set forth in 18 U.S.C. § 3553(a)(2).

Since the decision of the United States Supreme Court in *United States v. Booker*, 543 U.S. 220 (2005), the Sentencing Guidelines are now "effectively advisory," *id.* at 245, and are only one of seven factors now to be used in fashioning an "individualize[d] sentence." *Id.* at 264-265; *United States v. Ameline*, 400 F.3d. 646, 655, *reh'g en banc*, 409 F.3d 1073 (9th Cir. 2005)(advisory guideline range is "only one of many factors that a sentencing judge must consider in determining an appropriate individual sentence"). *See also United States v. Myers*, 353 F. Supp.2d 1026, 1028 (S.D. Iowa 2005). Each of the § 3553(a) factors is "an expression of our society's multiple interests in sentencing an individual." *Id.* Since *Booker*, District Courts are required to follow a three-step process in determining the appropriate sentence in this advisory scheme:

- (1) Courts must continue to calculate a defendant's Guidelines sentence precisely as they would have before *Booker*. [citations omitted]
- (2) In doing so, they must "formally rul[e] on the motions of both parties and stat[e] on the record whether they are granting a departure and how that departure affects the Guidelines calculation, and tak[e] into account [our] Circuit's pre-*Booker* case law, which continues to have advisory force." [citation omitted]
- (3) Finally, they are required to "exercise [their] discretion by considering the relevant [§ 3553(a)] factors, [citations omitted] in setting the sentence they impose regardless whether it varies from the sentence calculated under the Guidelines.

*United States v. Gunter*, 462 F.3d 237, 247 (3d Cir. 2006). See also *United States v. Friedman*, 658 F.3d 342, 362 (3d Cir. 2011).

Unlike many plea agreements that this US Attorney's Office demands, the present plea agreement does not contain a stipulation that a guidelines sentence is reasonable. Thus, this memorandum sets forth a sentencing argument that focuses on the § 3553(a) factors and a variance analysis.

## **I. PROCEDURAL HISTORY**

Defendant was arrested on a complaint on December 13, 2012 and charged with a violation of 42 U.S.C. § 1320a-7b(b)(1)(A) (Anti-Kickback Statute) and 18 U.S.C. § 2. She was released on a \$250,000 unsecured bond. On June 4, 2012, she pleaded guilty to a one count Information, charging a violation of 42 U.S.C. § 1320a-7b(b)(1)(A) (Anti-Kickback Statute). She has complied with all of the requirements of her release and Pretrial Services conditions.

## **II. ARGUMENT**

### **A. Guidelines Analysis**

Defendant agrees with the Offense Level Computation and the resulting Guideline Calculation of 15 set forth in paragraphs 35 through 45 of the PSR, and to which the United States Attorney does



not object. Defendant also agrees with the Criminal History Computation set forth in paragraph 48 of the PSR.

In regard to the Guidelines sentence, as recognized in *United States v. Johnson*, 964 F.2d 124, 125 (2d Cir. 1992), “[t]he United States Sentencing Guidelines do not require a judge to leave compassion and common sense at the door to the courtroom.” In arriving at an individualized sentence, 18 U.S.C. § 3661 provides that “[n]o limitation shall be placed on the information concerning the background, character and conduct of a person convicted of an offense which a court of the United States may receive and consider for the purpose of imposing an appropriate sentence.” Thus, while the Guidelines have modified the manner in which the court sentences, they have not eliminated, nor attempted to eliminate, the Court’s need to view everyone as an individual. For reasons stated in the argument below, the Guidelines calculation in this case seriously overstate the severity of the offense.

#### ***B. 3553 (a) Factors***

A thorough § 3553(a) analysis clearly demonstrates that a downward variance, resulting in a sentence of probation, is both warranted and appropriate.

“It has been uniform and constant in the federal judicial tradition for the sentencing judge to consider every convicted person as an individual and every case as a unique study in the human failings that sometimes mitigate, sometimes magnify, the crime and the punishment to ensue.” *Gall v. United States*, 552 U.S. 38, 52 (2007)(quoting *Koon v. United States*, 518 U.S. 81, 113 (1996)).

The Third Circuit Court of Appeals noted in *United States v. Cooper*, 437 F.3d 324 (3d Cir. 2006), that even a “within the guidelines sentence” would not be *prima facie* evidence that it was correct in a given case, since it would only “demonstrate the court considered one of the § 3553(a) factors,” and none of the other six standards of the Statute. *Id.* at 330. In addition, such reasoning would “come close to restoring the mandatory nature of the Guidelines excised in *Booker*,” which the Third Circuit cautioned

against. *Id.* at 331. See also *Simon v. United States*, 361 F. Supp.2d 35, 40 (E.D.N.Y. 2005)(the greater the weight given to the Guidelines, the closer the court draws to committing the very act *Booker* forbids). Thus, since the decision in *Booker*, the Guidelines are only one of seven factors now to be used in fashioning an individualized sentence. *Booker*, 543 U.S. at 264-265. See also *Simon*, 361 F. Supp.2d. at 40 (guidelines entitled to same weight accorded to each other § 3553(a) factor). Thus a non-guideline sentence is authorized after *Booker*, based on § 3553(a) factors even for grounds that do not support a departure. See *U.S. v. Chase*, 560 F.3d 828 (8th Cir. 2009)(the Supreme Court's decisions compelled iteration that "the standards governing departures do not bind a district court when employing its discretion with respect to variances," and the case is remanded because Chase's advanced age, military service, health issues, and employment history could all warrant a downward variance under §3553(a)); *U.S. v. Howe*, 543 F.3d 128 (3d Cir. 2008) (affirming 2 years of probation with 3 months of home confinement for wire fraud despite a guideline range of 18-24 months, as District Court could rely on its finding of Howe's heartfelt remorse at sentencing despite his denial of fraudulent intent at trial and defense based on blaming another, as well as the defendant's devotion to family and prior military service);

**18 U.S.C. § 3553(a)(1) – the nature and circumstances of the offense and the history and characteristics of the defendant;**

#### **History and Characteristics of the Defendant**

Daisy Deguzman was born and raised in the Philippines. Although her parents were both healthcare providers, the family was middle-class and lived in and serviced impoverished areas. She was educated in the Philippines, obtaining a degree in biology and a medical degree at the University of St. Thomas, Manila, Philippines. She performed volunteer work at the Veterans Army Hospital, Quezon City, Philippines. In 1965 she accepted an internship at the Elizabeth General Hospital, Elizabeth New Jersey. Later she was a three-year resident at Bronx Lebanon Hospital and Veterans Hospitals in New York. She



also completed a two-year fellowship program for hypertension and circulatory diseases in Mount Sinai Hospital, New York. She married her husband, Danilo Deguzman, in 1970. He is a former chemist, and is retired. He is also a real estate agent but is in ill health. They have two children, a daughter who is a physician's assistant and a son who is a paralegal. Dr. Deguzman is also caretaker to her sister, Elizabeth, who is disabled due to a stroke and who resides with Dr. Deguzman.

Dr. Deguzman has dedicated her professional life to providing medical care to the inner-city poor. She has been involved in charity works and her commitment to, and service for, the community is extraordinary. Her awards and recognition attest to her dedication and compassion (Exhibit D1A thru D1G). Family members, colleagues, and patients are all united in their praise and admiration for her. (Exhibits Family-D2A thru F; Colleagues D3A thru K; Patients D4A thru PP). A common theme reflected in the character letters submitted to the court is that Dr. Deguzman is a dedicated, caring and supportive wife, mother, colleague and physician. She simply is a person who cannot do enough for those around her. Following in her parents' footsteps, who provided healthcare in impoverished areas of the Philippines, she too is a determined, committed woman who has dedicated her professional life to providing medical care to those less-fortunate. As her husband succinctly stated, she "is a good-hearted woman who just wants to help people." (PSR, paragraph 53). Dr. Deguzman, absent the current offense, has accomplished a tremendous amount of "good" in her more than 40 year career. In addition, her record shows she has no prior convictions; no prior malpractice payments; and no prior licensure disciplinary history other than the discipline based on her guilty plea. (Exhibit D5).

#### **Nature and Circumstances of the Offense**

Defendant concurs with the facts as set forth in the Presentence Report (PSR), in particular, paragraphs 13 through 22 as clarified by Defendant's Objections and Comments to the Draft PSR (Exhibits D6 and D7). She recognizes and acknowledges that there is no excuse or defense for her conduct. Dr.



Deguzman has shown true remorse for her crime as reflected in paragraph 34 of the PSR and her apology letter to the Court. (Exhibit D8). In accordance with the plea agreement and her acceptance of responsibility and acknowledgement that the receipt of remuneration for the referral of diagnostic testing is unlawful under any circumstances, Dr. Deguzman has disgorged herself of any financial gain in this matter. At the time she entered her guilty plea she paid to the United States Marshals Service the sum of \$23,595 representing the total sum of payments she received from Orange MRI. She has also amended and filed her amended 2009 and 2010 income tax returns, reflecting the receipt of \$23,595 during 2009 and 2010. Proof of these amended 2009 and 2010 income tax returns has been provided to the Government.

She has shown further acceptance of responsibility above and beyond what is necessary in order to receive the Guidelines calculation benefit for acceptance of responsibility. She has entered into a consent order with the New Jersey Board of Medical Examiners regarding discipline resulting from her guilty plea. (Exhibit D9). She is in the process of surrendering her DEA registration due to the fact that she is unlicensed at the present time. (Exhibit D10), thus saving the DEA the time and effort of commencing and litigating an administrative Order to Show Cause within the DEA administrative system. Likewise, she conceded to a loss of her Medicaid eligibility. (Exhibits D11 and D12).

Her extraordinary acceptance of responsibility notwithstanding, Dr. Deguzman submits to the Court that the ills the anti-kickback statute were meant to correct - the overutilization of medical services and compromised clinical decision - are not implicated in this matter. The government in its sentencing memorandum, at pages 6 and 7, cites the testimony of an expert testimony in another case regarding the Anti-Kickback Statute. Although that testimony may have been relevant on the issue of guilt and innocence in the trial cited by the government, it is irrelevant as it pertains to sentencing issues in this case. That is because the diagnostic tests ordered by Dr. Deguzman were based on medical necessity and were done in the best interest of her patients. The government does not, and cannot, refute this position. The

**REINSTATEMENT AS A PROVIDER**

**OFFICE OF INSPECTOR GENERAL  
NATIONAL PRACTITIONER DATA BANK  
MEDICARE AND MEDICAID  
NEW JERSEY MEDICAID**



# OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



Daisy G. De Guzman, M.D.  
285 Homeward Way  
Henderson, NV 89011

**MAR 13 2019**

Dear Daisy G. De Guzman:

RE: OI File No. 2-11-40392-9

Your request for the reinstatement of your eligibility to participate as a provider of items and services covered by the title XVIII (Medicare) program has been approved. The reinstatement is effective with the date of this notice.

We have notified the appropriate State agencies of this action. However, the States are not obligated to reinstate you to their programs if they have imposed a longer period of exclusion under their own authority.

We recommend that you contact the Medicare carrier to determine your options for participating in that program.

Although your right to participate in the Federal health care programs has been reinstated effective with the date of this letter, your name will remain on the List of Excluded Individuals/Entities (LEIE) until the next monthly update. You can access the LEIE online at <http://oig.hhs.gov/exclusions/index.asp>. You should use this letter to demonstrate that your right to participate in the Federal health care programs has been reinstated until your name is removed from the LEIE.

Sincerely,

William T. Echols  
Reviewing Official  
Health Care Program Exclusions





National Practitioner Data Bank  
Human Resources and Services Administration  
U.S. Department of Health and Human Services  
P.O. Box 10832  
Charlottesville, VA 22901-0832  
<https://www.rpdh.hrsa.gov>

DocId: 39300000/19782111  
Process Date: 06/15/2022  
Page 2 of 3  
DE GUZMAN, DAISY  
For authorized use by:  
DE GUZMAN, DAISY

### C. INFORMATION REPORTED

#### Type of Adverse Action: GOVERNMENT ADMINISTRATIVE

Name of Agency or Program That Took the Adverse Action Specified in This Report: CMS

#### Adverse Action

Classification Code(s): REINSTATEMENT (1590)

Date Action Was Taken: 02/01/2020

Date Action Became Effective: 02/01/2020

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

REINSTATED PROVIDER

☐ Subject Identified in Section B has appealed the reported adverse action.

### D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

### E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below.

Date of Original Submission: 06/15/2022

Date of Most Recent Change: 06/15/2022

### F. SUPPLEMENTAL SUBJECT INFORMATION

The following information was not provided by the reporting entity identified in Section A of this report. The information was obtained from other sources.





National Practitioner Data Bank  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
P.O. Box 10832  
Charlottesville, VA 20153-0832  
<https://www.npdlb.hrsa.gov>

DCN: 5500000191821111  
Process Date: 06/15/2022  
Page: 1 of 3  
DE GUZMAN, DAISY

**DE GUZMAN, DAISY**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**REVISION TO GOVERNMENT ADMINISTRATIVE ACTION**

**Date of Action: 02/01/2020**

**Subsequent Action**

**Basis for Initial Action**

**- REINSTATEMENT**

**- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS**  
**- CRIMINAL CONVICTION**

**A. REPORTING ENTITY**

Entity Name: CENTERS FOR MEDICARE AND MEDICAID SERVICES  
Address: 7500 SECURITY BLVD  
C3-03-14  
City, State, Zip: BALTIMORE, MD 21244-1849  
Country:  
Name or Office: PROVIDERENROLLMENT@CMS.HHS.GOV  
Title or Department: PROVIDERENROLLMENT@CMS.HHS.GOV  
Telephone: (000) 000-0000  
Entity Internal Report Reference:  
Type of Report: REVISION  
Related Report Number: 5500000174078262

**B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)**

Subject Name: DE GUZMAN, DAISY  
Other Name(s) Used:  
Gender: FEMALE  
Date of Birth: \*\*/\*\*/\*\*\*\*  
Organization Name:  
Work Address: 111 MULBERRY ST  
City, State, ZIP: NEWARK, NJ 07102  
Organization Type:  
Home Address:  
City, State, ZIP:  
Deceased: NO  
Federal Employer Identification Numbers (FEIN):  
Social Security Numbers (SSN): \*\*\*\*\*  
Individual Taxpayer Identification Numbers (ITIN):  
National Provider Identifiers (NPI):  
Professional School(s) & Year(s) of Graduation:  
Occupation/Field of Licensure: PHYSICIAN (MD)  
State License Number, State of Licensure:  
Drug Enforcement Administration (DEA) Numbers:  
Unique Physician Identification Numbers (UPIN):  
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):  
Business Address of Affiliate:  
City, State, ZIP:  
Nature of Relationship(s):

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**





### C. INFORMATION REPORTED

Type of Adverse Action: GOVERNMENT ADMINISTRATIVE

Name of Agency or Program

That Took the Adverse Action

Specified in This Report:

CMS

Adverse Action

Classification Code(s): REINSTATEMENT (1590)

Date Action Was Taken: 02/01/2020

Date Action Became Effective: 02/01/2020

Total Amount of Monetary Penalty,

Assessment and/or Restitution:

Is the subject automatically reinstated  
after the adverse action period is completed?:

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken

by Reporting Entity: REINSTATED PROVIDER

☐ Subject identified in Section B has appealed the reported adverse action.

### D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

### E. REPORT STATUS

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☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/15/2022

Date of Most Recent Change: 06/15/2022

### F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): DE GUIA, DAISY

Occupation/Field of Licensure: Physician (MD)

State License Number, State of Licensure: 18593, NV

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

# REPORT RESPONSE

Your Account > Your Reports > Report 5500-0001-9182-1111

Confidentiality | Privacy Policy

**CENTERS FOR MEDICARE AND MEDICAID SERVICES (BALTIMORE, MD)** reported the action(s) shown below.

Basis for the action(s) taken: OTHER - NOT CLASSIFIED, SPECIFY: PRECLUDED 02/2020  
CRIMINAL CONVICTION

Date of Action	Reported Action(s)	Date Reported
02/01/2020	• REINSTATEMENT	06/15/2022

## Options

- View the report: ☒
- Add/update a statement or dispute
  - You have not added a statement
  - This report is not disputed

## FAQs

- Who can view my report?
- Can I have my report changed or removed?
- What are my options to respond to a report?
- What if I disagree with my report?

More FAQs

## The NPDB Guidebook

- Chapter C: Subjects of Reports
- Chapter F: Subject Statements and the Dispute Process
- Chapter E: Reports

More NPDB Guidebook Chapters

## Activities for This Report

Date	Description
------	-------------



# DEGUZMAN, DAISY G

## HHS OFFICE OF INSPECTOR GENERAL

### REVISION TO EXCLUSION/DEBARMENT ACTION

Date of Action: 03/13/2019

#### Subsequent Action

#### Basis for Initial Action

- REINSTATEMENT

- PROGRAM-RELATED CONVICTION

#### REPORTING ENTITY

Entity Name: HHS OFFICE OF INSPECTOR GENERAL

Address: PO BOX 23871

City, State, Zip: WASHINGTON, DC 20026-3871

Country:

Name or Officer: JOANN M. FRANCIS

Title or Department: DEPUTY REVIEWING OFFICIAL

Telephone: (202) 205-4193

Entity Internal Report Reference:

Type of Report: REVISION

Related Report Number: 5500000087533087

Note: The related report has been corrected since this revision to action was submitted.  
The latest version of the related report is: 5500000145817579

#### SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DEGUZMAN, DAISY G

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth: 01/28/1943

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: 285 HOMESWARD WAY

City, State, ZIP: HENDERSON, NV 89011

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): \*\*\*-\*\*-2593

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI): 1699865097

Professional School(s) & Year(s) of Graduation:

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure:

Specialty: INTERNAL MEDICINE

Drug Enforcement Administration (DEA) Number:

Unique Physician Identification Numbers (UPIN): D92516

Name(s) of Health Care Entity (Entities) With Which Subject Is  
Affiliated or Associated (Inclusion Does Not Imply Complicity in  
the Reported Action):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PO Box 712

TRENTON, NJ 08625-0712

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

CAROLE JOHNSON  
*Commissioner*

JENNIFER LANGER JACOB  
*Assistant Commissioner*

September 22, 2020

Daisy De Guzman, MD  
285 Homeward Way  
Henderson, NV 89011

Re: Reinstatement Request

Dear Dr. De Guzman,

This is to inform you that you are hereby reinstated to participate in the programs administered in whole or part by the Division of Medical Assistance and Health Services.

Your reinstatement is effective as of the date of this letter. However, please note that this reinstatement letter does not reactivate your New Jersey Medicaid provider number. Rather you must first submit a completed enrollment packet, along with a copy of this letter, to reactivate provider status. Provider Enrollment packets can be found online at [www.njmms.com](http://www.njmms.com) or by calling the Provider Enrollment Unit at DXC Technology at 609-588-6036 to have an enrollment packet mailed to you.

Sincerely,

Jennifer Langer Jacobs  
Assistant Commissioner

c: Kim Ranke, MFD



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PO Box 712

TRENTON, NJ 08625-0712

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285 Homeward Way  
Henderson, NV 89011

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Sincerely,

Jennifer Langer Jacobs  
Assistant Commissioner

c: Kim Ranke, MFD



State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Board of Medical Examiners

HAS REGISTERED

Daisy G. DeGuzman  
962 via del Campo Drive  
Henderson NV 89011

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor

07/01/2017 TO 06/30/2019  
VALID

25MA02598700  
LICENSEE REGISTRATION CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Board of Medical Examiners  
HAS REGISTERED  
Daisy G. DeGuzman  
Medical Doctor

07/01/2017 TO 06/30/2019  
VALID

25MA02598700  
Licensee/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION/  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Board of Medical Examiners  
P.O. Box 183  
Trenton, NJ 08625

PLEASE DETACH HERE

From: nvmmis.edisupport@gainwelltechnologies.com

To: danstarlight@aol.com

Thank you for your interest in Nevada Medicaid Program. Your Nevada Medicaid Program tracking number is 190419. This tracking number must be kept for future reference. The tracking number, unique password, and Federal Tax ID or SSN are all required for future access to your enrollment application. You will not be able to retrieve your enrollment application without all of the required information. Remember to return to the Provider Portal at <https://medicaid.nv.gov/hcp/42/provider/taxid/474/> to complete your enrollment application.

!   
 *https://medicaid.nv.gov/hcp/42/provider/taxid/474/*  
*Default - apex*

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

**Designated Representative Application**

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**Name of Pharmacy/Wholesaler BioPlus Specialty Pharmacy Services, LLC

Pharmacy/Wholesaler License # (if applicable) \_\_\_\_\_

Physical Address 3634 Maryland ParkwayCity Las VegasState NVZip 89169Mailing Address (if different from physical address) PO Box 162088City Altamonte SpringsState FLZip 32716Telephone 888-292-0744Website www.bioplusrx.comLicensing Company Email license@bioplusrx.com**Section 2: Personal Information**First StephanieMiddle MarieLast KowlessarAlias(es, nicknames, name changes, etc.) Stephanie Miller

Date of Birth \_\_\_\_\_

SSN or ITIN \_\_\_\_\_

Sex ☐ M ☒ F ☐ XMailing Address \_\_\_\_\_ Lake Andrew AveCity North Las VegasState NVZip 89086

Telephone \_\_\_\_\_

Email \_\_\_\_\_@outlook.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

**Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)**

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓



**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

School Name Roseman University of Health Sciences		From - To (MM/YY - MM/YY) 8/12-6/15	
Address 11 Sunset Way	City Henderson	State NV	Zip 89014
Diploma/Degree obtained, if any PharmD			
School Name American Intercontinental University		From - To (MM/YY - MM/YY) 06/07-04/08	
Address 2200 E Germann Rd	City Chandler	State AZ	Zip 85286
Diploma/Degree obtained, if any MBA with concentration in Healthcare Management			
School Name University at Albany		From - To (MM/YY - MM/YY) 01/05-12/06	
Address 1400 Washington Ave	City Albany	State NY	Zip 12222
Diploma/Degree obtained, if any BA Economics			
School Name Bishop Ludden High School		From - To (MM/YY - MM/YY)	
Address 815 Fay Rd	City Syracuse	State NY	Zip 13219
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

From - To (MM/YY - MM/YY) 7/17-Current	Address [REDACTED] Lake Andrew Ave	City North Las Vegas	State NV	Zip 89086
From - To (MM/YY - MM/YY)	Address [REDACTED] Crooked Putter Drive	City Las Vegas	State NV	Zip 89148
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

Business Name BioPlus Specialty Pharmacy Services, LLC		From - To (MM/YY - MM/YY) 09/23 - Current	
Business Address 3634 Maryland Parkway	City Las Vegas	State NV	Zip 89169
Phone 888-292-0744	Title Pharmacist in Charge	Number of Employed Hours 64	
Description of Duties Serve as pharmacist in charge. Responsible for organization, coordination, direction and evaluation of pharmacy services excluding order fulfillment and dispensing.			

Business Name KabaFusion		From - To (MM/YY - MM/YY) 7/22-9/23	
Business Address 1510 W. Sunset Rd Ste 120	City Henderson	State NV	Zip 89014
Phone 702-476-6996	Title Clinical Pharmacist	Number of Employed Hours 2380	
Description of Duties 1. Conduct clinical reviews for new referrals and assess appropriateness of prescribed therapy. 2. Supervise and dispense medications used for infusions in home and clinic environments. 3. provide patient counseling and care plans.			

Business Name Optum Frontier Therapies		From - To (MM/YY - MM/YY) 4/21-7/22	
Business Address 6425 Santa Margarita Street Unit 110	City Las Vegas	State NV	Zip 89118
Phone 855-768-9727	Title Senior Manager Pharmacy Operations	Number of Employed Hours 2600	
Description of Duties Served patients with rare diseases, provided leadership and oversight for multi-department pharmacy operations, launched new pharmacy site, developed and enforced policies/procedures ACHC and URAC accreditation standards.			

Business Name Southwest Medical Pharmacy (Part of OptumCare)		From - To (MM/YY - MM/YY) 1/19-4/21	
Business Address 6720 Placid Street	City Las Vegas	State NV	Zip 89119
Phone 702-796-1016	Title Supervisor Pharmacy Operations	Number of Employed Hours 4600	
Description of Duties Managed daily pharmacy operations for hospital, long-term care and hospice. Developed and implemented programs for antibiotic waste, inventory management, quality improvement. Ensured compliance with BOP statutes and regulations.			

Business Name Southwest Medical Pharmacy (Part of OptumCare)		From - To (MM/YY - MM/YY) 8/15-1/19	
Business Address 6720 Placid Street	City Las Vegas	State NV	Zip 89119
Phone 702-796-1016	Title Transition of Care Clinical Pharmacist (Hospital)	Number of Employed Hours 7000	
Description of Duties Completed clinical transition of care review on hospital admissions and discharges. Participated in interdisciplinary rounds and provided medication optimization. Provided chronic disease state counseling.			

Continue on next page if additional space is needed.



Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State      Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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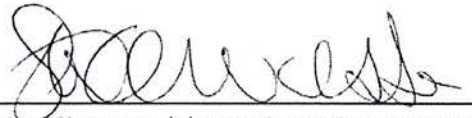
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacture or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # \_\_\_\_\_. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

  
Original Signature (electronic, copies or stamps not accepted)

10/2/23  
Date

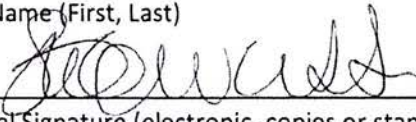
I, Stephanie M Kowlessar, certify that as the designated representative for  
BioPlus Specialty Pharmacy Services, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. smk I am at least 21 years of age;
3. smk I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. smk I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. smk I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. smk I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. smk I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Stephanie M Kowlessar

Print Name (First, Last)

  
Original Signature (electronic, copies or stamps not accepted)

Date

10/2/23



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephanie M Kowlessor

Print Name (First, Last)

Stephanie M Kowlessor

Original Signature (electronic, copies or stamps not accepted)

10/2/23  
Date

-----  
**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Stephanie M Kowlessor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

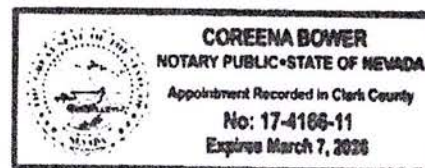
Stephanie M Kowlessor

Original Signature

10/2/23  
Date

Subscribed and Sworn to before me this 2nd day of October, 2023

Coreena Bower  
Notary Public Signature



(Seal)

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2023	TOTAL REVENUE/EXPENSE \$FY23	DIFFERENCE
Beginning Balance	\$ 3,706,622		\$ 3,706,622	\$ -	\$ -	\$ 3,706,622	\$ 3,706,622	\$ -
Renewal Fees	\$ 4,635,800	\$ 677,000	\$ 5,312,800	\$ 4,940	\$ 5,878,909	\$ -	\$ 5,883,849	\$ 571,049
Registration Fees	\$ 593,510		\$ 593,510	\$ 117,165	\$ 959,881	\$ -	\$ 1,077,046	\$ 483,536
Recovered Costs	\$ 50,000		\$ 50,000	\$ -	\$ 31,715	\$ -	\$ 31,715	\$ (18,285)
CC Processing Fees	\$ 250,000		\$ 250,000	\$ 3,167	\$ 307,008	\$ -	\$ 310,175	\$ 60,175
Change MGR RPH	\$ 10,000		\$ 10,000	\$ 900	\$ 9,850	\$ -	\$ 10,750	\$ 750
Inspections	\$ 1,000		\$ 1,000	\$ 1,419	\$ 6,004	\$ -	\$ 7,423	\$ 6,423
Interest Income	\$ 7,500		\$ 7,500	\$ 10,833	\$ -	\$ -	\$ 10,833	\$ 3,333
Late fees	\$ 17,530		\$ 17,530	\$ 3,045	\$ 34,385	\$ -	\$ 37,430	\$ 19,900
Total Revenues	\$ 9,271,962	\$ 677,000	\$ 9,948,962	\$ 141,469	\$ 7,227,752	\$ 3,706,622	\$ 11,075,844	\$ 1,126,882
EXPENSES								
Payroll	\$ 3,754,618		\$ 3,754,618	\$ 294,254	\$ 3,091,297	\$ -	\$ 3,385,551	\$ (369,067)
Operating	\$ 1,100,000		\$ 1,100,000	\$ 51,676	\$ 1,047,838	\$ -	\$ 1,099,513	\$ (487)
Equipment	\$ 55,000		\$ 55,000	\$ 15,587	\$ 12,885	\$ -	\$ 28,473	\$ (26,527)
In-State Travel	\$ 110,000		\$ 110,000	\$ 14,694	\$ 82,938	\$ -	\$ 97,633	\$ (12,367)
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ 668	\$ 17,553	\$ -	\$ 18,221	\$ (46,779)
DAG Cost	\$ 36,000		\$ 36,000	\$ 82	\$ 40,677	\$ -	\$ 40,758	\$ 4,758
Reserve	\$ 4,151,344	\$ 677,000	\$ 4,828,344	\$ -	\$ -	\$ -	\$ 6,405,695	\$ 1,577,352
Total Expenses	\$ 9,271,962	\$ 677,000	\$ 9,948,962	\$ 376,961	\$ 4,293,187	\$ -	\$ 11,075,844	\$ 1,126,882
Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



REVENUES		APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2024	TOTAL REVENUE/EXPENSE FY24	DIFFERENCE
	Beginning Balance	\$ 6,232,358		\$ 6,232,358	\$ -	\$ -	\$ 6,232,358	\$ 6,232,358	\$ -
	Renewal Fees	\$ 1,795,552		\$ 1,795,552	\$ 788,000	\$ 7,460	\$ 1,000,092	\$ 1,795,552	\$ -
	Registration Fees	\$ 1,561,460		\$ 1,561,460	\$ 115,900	\$ 229,085	\$ 1,216,475	\$ 1,561,460	\$ -
	Recovered Costs	\$ 30,000		\$ 30,000	\$ -	\$ -	\$ 30,000	\$ 30,000	\$ -
	CC Processing Fees	\$ 175,000		\$ 175,000	\$ 42,219	\$ 5,908	\$ 126,874	\$ 175,000	\$ -
	Change MGR RPH	\$ 22,800		\$ 22,800	\$ 1,300	\$ 2,050	\$ 19,450	\$ 22,800	\$ -
	Inspections	\$ 5,000		\$ 5,000	\$ 2,401	\$ 205	\$ 2,394	\$ 5,000	\$ -
	Interest Income	\$ 30,000		\$ 30,000	\$ 9,443	\$ -	\$ 20,557	\$ 30,000	\$ -
	Late Fees	\$ 15,000		\$ 15,000	\$ 600	\$ 3,530	\$ 10,870	\$ 15,000	\$ -
	Total Revenues	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 959,863	\$ 248,237	\$ 8,659,070	\$ 9,867,170	\$ -
EXPENSES									
	Payroll	\$ 3,098,163		\$ 3,098,163	\$ 314,449	\$ 627,466	\$ 2,156,247	\$ 3,098,163	\$ -
	Operating	\$ 1,369,636		\$ 1,369,636	\$ 71,570	\$ 156,887	\$ 1,141,179	\$ 1,369,636	\$ -
	Equipment	\$ 25,000		\$ 25,000	\$ -	\$ -	\$ 25,000	\$ 25,000	\$ -
	In-State Travel	\$ 110,000		\$ 110,000	\$ 7,887	\$ 4,170	\$ 97,943	\$ 110,000	\$ -
	Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ -	\$ 65,000	\$ 65,000	\$ -
	DAG Cost	\$ 40,000		\$ 40,000	\$ 2,835	\$ 2,282	\$ 34,883	\$ 40,000	\$ -
	Reserve	\$ 5,159,372		\$ 5,159,372	\$ -	\$ -	\$ -	\$ 5,159,372	\$ -
	Total Expenses	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 396,741	\$ 790,805	\$ 3,520,253	\$ 9,867,170	\$ -
	Balance	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -