

May 2024 Board Meeting Handouts

20A. Workshop – Written Public Comment

5D. Michael Mall

5E. Brenda Vaknin

5F. William Alvear

5J. Kevin Petersen

5L. Harris Clayton

5R. George James Maiorano

6A. Keiasha Johnson

23. Executive Report - Financial

20A

Fax: 775-850-1444

Web Page: <https://bop.nv.gov/>

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From: Camerin Passey <[REDACTED]>
Sent: Friday, May 24, 2024 10:59 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Proposed staffing legislation

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

To the Nevada Board of Pharmacy,

I've reviewed the proposed legislation for minimum pharmacy staffing requirements, and as a prospective independent pharmacy owner, I need to voice my concerns.

I understand the need to have some form of regulation for the corporate retail chain pharmacies in this arena as they routinely under staff their locations and overwork their employees to cut costs. However, that is not a situation I've regularly encountered with independently owned and operated pharmacies. Compliance with this legislation as written would be quite cost-prohibitive, especially for independent pharmacies. It would put me in the position of saying, "I hope I don't need to fill more than 180 prescriptions throughout my 9-hour day today, otherwise I'll be required to hire an additional pharmacist that I don't really need." My first recommendation would be to include an exception for independently owned & operated pharmacies as has been written already for institutional and correctional institution pharmacies.

If that is not an option, I would suggest the number of prescriptions per hour be increased significantly for both the pharmacist and pharmacy technician staffing requirements. My team, consisting of myself and two well-trained technicians, can efficiently and safely fill upwards of 250-300 prescriptions over the course of a 9-hour day without issue. Granted, we don't offer non-dispensing services, so I would understand the need for additional staffing in those pharmacies that do. That being said, I believe the legislation should allow for closer to 30-35 prescriptions per hour for 1 pharmacist and go up from

there. I would also suggest 15-18 prescriptions per hour per technician; so with two technicians, 30-35 prescriptions per hour should be no problem.

Lastly, I see a major problem in monitoring and documenting hourly compliance with the staffing requirements. Anyone who's worked in a retail pharmacy knows the first few hours of the day are the busiest. The way the legislation is written suggests you would really need to over staff to meet the hourly limits for the first few hours of the day, or turn patients away in order to maintain hourly compliance, neither of which is a practical solution. Also, the burden of hourly documentation to meet the demands of the law, in addition to meeting the demands of patients would be quite excessive. If documentation is required for compliance with staffing requirements, it should be limited to a daily record that averages the total prescriptions filled over the number of hours open for business, not an hourly record.

I know I'm not alone in my concerns over this proposed legislation. I truly hope the Board takes into consideration the practical concerns the proposal raises and makes the needed adjustments. I agree some pharmacies, specifically corporate retail chains, need regulation like this. However, independently owned and operated pharmacies should not be placed in the same category or face undue burden to comply with a regulation when they really haven't been a part of the problem the regulation addresses.

Thank you!

Camerin Passey, PharmD, MBA

[REDACTED]

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----- Forwarded Message -----

From: [REDACTED] >

To: license@nvbop.org <license@nvbop.org>

Cc: David Simsek [REDACTED]

Sent: Tuesday, May 28, 2024 at 10:23:03 PM PDT

Subject: Thoughts on the proposed regulations to improve workplace & patient safety

Greetings to the NV St Bd of Rx:

Thank you so much for taking that survey seriously & proposing regulations to address the concerns of pharmacists & technicians that the survey brought to light.

Although you have given me new found respect for the NV St Bd Rx administration in proposing these rules, I don't see how they will pass given the power & scope of control that the chain pharmacies have over the board. My blessings are with you in this endeavor.

That being said, here are a couple of **SUGGESTIONS** that might help getting these regulations passed.

- 1) Take the pharmacist in charge out of the adversarial position that these regs place him/her in by having the "data" (script volume, for example) automatically sent to the board each night electronically just like you have PMP data sent. Then the "data" is the "data" & the PIC isn't at odds with his or her boss and the board is not dependent upon the PIC to "volunteer" this information.
- 2) Write the regs such that the "data" is weighted over each week & given a daily average/hour over the week. This will give flexibility for the normal spikes that happen. For example a single man/women pharmacy that normally runs about 150-180 Rx's/day, but occasionally has a busy 230 Rx's/day Monday wouldn't have to automatically add a pharmacist or have a work slowdown for just that one day (within reason). I think this approach would get you more buy in from the chains. Also that would allow for spikes in workflow to accommodate processing of refills which take less effort than processing new prescriptions. Compounding pharmacies might need different numbers to work with because of the complexity of processing those types of prescriptions.
- 3) And absolutely keep all of that non-prescription duties that many retail pharmacies are required to perform (vaccines, etc.) separate from the mix. That is a huge time & disruption component to the daily life of a pharmacist. I can't emphasize that every interruption or disruption to prescription filling adds a huge risk for mistakes.
- 4) I noticed that a huge number of pharmacists (55%) are required to work off the clock. I think this could easily be remedied if you were to write a reg that required all pharmacists including PIC's must be hired as hourly pharmacists (except for those solely in administrative jobs that don't require dispensing), and that they must be paid for hourly for all duties of their job description when they are actually working. No more salary's for retail pharmacists. They don't really do the hiring & firing anyway. It's the district managers & owners that do that.

5) Also requiring a pharmacy tech to work at ALL times with a pharmacist is a great idea because it deters robberies & deters the temptation of diversion. There would be exceptions of course for rural CAH hospital pharmacists who many times get called back after hours or are simply too slow to need a technician at all times. They have many administrative duties that require their time but not that of a technician. And in a hospital setting there are lots of other employees around, so the pharmacist is not truly alone like they are in a retail setting.

Thank you for allowing feed back for the board meeting on 05-29-24.

David Simsek, RPh, NV Rx Lic #11073.

From Winnemucca NV

29-years Nevada rural hospital pharmacy experience

2.5-years Nevada rural independent retail pharmacy experience

From: Matt Christensen <[REDACTED]>
Sent: Tuesday, May 28, 2024 9:46 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>; Matt Christensen <[REDACTED]>
Subject: Proposed Regulations for 5/29/2024

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

To start out, I would like to applaud your desire to try and make changes to the working conditions in the pharmacies. I felt that the survey was a good idea and I was surprised at the responses and comments in the survey results.

I own and operate four small rural independent pharmacies in Nevada. I believe that I could comply with even the proposed regulations. I do not think the proposed regulations would be what is best for retail pharmacies in Nevada. I do not want to just complain about the proposed regulations. I think I have suggestions that could make it feasible for all retail pharmacies (independents and chains) and still help correct the issues identified in the survey results. I do not love more regulations that we would have to follow, but with the results of the survey it is clear that something needs to be done for the mental health of the pharmacy staff and for the protection of the public from medications errors due to overworked or burned out pharmacists and technicians.

To summarize the proposed regulations:

Pharmacists

0-20 Rx / Hour = 1 Pharmacist required

21-40 Rx / Hour = 2 Pharmacists required

41-60 Rx / Hour = 3 Pharmacists required

Etc.

If more than 9 prescriptions per hour are filled another non dispensing pharmacist would be required to perform non dispensing tasks like MTM, vaccinations and other activities.

Technicians

5-9 Rx / Hour = 1 Technician required

10-19 Rx / Hour = 2 Technicians required

20-29 Rx / Hour = 3 Technicians required

30-49 Rx / Hour = 4 Technicians required

50-69 Rx / Hour = 5 Technicians required

Etc.

2. The managing pharmacist has the duty to enforce the provisions in these sections and maintain documentation of hourly compliance with these sections, including, but not limited the name of the pharmacist, and the name of the pharmaceutical technician or pharmaceutical technician staffed each hour and day, and is responsible for ensuring there is documentation of each hour and day the pharmacy fails to maintain minimum staffing requirements. This document must be readily retrievable and maintained for at least 2 years.

3. The pharmacy, managing pharmacist, and all registered pharmacists have the duty to report to the Board when the pharmacy fails to maintain minimum staffing requirements for any hours during three (3) consecutive days

I do not have enough experience in hospital pharmacy to have a useful opinion of the proposed changes to hospital pharmacy.

I do not claim to have all of the answers but from my experience in Pharmacy this is what I think should be changed with the proposed regulations:

Even though I could make it work for my pharmacies I think that the staffing requirements relating to prescriptions per hour are too low.

Especially this year there are considerable economic pressures with reimbursement from the insurance companies. It is a matter of economy of scale, to be economically feasible pharmacies need to have higher volumes.

One of my main suggestions is that minimums in dispensing fees, reimbursement, and business practices of the insurance companies must be addressed so that pharmacies do not have to fill high volumes to be even minimally profitable.

I understand that this is not a topic that falls within the per-view of the Nevada board of Pharmacy, but when there is any proposed legislation that is addressing this, it should be analyzed and supported if deemed appropriate by the Board if it is permitted by the rules of the Board. Until the issue of reimbursement is resolved, real effective change in the pressures placed on pharmacy staff may not be possible.

Here are some questions that I have:

-What constitutes a Rx per hour, is it input, billed, counted and final check? Or is it just the number of prescriptions that a pharmacist performs the final check in that hour?

- Is the Rx per hour literal, or an average of Rx's final checked per hour during the shift?

If staff is well trained, when we first arrive in the morning we will be able to bill, fill, and check 70 prescriptions in an hour especially if there are a high percentage are refills. This tapers off rapidly during the day as we "catch up" and are just doing prescriptions as they are sent in by providers or requested by patients. I do not feel there would be any benefit in safety to artificially cap how many prescriptions we can do in a specific hour, just so that we can be in compliance with this regulation. If a pharmacy is filling 190 prescriptions in a 10 hour shift, but 60 were filled during the first hour the pharmacy is open, it would not make sense to schedule 3 pharmacists for that one hour only, nor does it make sense to require a pharmacy to slow down and spread out the 60 prescriptions of that first hour to 3 hours, solely to be in compliance with this regulation. So with this I would strongly suggest the board watch the average number of prescriptions per hour checked by a SPECIFIC pharmacist during their entire shift. This would show how overburdened an individual pharmacist is.

For example a pharmacy fills 1000 prescriptions in a 10 hour time period. The Pharmacy staffs 3 pharmacists at all times during the 10 hour shift. Pharmacist A performs the final check on 600 prescriptions because they are known to be "fast" or they are low in seniority, but they also do not counsel patients or take phone calls. Pharmacist B is the PIC and they check 150 prescriptions during the 10 hour shift, they do paperwork and counsel patients most of the time. Pharmacist C checks 250 prescriptions during the shift, they answer technician's questions and deal with phone calls.

This could be a safe and effective work environment or it could be burning out, or putting too much pressure and liability on Pharmacist A. It would benefit the board and the PIC to look at these numbers and critically think about the situation and ask if it is safe. Without looking at individual pharmacists 1000 prescriptions in a 10 hour shift with 30 Pharmacist hours might seem possible and safe for the public, until you look at the details.

My suggestions for staffing levels are as follows:

Pharmacists

0-30 Rx final checked / hour averaged over specific pharmacists entire shift = 1 Pharmacist required

31-60 Rx final checked / hour averaged over specific pharmacists entire shift = 2 Pharmacist required

61-90 Rx final checked / hour averaged over specific pharmacists entire shift = 3 Pharmacist required

Etc.

If more than 9 prescriptions per hour are filled another non-dispensing pharmacist would be required to perform non-dispensing tasks like MTM, critical care management and other activities. Vaccines can be performed at any time but would count as the equivalent of 3 to 5 prescriptions for that hour for that individual pharmacist. I would suggest that vaccines mostly be scheduled and done during the times when the pharmacy is less busy.

For vaccines, I think that if a separate non-dispensing pharmacist is required if more than 9 Rxs / hour are filled then many pharmacies will decide to not offer vaccines or only offer them at specific locations or days of the week. This would limit patient access and decrease vaccine rates. I do not think this is what the Board of Pharmacy desires or intends with this regulation.

For technicians I think the numbers of the proposed regulations are too low. In my pharmacies we are probably over staffed and even today we would be able to meet the requirements of the regulations, but other pharmacies would probably need to add additional staff that might not have enough work to do.

I think that there should always be a technician in the pharmacy with a pharmacist. This would help with preventing distractions to a pharmacist during the final check, help make diversion harder, and improve safety (prevent or discourage robbery). In a very low Rx per hour situation the pharmacist would be allowed to be alone during the technician's meal time (lunch).

My recommendations for technicians are:

0-15 Rx / Hour = 1 Technician required

16-25 Rx / Hour = 2 Technicians required

26-35 Rx / Hour = 3 Technicians required

36-55 Rx / Hour = 4 Technicians required

56-75 Rx / Hour = 5 Technicians required

Etc.

I also have questions about what would be required in case of sickness or employee turnover? How long would a pharmacy have to find someone to cover or hire an employee and get back into compliance?

My pharmacies are mainly rural, finding technicians and pharmacists is a difficult process that takes some time. In addition when we do hire a technician in training even if we turn in the technician application to the Board the first day of hire, it can take 10 to 14 days for the technician in training License to be issued. This might make our prescriptions per day not in compliance for a month or more. Is this acceptable to the board? Or would we be capped at the ratio and have to turn patients away or face fines or draw the ire of the Board?

The record keeping logs that are required would be a significant time burden on the PIC or managing pharmacist. There are not many ways around this. My suggestion is that each technician would need to keep a weekly log of their hours and the Rxs per each hour worked and then the average Rxs per hour for that shift. Additionally, each pharmacist would need to keep a weekly log of their hours and the Rxs that they performed the final check on per each hour worked and then the average Rxs that they performed the final check on per hour for that shift. The pharmacist would also need to specify which hours were dispensing vs non-dispensing. The PIC would be responsible along with the technician or pharmacist to make sure this log was kept weekly and was accurate. This would not overburden the PIC with this time consuming reporting requirement.

Again thank you for taking the time to Look at these issues and to try to resolve them.

Matthew Christensen PharmD Lic 17632

PIC Rex Drug Co

From: [Pharmacy Board](#)
To: [Jesette Phaynarikone](#); [Darlene Nases](#); [Erin Miller](#)
Subject: Fw: Comment on the required minimum pharmacy staffing
Date: Wednesday, May 29, 2024 7:11:27 AM
Attachments: [Outlook-kq0s1rga.png](#)

Thank you.

**Nevada State
Board of Pharmacy**

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From: mheg antonette villanueva [REDACTED]
Sent: Wednesday, May 29, 2024 1:31 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Comment on the required minimum pharmacy staffing

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

Discussion about the minimum required staff to run a pharmacy is a very important factor in ensuring patient safety. A well staffed pharmacy ensures pharmacists have adequate time to review prescriptions for accuracy and interactions. Rushing due to understaffing can increase the risk of dispensing errors, compromising patient's well-being.

It is also important in improving productivity and efficiency with regard to pharmacy operations. With enough staff, tasks like filling prescriptions, managing inventory, and answering customer questions can be completed efficiently, minimizing wait times and maximizing customer satisfaction.

Pharmacies also need to be compliant with the law, recognizing the legal and ethical obligations to adhere to dispensing regulations. Having enough staff allows for proper oversight and adherence to these guidelines.

Addressing the need to establish a minimum staffing requirement will also help with ensuring the well-being of the employees at the work place. Chronic understaffing leads to burnout and stress for pharmacy staff. This can impact the quality of care provided and increase turnover, further exacerbating staffing issues.

While I believe that the current proposed regulations addressing the staffing issue is a good start, it falls short in establishing the minimum staffing required BASED ON THE ENTIRE RETAIL PHARMACY OPERATIONS.

Simply stating that the minimum required number of staff should be based on the number of prescriptions being processed or filled is inadequate. Factors such as total number of transactions at the register, a.k.a. Out window transactions should also be taken in consideration.

For example, a pharmacy that processed (entered, verified, and filled) 150 prescriptions for the day could have also processed 85 register transactions at the out window. These transactions could range between 5 to 10 minutes per patient tying up a staff or 2 for hours at the out window. Meanwhile, the said pharmacy could have also received around the same amount of phone calls, if not a little less, for the day.

Based on the proposed regulation where a pharmacy that dispenses between 100 - 190 prescriptions in 10 hours, the 2 minimum technicians required to be in the pharmacy for those operational hours can get tied up fulfilling those tasks as well.

Sure, it can be said that they may be able to multi task in order to process prescriptions, but it also poses the risk of making mistakes and mishandling prescriptions due to excessive work load.

Aside from processing prescriptions, the pharmacy receives several totes of medications/inventory most days of the week that need to be properly stored on the shelves and refrigerators. This adds on to the list of tasks that must be performed in order to facilitate a properly running pharmacy.

Given the scenario, the proposed regulations regarding the minimum required number of pharmacy technicians for the day is inadequate. I believe that number should be increase and that a required minimum amount of technician hours must also be defined in the addition to the number of technicians per day.

As for only requiring 1 pharmacy technician for a pharmacy that processes between 50 to 90, this is inadequate. Most especially because the proposed regulation offers an exception for the pharmacist in the same pharmacy to perform non-dispensing tasks such as giving immunizations. This poses a risk not only to patient safety but also the safety of the employee. To allow the pharmacist on duty to give vaccines without any technicians is to undermine the safety and security of that pharmacist. It also equates to placing the patients he or she serves in harm's way.

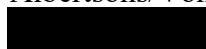
Frankly, in terms of the minimum required technicians, the proposed regulations might as well have been written by a pharmacy corporate employee. This is because it resembles the current practices that are already employed by the companies. The regulations will only give way for the companies to continue on their current practices as the proposed regulations will allow

them to say that they are currently already compliant. With this in mind, no change will happen.

I think having this discussion is a good start. However, it must be improved in a manner that considers the entire operations of the pharmacy not just the number of prescriptions being processed. It must also offer definitions regarding the pharmacist required whether it's physical or virtual pharmacist considering how companies, in our current time, can employ pharmacists that do virtual or remote verifications.

--

Mheg Antonette Villanueva, Pharm. D.
Albertsons/Vons Floater Pharmacist



From: [Pharmacy Board](#)
To: [Darlene Nases](#); [Erin Miller](#); [Jesette Phaynarikone](#)
Subject: Fw: COMMENT - for meeting May 29,2024 , minimum staffing recommendations
Date: Wednesday, May 29, 2024 7:11:00 AM
Attachments: [Outlook-m5yu0d02.png](#)

Thank you.

**Nevada State
Board of Pharmacy**

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From: Omar Aly <[REDACTED]>
Sent: Wednesday, May 29, 2024 12:59 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: COMMENT - for meeting May 29,2024 , minimum staffing recommendations

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

Good Morning,

Comment:

Minimum staffing is crucial in pharmacies due to the complex and time-sensitive nature of pharmacist work. While it might seem like pharmacists can handle cashiering duties, phone calls and vaccines alongside their other tasks, here's why it becomes problematic:

- **Focus and Accuracy:** Dispensing medications requires absolute focus and double-checking to avoid potentially dangerous errors. Multitasking between cashiering, phone calls, vaccines and dispensing can lead to mistakes with prescriptions.
- **Patient Consultations:** Pharmacists often need to answer complex questions from patients about their medications and potential interactions. This dedicated time can't be interrupted by cashiering duties, vaccines, and answering the phone.
- **Vaccinations:** Administering vaccinations involves proper procedures, documentation, and potential side effect monitoring. This cannot be rushed alongside cashiering, vaccinations and answering phone calls .

Physical Presence Matters:

It's important to note that minimum staffing requires a licensed pharmacist to be physically present in the store. While virtual consultations, virtual verify and similar techs with pharmacists might exist in some cases (especially in the large retail chains), they cannot replace the need for in-person oversight and direct patient interaction during medication dispensing, vaccinations, and complex consultations. Virtual pharmacy work is a high risk in and of itself.

The companies **MUST** not be allowed to use this as a loophole to avoid having overlap or additional pharmacy staff physically present in the pharmacy.

Metrics for Staffing Decisions:

While there's no single metric for ideal staffing, a combination of factors helps determine minimum levels:

- **Prescription Volume:** The average number of prescriptions filled daily. Higher volume requires more pharmacists for accurate dispensing.
- **Phone Call Volume:** The average number of incoming calls seeking consultations, refills, or medication inquiries. Pharmacists need dedicated time for these calls.
- **Vaccination Rates:** The number of daily vaccinations impacts pharmacist workload. Busy vaccination clinics need dedicated staff.
- **Cashier Transactions:** The average number of customer transactions per day. High transaction volume might justify a dedicated cashier to free up pharmacists.

Simply basing the additional technician ratio off of just prescription volume solely is a huge mistake and will just continue to perpetuate the risk to patient safety in the pharmacy.

This needs to be reiterated, and metrics exist that can easily justify the need for more help - phone calls, consultations, vaccines, register transactions need to be considered.

Finding the Right Balance:

By considering these metrics, pharmacies can establish minimum staffing levels. This ensures pharmacists have dedicated time for:

- **Dispensing medications accurately**
- **Providing thorough consultations**
- **Administering vaccinations safely**

Ultimately, minimum staffing with a physically present pharmacist helps maintain patient safety and well-being, which is the top priority for any pharmacy. The proposed law needs revision to include thresholds of other non pharmacist duties.

Here is a very rough draft but a good example:

****1.** A pharmacy, as defined in NRS 639.012, except an institutional pharmacy, as defined by NRS 639.0085, and a pharmacy in a correctional institution, as defined by NRS 639.0123 engaged in the dispensing of controlled substances or dangerous drugs shall staff a pharmacy in a manner that meets the demand of the pharmacy while prioritizing patient care and safety.

a. The following are the minimum pharmacist staffing requirements:**

i. A pharmacy shall staff the pharmacy with a minimum of two (2) pharmacists for every hour the pharmacy is: * Filling greater than or equal to ten (10) prescriptions per hour; **OR** * Handling greater than or equal to five (5) phone calls per hour; **OR** * Completing greater than or equal to 30 (30) register transactions per hour; **OR** * Administering greater than or equal to

four (4) vaccines per hour. (see survey results for questions 7, 16, 17, 18, 20, 21, 40, 45, 47, 48, 54, 55, 56, 57) ii. The pharmacy shall add, at a minimum, an additional pharmacist technician for every ten (10) prescriptions filled per hour **OR** every five (5) additional phone calls handled per hour **OR** every one thirty (30) additional register transactions completed per hour **OR** every 4 (4) additional vaccines administered per hour thereafter by the pharmacy. (see survey results for questions 7, 16, 17, 18, 20, 21, 40, 45, 47, 48, 54, 55, 56, 57) iii. If the pharmacy is engaged in providing non-dispensing services during the hours the pharmacy is also providing dispensing services, the pharmacy must add an additional pharmacist designated to perform the non-dispensing services. (see survey results for questions 28, 29, 30, 40, 47, 55, 56, 57)

[Remainder of the law remains unchanged except to include the other variables stated above]

Considerations:

- This revision provides a more holistic approach to staffing by considering not just prescriptions filled but also other workload factors like phone calls, register transactions, and vaccinations.
- It's important to ensure data collection methods for phone calls, transactions, and vaccinations are clear and verifiable.

Thank you,
Omar A

To be included in the record from the May 29th, 2024 Board of Pharmacy meeting. Was only able to testify for three minutes and testimony was cut off by President Parks. Please include this testimony in full for the Board.

Retail pharmacies need flexibility in determining staffing levels and why regulators should avoid limiting the number of prescriptions filled per person per day:

1. **Patient Access to Medications:** Retail pharmacies play a critical role in ensuring patients have timely access to their medications. By allowing flexibility in staffing, pharmacies can efficiently manage prescription volumes, reducing wait times and ensuring patients receive their medications promptly.
2. **Adaptability to Demand Fluctuations:** Prescription volumes can vary significantly based on factors such as flu seasons, public health emergencies, or local events. Flexible staffing allows pharmacies to adjust quickly to changing demand. For instance, during a flu outbreak, pharmacies may need additional staff to handle increased prescription fills and vaccinations.
3. **Patient-Centric Services:** Beyond dispensing medications, pharmacies offer valuable services like medication therapy management, immunizations, and health screenings. Adequate staffing enables pharmacists to engage with patients, answer questions, and provide personalized care. Limiting prescriptions per person per day could hinder these essential services.

Every pharmacy environment is unique; interdependent factors that include the intelligence, competence, attitude, motivation, and teamwork of all pharmacy employees; the pharmacy environment; the local patient population; and relationships with local physicians and other practitioners, just to name a few, determine whether the number of employees on-hand is sufficient to provide proper pharmacy care. Pharmacy management needs to have the flexibility to evaluate the individual needs of their pharmacies and determine the number of pharmacists and support staff needed in a particular pharmacy to ensure that it is staffed to safely and efficiently fill their patients' prescriptions.

The increase in prescription volume, coupled with the continued pharmacist shortage, makes the expanded use of pharmacy technicians and technology even more important in reducing the likelihood of prescription errors. The number of prescriptions filled by retail pharmacies grew to 6.9 billion in 2023, up from 6.1 billion in 2018.¹

- Although we recognize that each individual pharmacist may have performance levels at which he or she may not perform optimally, there is a public misconception that filling a higher volume of prescriptions directly correlates with a higher rate of prescription errors. Studies have shown the opposite: in fact, pharmacies that fill a lower volume of prescriptions are associated with an increased frequency in errors, and when pharmacists shift to higher workloads, the frequency of errors decreases.²
- With the continued growth of prescription volume, each pharmacy will undoubtedly continue to fill an increasing number of prescriptions. Technicians and technology serve as adjuncts to the pharmacist making it possible to fill ever-increasing volumes safely and beneficially for patients. Our members recognize that pharmacists' work environment is important to maintaining patient safety; we utilize existing technologies and favor new initiatives that help pharmacists work more efficiently and safely.

It is impossible to find a magic number for how many prescriptions could be safely dispensed that would be applicable to all pharmacists.

1 Source:

1. IQVIA Report on "The Use of Medicines in the U.S. 2024 Usage and Spending Trends and Outlook to 2028" Available at: <https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/the-use-of-medicines-in-the-us-2024>
2. IQVIA Report on "The Use of Medicines in the U.S. 2023 Usage and Spending Trends and Outlook to 2027" Available at: <https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/the-use-of-medicines-in-the-us-2023>

2 Grasha, Anthony F. "Psychosocial Factors, Workload, and Risk of Medication Errors," *US Pharmacist* 27: 4 (2001).

- People have different thresholds for how much work they can competently accomplish, which is dependent upon cognitive (an individual's approach to completing tasks) and psychological factors (an individual's state of mind). This is why we advocate for pharmacy management to have the flexibility to evaluate the individual needs of their pharmacies and determine the number of pharmacists and support staff needed in a particular pharmacy to ensure that it is staffed to fill their patients' prescriptions safely and efficiently.

Resolution of third-party insurance issues is time-consuming. Our members are working with state legislators and boards of pharmacy to allow pharmacies to utilize an adequate number of pharmacy support staff to perform such tasks so that pharmacists can spend more time interacting with patients.

- Third party insurance requirements are a source of tension and a source of stress for pharmacists which affect accuracy. This is why we strongly advocate that states loosen the restrictions on the number of pharmacy technicians that work in pharmacies to perform these sorts of jobs that do not require a pharmacist's professional judgment, and free up the pharmacist to interact with and counsel patients on their prescriptions.

As an industry, chain pharmacy continues to evaluate and improve pharmacy environmental factors, such as adequate pharmacy lighting and the flow of the pharmacy workspace, to minimize the likelihood for pharmacy errors.

- As human beings, multiple factors affect almost everything around us, including an individual's state of mind. In pharmacies, studies have shown that up to 34% of errors are related to these types of influences relating more to a pharmacist's personal state of mind (which could be influenced by whether or not he or she had a fight with their spouse the night before, or whether they get along with their colleagues).³ Furthermore, as individuals, pharmacists have varied cognitive approaches to completing

³ Grasha, Anthony F. "Understanding Medication Errors: A Cognitive Systems Approach," *APhA Annual Meeting* (2001).

their daily duties: those who have the cognitive style of attending to details and can focus their attention tend to make few errors.

Use of pharmacy technicians, technology, and creative and innovative practices enable pharmacists to meet the needs of their patients; expanded to allow for further use of these resources is especially important when you take into consideration the existing pharmacist shortage.

- Our members seek to employ as many pharmacists as are available. Due to the current pharmacist shortage, pharmacies often find that vacant pharmacist positions stay that way for extended periods of time. This is why we encourage the use of pharmacy technicians, technology, and creative, alternative tools to meet the ever-growing needs of the public for pharmacy services.
- Currently across the United States, there are 18,903 and 39,716 open positions for pharmacists and pharmacy technicians respectively.⁴

In summary. granting retail pharmacies the flexibility to determine staffing levels ensures better patient care, responsiveness to demand fluctuations, and overall business viability. [Regulators should consider these factors when evaluating prescription limits to avoid unintended consequences for patients' access to essential medications.](#)

Sincerely,

**Liz MacMenamin
Retail Association of Nevada
Vice President, Government Affairs
410 South Minnesota Street
Carson City, Nv. 89703**

⁴ Source: <https://www.aacp.org/sites/default/files/2024-05/pharmacy-demand-report-04292024.pdf>

Diving Into a Bucket of Numbers



The Nevada Pharmacist Association wishes to commend the Board for its initiative and review of The Board's Survey Results of 2024. The proposed amended regulations are admirable efforts of the Board staff to bring about needed changes. Please understand we mean no disrespect with our suggestions.

1. However, it appears that the required collection of necessary data is extremely labor-intensive, which we find negating the purpose of the survey and proposed corrections.
2. Additionally, we are unable to find a final data collection proposal and delivery directions to an agency, person or some entity to refine the supplied data and deliver to the NV. Board of Pharmacy for final consideration.

The Nevada Pharmacists Association suggests a different approach be considered. Today's Pharmacy is refining the old, while adding many exciting new concepts. For example, see 1 thru 6 below:

1. Immunization and it's growing demand for the population of our country.
2. Point of Contact: Test and Treat
 - a. recommended practices
 - b. CLIA (Clinical laboratory improvement Amendment)
3. Physical assessments and required pharmacist review and interpretation.

4. Specimen Collection

- Nasal
- oral
- other

5. Hormonal Prescribing

6. On demand Instructions for medical devices by non-patients

Suggestions for Pharmacist Scheduling

- A. If 1 to 6 are part of daily available services - 2 Pharmacists, minimum
- B. If script count exceeds 50/hour in any
2 hour period -add, O/L Pharmacist
- C. Add'l pharmacists may be added at any time

Suggestions for Pharmacy Technician Scheduling

- A. One Technician for each access point in the pharmacy up to the limit prescribed by regulations.
Access point: In , Out, Walk up, and Drive thru windows
- B. Add one additional Pharmacy Technician based on 50 scripts per hour (see A above)

Questions for the Board

See #7 addition to NAC 639.250

What punishment awaits the Pharmacist(s) and employer, failing to report when the pharmacy exceeds restriction on supervision?

Supervision Proposed Change.

#2 "a pharmacist may not supervise more than **FOUR** pharmaceutical technicians
I was working on upgrading our CS record storage and accessed the DEA.gov website for more info on DEA106 form. The DEA included a US Pharmacist article by Jesse Vivian RPH JD, on Theft and Significant Loss. The final paragraph includes discussion about Pharmacy technicians and other healthcare support personnel. The last sentence of this paragraph and of the article is "one study showed that about 45% of all controlled substance drug losses are from employee theft."

This statement deserves greater attention! The DEA must believe this to be true or they would not have kept this on their website all these years. See attached.

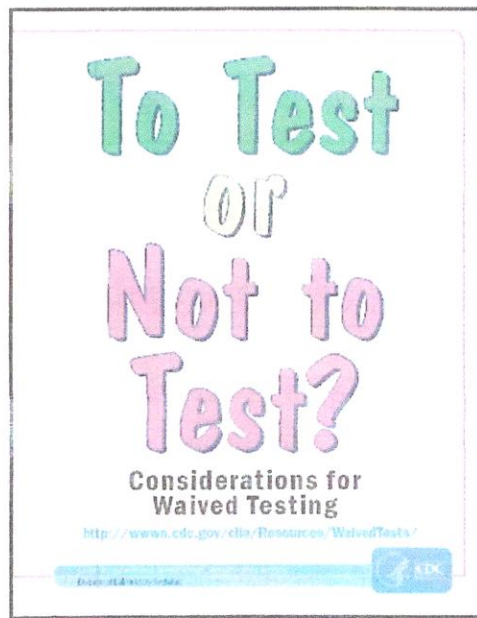
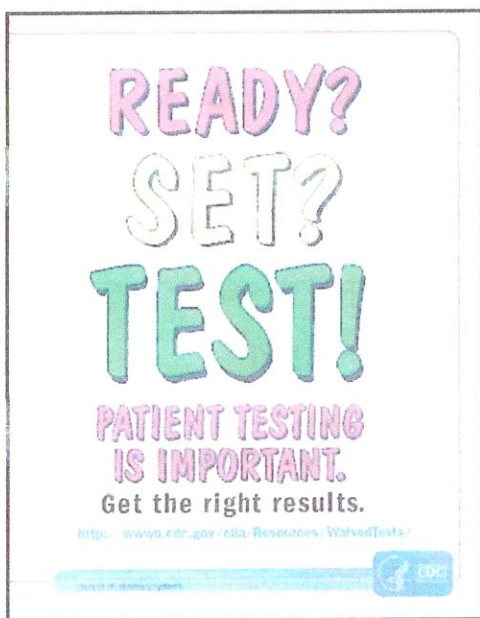
In light of this information, we suggest the Board not reduce the supervision level?

SELF-ASSESSMENT CHECKLIST FOR GOOD TESTING PRACTICES

The following self-assessment checklist emphasizes recommended practices for physicians, nurses, medical assistants, pharmacists, and others who perform patient testing under a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver. It can be used as a voluntary tool to help assure good testing practices and reliable, high quality test results.

Sites that perform testing under a CLIA Certificate of Waiver must meet the following requirements: enroll in the CLIA program; pay applicable certificate fees biennially; and follow the current manufacturer's instructions provided with the test.

Resources that can be used to supplement this checklist include:



<http://wwwn.cdc.gov/clia/Resources/WaivedTests/>

DISCLAIMER

Although some of the recommendations in this self-assessment checklist exceed CLIA requirements for waived testing, following these good testing practices will likely lead to reliable, high quality test results and will enhance patient safety.

REGULATORY REQUIREMENTS

YES NO N/A

Do you have a current CLIA Certificate of Waiver (CW)?

https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html

Do you renew the Certificate of Waiver every 2 years?

Do you perform only CLIA waived tests?

Do you follow any additional testing requirements for your state?

https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/State_Agency_and_Regional_Office_CLIA_Contacts.html

Do you follow Occupational Safety and Health Administration (OSHA) safety regulations for occupational exposure to bloodborne pathogens?

SELF-ASSESSMENT

READY

YES NO N/A

Do you clean work surfaces before and after testing?

Do you perform testing in a well-lighted area?

Do you check and record temperatures of the testing and reagent storage areas daily?

Do you check inventory regularly to ensure you will have enough reagents and supplies on hand for testing?

Do you store all reagents and media as recommended by the manufacturer?

Do you document expiration dates of reagents/kits, and discard any reagents or tests that have expired?

Do you ensure that reagents from different lot numbers are not mixed together?

Do you inspect reagents for damage, discoloration, or contamination and discard if found?

Do you prepare reagents according to manufacturer's instructions?

Do you allow time for refrigerated reagents/samples to come to room temperature prior to testing if required by the manufacturer's instructions?

Do you inspect equipment and electrical connections to be sure they are safe and working properly?

Do you perform equipment calibration checks, as needed, following the manufacturer's instructions?

Do you check the manufacturer's instructions with each new lot and shipment of test kits to make sure there are no changes from the test kits being used?

Do you file the old manufacturer's instructions and replace with the new copy if there are changes?

Do you communicate all changes in the manufacturer's instructions to other testing personnel and to the person who directs or supervises testing?

Do you treat and test quality control (QC) samples the same as patient samples?

Do you perform QC as recommended in the manufacturer's instructions?

Do you make sure your QC results are as expected before performing patient testing?

Do you identify and correct problems if QC results are not as expected?

	YES	NO	N/A
Do you follow the manufacturer's instructions for use of the appropriate collection device and sample volume needed for testing?			
Do you follow instructions for samples that need special timing for collection?			
Do you only use unprocessed samples for performing waived test?			
Do you check patient identification with test orders?			
Do you positively identify the patient before collecting a sample?			
Do you discuss any preparation, pretest instructions, and counseling needs with the patient before collecting the sample?			
Do you wear appropriate personal protective equipment (PPE) such as gloves when collecting the sample and testing?			
Do you properly label the sample collection device?			
Do you follow all test requisition, sample collection and handling specifications of the referral laboratory if applicable?			
Do you clean your hands and change gloves between patients?			
Do you keep disinfectants nearby for sanitizing bench tops and treating spills?			
Does your testing site have established criteria for sample rejection?			
Do you use the proper biohazard containers to dispose of waste and sharps?			
TEST	YES	NO	N/A
Do you document that all staff have satisfactorily completed initial training before performing temperature checks, blood collection, sample testing, and reporting patient results?			
Do you test samples that are properly collected or handled?			
Do you have the current manufacturer's instructions or a quick reference guide at the work station?			
Do you follow the manufacturer's instructions in the exact order?			
Do you use timers and follow the required timing intervals before reading test results?			
Do you detect, identify, and correct laboratory errors before reporting test results?			
Do you identify and document critical results?			
Do you know who to contact if you need to report a critical test result?			
Do you make sure patient reports are legible and reported in a timely manner?			
Do you report patient test results only to authorized persons?			
Do you document verbal reports followed by a written test report?			
Do you make sure reports are standardized and easily distinguishable from referral laboratory test reports?			
Do you have written site specific policies and procedures to ensure confirmatory or additional testing is performed or referred, when needed?			
Do you have a procedure to detect test result errors, so that you promptly notify the responsible clinical personnel or reference laboratory and issue a corrected report?			
Do you keep records of testing, including equipment logs, maintenance records, QC documents, and test results?			

Do you have a regular schedule for maintaining testing equipment?			
Do you have instructions for troubleshooting testing problems?			
Do you dispose of biohazardous waste and sharps containers safely?			
Do you report confirmed positive infectious disease test results to public health agencies?			
Do you voluntarily participate in proficiency testing?			
Do you monitor and evaluate your testing process to identify areas for improvement?			

COVID-19 Resources >>

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DEA Form 106 and Loss of Controlled Substances

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US Pharm. 2015;40(12):43-45.

Upon discovery of a theft or significant loss of controlled substances, a pharmacy must report the loss in writing to the area Drug Enforcement Administration (DEA) field office on DEA Form 106 (**FIGURE 1**) either electronically or manually within one business day.^{1,2} This seemingly simple directive is fraught with vagueness, opening it to interpretation and controversy (at least to lawyers), leading many a community and hospital pharmacy astray when it comes to reporting activity.

Figure 1. DEA Form 106, page 1. (Source: Reference 2)

Reporting Thefts and Losses

Important questions to consider include: what is a “significant loss,” when does “upon discovery” begin, how long does the pharmacy have until the report is required, and what exactly is a “loss”? These and other inquiries were addressed in a 2005 rulemaking discussion. Pharmacists who are responsible for managing controlled substances inventories should be familiar with these regulations.³

The rule addresses the theft or loss of controlled substances. Obviously, this would apply to *any* diversion (of a significant nature) irrespective of the source of the loss or theft. Burglary, robbery, and employee theft are probably the most common types of illegal diversion. Inventory shrinkage from unintentionally dropped or otherwise unusable drugs may be another source of loss that a pharmacy may experience. Note also that all thefts, whether significant or not, must be reported. Only a “significant loss” is reportable.³

As to how long the pharmacy has to make the report, the rule discussion is clear: one business day. This means that the pharmacy has to fill out the DEA Form 106 within 24 hours of the discovery of the loss. The pharmacy may have to provide the DEA with updated information as it uncovers the source or cause of the loss for up to 2 months after the initial report. Updates also have to be in writing and submitted either electronically or manually.³

One day to make a report may be burdensome for some practitioners, but this reflects the DEA's expectation that pharmacies will exercise tight controls over controlled substances inventories. As one commentator noted, "Another challenge providers and pharmacies have to face as a result of the short reporting window is that it may not be possible to determine within one business day whether a loss was, in fact, a theft. If the loss was a theft, then under the DEA's regulations, it is reportable whether significant or not and local authorities generally should be notified to investigate the incident."⁴

As a general operational guide, when a pharmacy is unable to determine whether a loss was a theft in one business day, a report of loss should be filed. Recognizing that the facts and circumstances of apparent thefts and losses can vary a great deal, the DEA has said that when in doubt, registrants should err on the side of notifying the appropriate law enforcement authorities, including the DEA, of thefts and losses of controlled substances.⁵ As such, it is a good rule of thumb for providers and pharmacies to be conservative in their approach to reporting in cases where controlled substances are missing and the significance or theft may be unclear.

The "upon discovery" portion of the rule means that the pharmacy needs to make a reportable loss once it has made a good-faith effort to learn that a loss has occurred. The discussion of the discovery requirement states that the "DEA has always viewed 'upon discovery' to mean that notification should occur immediately and without delay. The purpose of immediate notification is to provide an opportunity for DEA, state, or local participation in the investigative process when warranted and to create a record that the theft or significant loss was properly reported. It also alerts law enforcement personnel to more broadly based circumstances or patterns of which the individual registrant may be unaware. This notification is considered part of a good-faith effort on the part of the regulated industries to maintain effective controls against the diversion of

controlled substances.... Lack of prompt notification could prevent effective investigation and prosecution of individuals involved in the diversion of controlled substances.”³

What Is Considered a Significant Loss?

The part of the rule that has generated the most controversy is the “significant loss” wording. What is significant to a single local corner drugstore may be very different from that of a major metropolitan healthcare system. “The rule itself provides guidance on how to quantify this mandate. When determining whether a loss is significant, a registrant should consider, among others, the following factors:

- 1) The actual quantity of controlled substances lost in relation to the type of business;
- 2) The specific controlled substances lost;
- 3) Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances;
- 4) A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and, if known,
- 5) Whether the specific controlled substances are likely candidates for diversion; and
- 6) Local trends and other indicators of the diversion potential of the missing controlled substance.”¹

It should be noted that this list is inclusive, not exclusive, meaning that other factors may be taken into account where appropriate. For example, the DEA has stated that the “loss by a pharmacy of a 100-count bottle of controlled substance tablets would be viewed as significant, whereas the same loss by a full line distributor may be viewed differently.”⁴ In another example, the DEA posited, “the repeated loss of small quantities of controlled substances over a period of time may indicate a significant aggregate problem triggering reporting even where the quantity lost in each occurrence, by itself, is not significant.”⁴ In other words, the loss of two or three tablets of oxycodone per day in a small

pharmacy may go unnoticed or be insubstantial, but if this goes on for 3 or 4 weeks, with a net loss of 50 to 80 tablets, a problem with employee theft may be occurring.

Other factors to consider are the pharmacy's overall sales history for controlled substances, so as to identify trends. Large increases could signal theft by employees or invalid prescriptions.⁴

Take note that all thefts or losses must be reported "in writing." Telephone calls discussing losses will not protect the pharmacy from sanctions for failing to report. As stated by the DEA, "DEA controlled substance registrants are strongly encouraged to complete and submit the DEA Form 106 online."² Note that only a DEA-registered pharmacy is allowed to utilize Form 106. The National Drug Code (NDC) for each controlled substance drug reported lost or stolen must be used on this form. It is also important to note that state laws may require the pharmacy to make reports to the Board of Pharmacy or other regulatory agency. This is in addition to, and not in lieu of, reporting to the DEA.

Examples of Diversion

As for examples of losses of controlled substances that may not seem significant, consider a very large metropolitan healthcare system where hundreds of thousands, if not millions, of doses of controlled substances medications are dispensed on an individual basis over the course of a year. Is the loss of 16,000 pills significant? This real-life example was discovered only after the death of a 29-year-old nurse and an overdose by a 32-year-old anesthesiology resident occurred in a single day at the University of Michigan Hospital System.⁶ Both were found in hospital restrooms.⁷ Eight cases of stolen controlled substances drugs were reported in 2014. However, no controlled substances losses were reported in two prior years by this same organization. Another large healthcare system located just a few miles away also failed to report any drug loss or theft during the same period of time when losses did, in fact, occur.⁶ The DEA is investigating both healthcare systems.

The Mayo Clinic has been involved in efforts to prevent the controlled substances drug diversion from the workplace and to rapidly identify and respond when such diversion is detected.⁸ These efforts have found that diversion of controlled substances is not uncommon and can result in

substantial risk not only to the individual who is diverting the drugs but also to patients, coworkers, and employers. The study showed that in the United States, nearly 4 billion retail prescriptions were filled in 2010, with sales totaling \$307 billion. The opioid hydrocodone combined with acetaminophen was the drug prescribed most frequently (131.2 million times). Although most of these sales resulted in the legitimate administration of medications to patients, a fraction of the agents prescribed are diverted for illicit purposes. These researchers found that although a relatively small portion of the nation's drug supply is administered in a healthcare facility such as a hospital or outpatient surgery center, the nature of these practices provides ample opportunity for drug diversion.⁸

Outside of the pharmacy, theft can be of unopened vials; syringes or vials that have been tampered with, resulting in either substituted or diluted dosages being administered to the patient; or residual drug left in a syringe or vial after only a fraction of the drug that has been signed out was actually administered to the patient. This theft can also be of discarded syringes or ampules that have been properly disposed of in a sharps safety container.⁸

Studies have shown that 10% to 15% of all physicians develop a substance abuse problem in their lifetime, while 6% to 8% of nurses have used controlled substances in a sufficient enough quantity to impair professional performance.⁹ The drug abuse rate among pharmacists is twice that of general society.¹⁰ One study reported that 46% of pharmacists and 62% of pharmacy students have used a prescription drug without having obtained a prescription.¹¹ In addition, 20% of pharmacists surveyed reported they had used a prescription drug without a prescription at least five times or more in their lives.¹¹

Then there are the pharmacy technicians and other healthcare support personnel. In Maine alone, from 2003-2013, 41 pharmacy technicians lost their licenses for pilfering drugs from pharmacy shelves or even from the patients whose prescriptions they filled.¹² It stands to reason that some of the drugs used to sustain their drug habits come from the theft of controlled substances from pharmacy inventories. One study showed that about 45% of all controlled substances drug losses are from employee theft.¹²

Discussion

The loss of controlled substances from employee theft of small quantities at any one time makes it all the more difficult for pharmacy supervisors to determine not only that a loss has occurred but the source of the loss as well. Unless the pharmacy is doing daily or weekly inventories of controlled substances, it may be nearly impossible to tell whether a loss has occurred or if the loss is significant. In large-scale pharmacies, ongoing daily or weekly counts of controlled substances may be necessary to determine if there are significant losses or patterns of losses that are occurring.

When a pharmacy discovers that controlled substances losses have likely occurred, the best practice is to fill out a DEA Form 106 and send it in electronically or manually. Waiting too long can result in DEA investigations and, perhaps, sanctions for not timely notifying the DEA that a loss or theft has taken place.

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5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**MICHAEL S. MALL, MD,
Certificate of Registration Nos.
CS18967 and PD00257,**

Respondent.

CASE NO. 19-086-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 General Counsel Brett Kandt, and Respondent Michael S. Mall, MD, Certificate of Registration Nos. CS18967 and PD00257, by and through counsel, Richard A. Schonfeld, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 9, 2024, Respondent was served with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about March 4, 2024, Respondent filed an Answer and Notice of Defense to the First Amended Accusation.

3. 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.

4. 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).

5. 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 knowingly and voluntarily waives the 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).

6. Respondent does not admit to the allegations in the First Amended Accusation, however, Respondent is agreeing to resolve this matter to avoid the costs of hearings and potential subsequent litigation, and with the exception of the allegations in Paragraph 4, recognizes that Board staff prosecuting this case believes they have a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline as follows:

A. On February 21, 2019, Respondent surrendered his DEA Certificate of Registration No. FM2307468 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, which operated as an immediate suspension of his Certificate of Registration Nos. CS18967 and PD00257 with the Board pursuant to NRS 639.2107, although Respondent asserts that he immediately thereafter sought to rescind the surrender;

B. Respondent failed to timely renew his Certificate of Registration Nos. CS18967 and PD00257, which expired on October 31, 2022;

C. On or about September 15, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, and imposed discipline on Respondent's License No. 6074 to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violations of NRS 630.3062(1)(b)(3) and NRS 639.23913 related to prescribing controlled substances to treat acute pain or chronic pain; and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, Respondent violated NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and committed acts that render his registration inconsistent with the public interest pursuant to NRS 453.236(1)(e).

7. Those violations are pled 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.

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

A. The allegation in Paragraph 4 of the First Amended Accusation is withdrawn and the related causes of action in Counts 1, 3, 4, 5 and 6, Paragraphs 17, 19, 20, 21 and 22 of the First Amended Accusation are hereby dismissed pursuant to NRS 622A.320(4).

B. Counts 2 and 7, Paragraphs 18 and 23 of the First Amended Accusation, based upon Respondent's violations of NRS Chapter 630 as detailed in the NSBME's orders in Case Nos. 22-8666-1, 22-8666-2, and 22-8666-3, stand; however, Count 7 is amended by striking the charge that Respondent committed acts that render his registration inconsistent with the public interest "by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS18967."

C. Count 8, Paragraph 24 of the First Amended Accusation, based upon Respondent's surrender of his DEA Registration No. FM2307468 for cause, stands, although Respondent asserts that he immediately thereafter sought to rescind the surrender.

D. Respondent Michael S. Mall, MD, Certificate of Registration Nos. CS18967 and PD00257, stipulates to the following penalties:

i. Certificate of Registration Nos. CS18967 and PD00257 are forfeited by operation of law pursuant to NRS 639.180(6);

ii. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance or dispense a dangerous drug until he applies to the Board for registration pursuant to NRS 453.226(1) and/or NRS 639.23505;

iii. In the event Respondent applies for registration pursuant to NRS 453.226(1) and/or NRS 639.23505 or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter;

iv. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Dollars (\$2000.00) 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, due and payable by September 1, 2024; and

v. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable 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, due and payable by September 1, 2024.

9. 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 Chapters 453 and 639.

10. 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 May 29, 2024. Respondent will appear in person 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.

11. 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 USC § 1396r-2 and 45 CFR Part 60.

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


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

Respondent has fully considered the charges and allegations contained in the *First Amended 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 20 day of MAY 2024

Signed this ____ day of _____ 2024



MICHAEL S. MALL, MD
Certificate of Registration Nos.
CS18967 and PD00257

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

APPROVED AS TO FORM AND CONTENT
this 20th day of May 2024



RICHARD A. SCHONFELD, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Michael S. Mall, MD, Certificate of Registration Nos. CS18967 and PD00257, in Case No. 19-086-CS-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of May 2024.

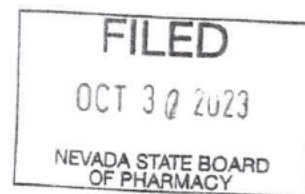
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5E

Exhibit 1
19-134-RPH-S

Brenda Vaknin, RPH
[REDACTED] Palmares Court
Las Vegas, NV 89134
NIAA 19-134-RPH-S

9171 9690 0935 0307 6313 24



ANSWER DUE:

1/8/24

Tracking Number:

Remove X

9171969009350307631324

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Delivered, Left with Individual

RENO, NV 89521

December 18, 2023, 1:21 pm

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Feedback



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
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Brenda Vaknin
[REDACTED] Palmares Court
Las Vegas, NV 89134

Re: Brenda Vaknin and Case No. 19-134-RPH-S

Dear Brenda Vaknin,

The hearing for case number 19-134-RPH-S has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
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, 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,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4860 92

Exhibit 2

ALERT: SEVERE WEATHER IN THE SOUTH, SOUTHEAST, CENTRAL, NORTHERN MID-ATLANTI...

USPS Tracking®

FAQs >

Remove X

Tracking Number:

9171969009350314486092

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Latest Update

Your item has been delivered to the original sender at 11:37 am on May 23, 2024 in RENO, NV 89521.

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Delivered, To Original Sender

RENO, NV 89521

May 23, 2024, 11:37 am

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER

May 21, 2024, 11:40 am

In Transit to Next Facility

May 20, 2024

Unclaimed/Being Returned to Sender

LAS VEGAS, NV 89134

May 14, 2024, 10:08 am

No Access to Delivery Location

LAS VEGAS, NV 89134

April 27, 2024, 1:46 pm

Arrived at USPS Regional Facility

Feedback

5/29/24, 7:59 PM

USPS.com® - USPS Tracking® Results

LAS VEGAS NV DISTRIBUTION CENTER
April 26, 2024, 6:12 pm

● Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 25, 2024, 11:39 pm

● Accepted at USPS Origin Facility
RENO, NV 89521
April 25, 2024, 10:24 pm

● Pre-Shipment, USPS Awaiting Item
April 25, 2024

● Hide Tracking History

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FAQs

Exhibit 3
19-134-RPH-S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CVS PHARMACY #8794,
Pharmacy License No. PH01405, and**

**BRENDA VAKNIN, RPH,
Certificate of Registration No. 19231,**

Respondents.

CASE NO. 19-134-RPH-S

**MEMORANDUM OF
ATTORNEY'S FEES AND COSTS
RECOVERABLE PURSUANT TO NRS
622.400**

TIMESHEET FOR BRETT KANDT –

DATE	TIME
-------------	-------------

9/21/2023	3.50
------------------	-------------

Confer with staff and review investigative case file; research and draft Notice of Intended Action and Accusation.

10/1/2023	1.50
------------------	-------------

Confer with staff, research and revise Notice of Intended Action and Accusation.

10/30/2023	1.00
-------------------	-------------

Confer with staff and finalize and file Notice of Intended Action and Accusation.

11/18/2023	0.50
-------------------	-------------

Confer with staff on service of Notice of Intended Action and Accusation.

12/21/2023	1.50
-------------------	-------------

Confer with staff on service of Notice of Intended Action and Accusation; contact respondent regarding pending action and proposed resolution.

12/27/2023	0.50
-------------------	-------------

Confer with respondent regarding pending action and proposed resolution.

12/28/2023	1.00
-------------------	-------------

Confer with respondent regarding pending action and proposed resolution.

1/4/2024 0.50

Confer with respondent regarding pending action and proposed resolution.

1/19/2024 0.50

Confer with respondent regarding pending action and proposed resolution.

1/22/2024 0.50

Confer with respondent regarding pending action and proposed resolution.

3/12/2024 0.50

Confer with respondent regarding pending action and proposed resolution.

4/5/2024 0.50

Confer with respondent regarding pending action and proposed resolution.

5/6/2024 2.75

Prepare for hearing; confer with staff and witnesses; finalize proposed exhibits and documentation of fees and costs.

5/20/2024 2.50

Prepare for hearing; notify respondent of pending default hearing and documentation of fees and costs.

5/29/2024 1.00

Hearing in Case 19-134-RPH-S.

TOTAL 18.25 hours x \$86.50/hour = \$1,578.62

Investigation hours

Case No 19-134-S
Investigator Dena McClish

CVS #8794 RPh Vaknin

Date	Duties	Hours
8/29/2019	Case assign, preview	0.25
9/14/2019	Allegation letter, cmlnt contact	0.75
10/14/2019	obtained response, reviewed	1
11/12/2019	typing report, reviewing responses	0.75
1/9/2020	typing report	0.5
1/24/2020	video review	1.75
1/25/2020	finalize roi	1.25
3/3/2020	Case review, scan send to Reno	0.75

Total hrs	7.00
Wage	53.85

Total Investigative Cost	376.95
--------------------------	--------

Board Coordination Timesheet & Mailing Cost

**Timesheet for Jessette Phaynarikone –
BRENDA VAKNIN - CASE NO. 19-134-RPH-S**

DATE	TIME
------	------

4/25/24	0.50
---------	------

Sent Certified/Regular mail 21-day letter to Brenda Vaknin.

TOTAL 0.50 hours x \$24.50/hour = \$12.25

Mail Cost:

Certified NIAA for Brenda Vaknin – \$9.73

Regular NIAA for Brenda Vaknin - \$1.83

Certified 21-day Letter for Brenda Vaknin – \$8.69

Regular 21-day Letter for Brenda Vaknin - \$0.64

TOTAL MAIL COST: \$20.89

TOTAL COST: \$33.14

Re: Case No. 19-134-RPH-S - Nevada State Board of Pharmacy v. Brenda Vaknin, RPh.,
Certificate of Registration No. 19231

Brett Kandt <bkantdt@pharmacy.nv.gov>

Mon 5/20/2024 5:49 AM

To: brenda vaknin <[REDACTED]@gmail.com>

Cc: Darlene Nases <dnases@pharmacy.nv.gov>; Jesette Phaynarikone <jphaynarikone@pharmacy.nv.gov>; Erin Miller
<emiller@pharmacy.nv.gov>

📎 3 attachments (1 MB)

Board advisement - Pro Se Respondents at Hearing.pdf; 19-134-RPH-S. Vaknin - Memo atty fees and costs.pdf; 19-134-RPH-S.
Notice of Hearing-Vaknin.pdf;

Ms. Vaknin-

As you know, I am prosecuting this administrative case against you on behalf of the State of Nevada. Attached please find a courtesy copy of the notice of hearing in Case No. 19-134-RPH-S, which was continued from the original hearing date to May 29, 2024, at your request, together with information for respondents representing themselves at disciplinary hearings. Please bring 12 copies of any documents you intend to introduce into evidence.

Should you fail to appear at the hearing noticed for May 29, 2024, at 9AM, I will proceed to seek a default judgment against you imposing discipline on your Registration No. 19231. I have also attached a memorandum of attorney's fees and costs that the Board may recover from you pursuant to NRS 622.400 in the event discipline is imposed. You may want to consult an attorney.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy



NOTICE: 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 establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

Exhibit 4

From: Brett Kandt

Sent: Friday, April 5, 2024 10:23 AM

To: brenda vaknin <[REDACTED]@gmail.com>

Subject: RE: Case No. 19-134-RPH-S - Nevada State Board of Pharmacy v. Brenda Vaknin, RPh., Certificate of Registration No. 19231

5F

Exhibit 1
20-162-CS-S



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
PETITIONER)

CASE NO. 20-162-CS-S

v)

Notice of Voluntary Surrender of
Certificate of Registration
No. CS08254

WILLIAM ALVEAR, M.D.)
Certification Of Registration No.CS08254)
RESPONDENT)

COMES NOW the Respondent herein, William Alvear, M.D., by and through his
previously designated legal counsel Donald J. Green, Esq., and respectfully informs the
NEVADA STATE BOARD OF PHARMACY:

THAT PURSUANT TO NRS 233B.121 (6), that said WILLIAM ALVEAR, M.D.,
hereby VOLUNTARILY surrenders his Pharmacy License, being Certification of
Registration No, CS 08254.

Said VOLUNTARY SURRENDER being made for the following reasons:

1. William Alvear, M.D. was convicted of federal drug offense in November, 2023.
2. William Alvear, M.D., has been in the continuous custody of the U.S. Marshal since November, 2023.

3. While William Alvear, M.D., maintains his innocence in the ongoing post-trial proceedings, Dr. Alvear cannot make any statements to the NEVADA STATE BOARD OF PHARMACY, as any statement could and would be used against him in the federal criminal case, now set for sentencing on September 25, 2024 in the United States District Court for the District of Nevada.
4. Legal counsel Donald J. Green, Esq., will appear at the Hearing set for May 29, 2024.

WHEREFORE, out of respect for the NEVADA STATE BOARD OF PHARMACY, William Alvear, and after being advised by his legal counsel elects to voluntarily surrender his Certificate of Registration No. CS08254.

Dated this 23rd day of May, 2024
LAW OFFICE OF DONALD J GREEN

Donald J. Green, Esq.
Nevada Bar 1869
4760 South Pecos Road, Suite 103
Las Vegas, Nevada 8921
CrimeLV7777@aol.com
Cell: 702-409-8239
Fax: 855-459-8472
Counsel for Respondent

CERTIFICATE OF ELECTRONIC SERVICE

The undersigned Gloria Phillips, Legal Assistant and Spanish Interpreter at the Law Offices of Donald J. Green, hereby certifies that the foregoing NOTICE OF VOLUNTARY SURRENDER was electronically served on the following on this 23rd day of May, 2024:

TeamBC@Pharmacy.nv.gov

bkandt@pharmacy.nv.gov

 5/23/2024
Gloria Phillips, Legal Assistant

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
PETITIONER)

V)

WILLIAM ALVEAR, M.D.)
Certification Of Registration No:CS08254)
RESPONDENT)

CASE NO. 20-162-CS-S

Notice of Voluntary Surrender of
Certificate of Registration
No. CS08254

COMES NOW the Respondent herein, William Alvear, M.D., by and through his
previously designated legal counsel Donald J. Green, Esq., and respectfully informs the
NEVADA STATE BOARD OF PHARMACY:

THAT PURSUANT TO NRS 233B.121 (6), that said WILLIAM ALVEAR, M.D.,
hereby VOLUNTARILY surrenders his Pharmacy License, being Certification of
Registration No, CS. 08254.

Said VOLUNTARY SURRENDER being made for the following reasons:

1. William Alvear, M.D. was convicted of federal drug offense in November, 2023.
2. William Alvear, M.D., has been in the continuous custody of the U.S. Marshal since November, 2023.

3. While William Alvear, M.D., maintains his innocence in the ongoing post-trial proceedings, Dr. Alvear cannot make any statements to the NEVADA STATE BOARD OF PHARMACY, as any statement could and would be used against him in the federal criminal case, now set for sentencing on September 25, 2024 in the United States District Court for the District of Nevada.
4. Legal counsel Donald J. Green, Esq., will appear at the Hearing set for May 29, 2024.

WHEREFORE, out of respect for the NEVADA STATE BOARD OF PHARMACY, William Alvear, and after being advised by his legal counsel elects to voluntarily surrender his Certificate of Registration No. CS08254.

Dated this 23rd day of May, 2024
LAW OFFICE OF DONALD J GREEN

Donald J. Green, Esq.
Nevada Bar 1869
4760 South Pecos Road, Suite 103
Las Vegas, Nevada 8921
CrimeLV7777@aol.com
Cell: 702-409-8239
Fax: 855-459-8472
Counsel for Respondent

CERTIFICATE OF ELECTRONIC SERVICE

The undersigned Gloria Phillips, Legal Assistant and Spanish Interpreter at the Law Offices of Donald J. Green, hereby certifies that the foregoing NOTICE OF VOLUNTARY SURRENDER was electronically served on the following on this 23rd day of May, 2024:

TeamBC@Pharmacy.nv.gov

bkandt@pharmacy.nv.gov

 5/23/2024
Gloria Phillips, Legal Assistant

Exhibit 2
20-162-CS-S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WILLIAM ALVEAR, MD,
Certificate of Registration No. CS08254,

Respondent.

Case No. 20-162-CS-S

MEMORANDUM OF
ATTORNEY'S FEES RECOVERABLE
PURSUANT TO NRS 622.400

TIMESHEET FOR BRETT KANDT –

DATE	TIME
------	------

9/29/2020	2.00
-----------	------

Confer with staff and Nevada State Board of Medical Examiners; review administrative charges in NSBME Case No. 17-11277-1; review federal charges of distribution of a controlled substance.

12/11/2023	2.50
------------	------

Review judgement of conviction in *United States of America vs. William Alvear, M.D.*, U.S. District Court for the District of Nevada Case No. 2:20-cr-00229-CDS-VCF, confer with staff and issue notice of suspension of Certificate of Registration No. CS08254 under attorney Vanderdonk's signature.

1/25/2024	3.50
-----------	------

Confer with staff and review investigative case file; research and draft Notice of Intended Action and Accusation.

2/14/2024	1.00
-----------	------

Confer with staff and finalize and file Notice of Intended Action and Accusation.

5/6/2024	2.75
----------	------

Prepare for hearing; confer with staff and witnesses; finalize proposed exhibits and documentation of fees and costs.

5/20/2024	1.50
-----------	------

Prepare for hearing; notify respondent of pending default hearing and documentation of fees and costs.

5/29/2024	1.00
-----------	------

Hearing in Case 20-162-CS-S.

TOTAL 14.25 hours x \$86.50/hour = \$1,232.62

Investigation hours

Case No 20-162-CS-S
Investigator Dena McClish

William Alvear

Date	Duties	Hours
12/16/2020	DEA/bme contact, case initiation	1
8/26/2021	pacer check	0.25
11/8/2021	draft & send alleg letter re pmp misuse	2.25
11/18/2021	in office interview	2
2/14/2022	fbi contact	0.5
4/5/2022	pacer check	0.25
4/12/2023	trial check	0.25
5/10/2023	trial check	0.25
9/18/2023	trial check	0.25
11/29/2023	trial disposition check & records	1
12/11/2023	verdict reporting internally	0.75
1/24/2024	typed and submitted report	1.753

Total hrs

10.50

Wage

53.85

Total Investigative Cost

565.5866

Board Coordination Timesheet & Mailing Costs

Timesheet for Darlene Nases –

WILLIAM ALVEAR - CASE NO. 20-162-CS-S

DATE	TIME
------	------

12/11/23	0.25
----------	------

Sent Certified/Regular Mail Notice of Suspension to William Alvear.

12/12/23	0.25
----------	------

Sent Certified/Regular Mail and via Email the Notice of Suspension to William Alvear's Attorney Donald Green, Esq.

TOTAL 0.50 hours x \$34.86/hour = \$17.43

Timesheet for Jessette Phaynarikone –

WILLIAM ALVEAR - CASE NO. 20-162-CS-S

DATE	TIME
------	------

4/25/24	.50
---------	-----

Sent Certified/Regular mail 21-day letter to William Alvear's Attorney Donald Green, Esq.

TOTAL 0.50 hours x \$24.50/hour = \$12.25

MAILING COST –

Certified Notice of Suspension to William Alvear - \$8.53

Regular Notice of Suspension to William Alvear - \$0.64

Certified Notice of Suspension to Donald Green, Esq. - \$8.53

Regular Notice of Suspension to Donald Green, Esq. - \$0.64

Certified NIAA for William Alvear - \$9.68

Regular NIAA for William Alvear - \$1.87

Certified NIAA for William Alvear to Donald Green, Esq. - \$9.68

Regular NIAA for William Alvear to Donald Green, Esq. - \$1.87

Certified 21-day letter for William Alvear to Donald Green, Esq. - \$8.69

Regular 21-day letter for William Alvear to Donald Green, Esq. - \$0.64

TOTAL MAIL COST: \$50.77

TOTAL COST: \$80.45

5J

Exhibit 1
22-510-CS-S

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

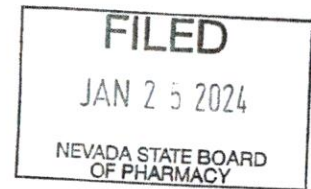
Kevin C. Peterson, MD
653 N. Town Center Dr. #314
Las Vegas, NV 89144

Kevin C. Peterson, MD
9121 W. Russell Rd. #115
Las Vegas, NV 89148


SHIRLEY HUNTING

Kevin C. Peterson, MD
653 N. Town Center Dr. #314
Las Vegas, NV 89144
NIAA 22-510-CS-S

Certified: \$9.68
Standard: \$1.87



9171 9690 0935 0278 7982 48

Kevin C. Peterson, MD
9121 W. Russell Rd. #115
Las Vegas, NV 89148
NIAA 22-510-CS-S

Certified: \$9.68
Standard: \$1.87



9171 9690 0935 0278 7982 31

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Latest Update

Your item was returned to the sender at 4:53 pm on January 31, 2024 in LAS VEGAS, NV 89144 because the forwarding order for this address is no longer valid.

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Alert

Forward Expired

LAS VEGAS, NV 89144

January 31, 2024, 4:53 pm

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

January 30, 2024, 8:31 am

[See All Tracking History](#)[Feedback](#)

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CERTIFIED MAIL™



9171 9690 0935 0278 7982 48

ate Board of Pharmacy
Ranch Parkway Suite 206
o, Nevada 89521

Service Requested

neopost
01/26/2024

US POSTAGE \$009.68

THU 15 FEB 2024

WASZ FOC 850 ZIP

22-510-CS-S.PETERSEN004

Kevin C. Peterson, MD
653 N. Town Center Dr. #314
Las Vegas, NV 89144

FEB 20 2024

STATE BOARD
OF PHARMACY

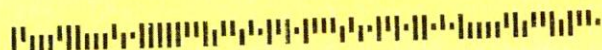
-R-T-S- 891445003-1N

02/15/24

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

scanned
2-27-24

NIAA



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Tracking Number:

[Remove X](#)**9171969009350278798231**[Copy](#)[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was returned to the sender on January 29, 2024 at 12:50 pm in LAS VEGAS, NV 89148 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert

● Addressee Unknown

LAS VEGAS, NV 89148

January 29, 2024, 12:50 pm

● Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

January 28, 2024, 10:57 am

● [See All Tracking History](#)

Feedback

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)[Text & Email Updates](#)[USPS Tracking Plus®](#)[Product Information](#)

CERTIFIED MAIL™



9171 9690 0935 0278 7982 31

ate Board of Pharmacy
e Ranch Parkway Suite 206
o, Nevada 89521

Service Requested

US POSTAGE \$009.68⁹



ZIP 89521

22-510-CS-S.PETERSEN006

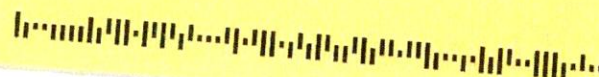
FEB 12 2024

Kevin C. Peterson, MD
9121 W. Russell Rd. #115
Las Vegas, NV 89148

-R-T-S- 891485033-1N

02/06/24

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of February 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kevin C. Peterson, MD
[REDACTED] Sapphire Vista Avenue
Las Vegas, NV 89144


SHIRLEY HUNTING
BOARD COORDINATOR

Kevin C. Peterson, MD
[REDACTED] Sapphire Vista Avenue
Las Vegas, NV 89144

NIAA 22-510-CS-S

9171 9690 0935 0278 7985 83

Certified: \$9.92
Standard: \$1.87



USPS Tracking®

[FAQs >](#)

Tracking Number:

[Remove X](#)

9171969009350278798583

[Copy](#)[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item was returned to the sender on February 3, 2024 at 10:05 am in LAS VEGAS, NV 89144 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert

Addressee Unknown

LAS VEGAS, NV 89144

February 3, 2024, 10:05 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

February 2, 2024, 5:40 pm

See All Tracking History

Feedback

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

[Text & Email Updates](#)[USPS Tracking Plus®](#)[Product Information](#)

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

Return Service Requested



9171 9690 0935 0278 7982 31

usps
01/26/2024
US POSTAGE



22-510-CS-S.PETERSEN010

FEB 12 2024

Kevin C. Peterson, MD
9121 W. Russell Rd. #115
Las Vegas, NV 89148

-R-T-S- 891485033-1N

02/06/24

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

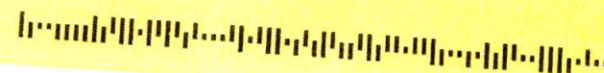


Exhibit 2
22-510-CS-S



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
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Kevin Petersen
9121 W. Russell Rd. #115
Las Vegas, NV 89148

Re: Kevin Petersen and Case No. 22-510-CS-S

Dear Kevin Petersen,

The hearing for case number **22-510-CS-S** has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
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, 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,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4861 53

22-510-CS-S.PETERSEN011



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
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Kevin Petersen
653 N. Town Center Dr. #314
Las Vegas, NV 89144

Re: Kevin Petersen and Case No. 22-510-CS-S

Dear Kevin Petersen,

The hearing for case number **22-510-CS-S** has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
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, 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,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4861 46

22-510-CS-S.PETERSEN012

ALERT: SEVERE WEATHER IN THE SOUTH, SOUTHEAST, AND MIDWEST MAY IMPACT PACKA...

USPS Tracking®

[FAQs >](#)

Tracking Number:

Remove X

9171969009350314486153

[Copy](#)[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Latest Update

Your item departed our USPS facility in LAS VEGAS NV DISTRIBUTION CENTER on May 7, 2024 at 8:58 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Moving Through Network

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
May 7, 2024, 8:58 am

Addressee Unknown

LAS VEGAS, NV 89148
May 1, 2024, 8:47 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 30, 2024, 9:36 am

In Transit to Next Facility

April 29, 2024

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER
April 26, 2024, 9:50 pm

Feedback

- **Accepted at USPS Origin Facility**
RENO, NV 89521
April 26, 2024, 8:35 pm
- **Pre-Shipment, USPS Awaiting Item**
April 25, 2024
- **Hide Tracking History**

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Tracking Number:

Remove X

9171969009350314486146

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item has been delivered to the original sender at 10:55 am on May 4, 2024 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender

RENO, NV 89521
May 4, 2024, 10:55 am

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER

May 2, 2024, 5:22 pm

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

May 2, 2024, 8:35 am

Addressee Unknown

LAS VEGAS, NV 89144

April 29, 2024, 11:04 am

In Transit to Next Facility

April 28, 2024

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

April 26, 2024, 6:12 pm

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER

April 25, 2024, 11:39 pm

Accepted at USPS Origin Facility

RENO, NV 89521

April 25, 2024, 10:24 pm

Pre-Shipment, USPS Awaiting Item

April 25, 2024

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

See More ✓

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 • Reno, Nevada 89521

ADDRESS SERVICE REQUESTED



CERTIFIED MAIL™



9171 9690 0935 0314 4861 46

neopost
04/25/2024

FIRST-CLASS MAIL

US POSTAGE \$008.69



ZIP 89521
041L12204692

April 25, 2024

Kevin Petersen
653 N. Town Center Dr. #314
Las Vegas, NV 89144

IA K1: 9333110031

ANK

0914404521>4861

NIXIE

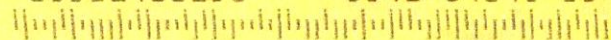
891 FE 1

0005/01/24

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 89521488156

*0941-04249-25-47



22-510-CS-S.PETERSEN016

Exhibit 3
22-510-CS-S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**KEVIN PETERSON, MD,
Certificate of Registration No. CS10594,**

Respondent.

CASE NO. 22-510-CS-S

**MEMORANDUM OF
ATTORNEY'S FEES RECOVERABLE
PURSUANT TO NRS 622.400**

TIMESHEET FOR BRETT KANDT –

DATE	TIME
-------------	-------------

10/21/2023	2.50
------------	------

Confer with staff and review investigative case file; issue notice of suspension of Certificate of Registration No. CS10594.

12/21/2023	3.50
------------	------

Confer with staff and review investigative case file; research and draft Notice of Intended Action and Accusation.

1/25/2024	1.00
-----------	------

Confer with staff and finalize and file Notice of Intended Action and Accusation.

5/6/2024	2.75
----------	------

Prepare for hearing; confer with staff and witnesses; finalize proposed exhibits and documentation of fees and costs.

5/20/2024	1.50
-----------	------

Prepare for hearing; notify respondent of pending default hearing and documentation of fees and costs.

5/29/2024	1.00
-----------	------

Hearing in Case 22-510-CS-S.

TOTAL 12.25 hours x \$86.50/hour = \$1,059.62

Board Coordination Timesheet & Mailing Cost

Timesheet for Darlene Nases –

KEVIN PETERSEN - CASE NO. 22-510-CS-S

DATE	TIME
------	------

10/23/23	0.25
----------	------

Sent Certified/Regular Mail Notice of Suspension to Kevin Petersen.

TOTAL 0.25 hours x \$34.86/hour = \$8.71

Timesheet for Jessette Phaynarikone –

KEVIN PETERSEN - CASE NO. 20-162-CS-S

DATE	TIME
------	------

4/25/24	0.50
---------	------

Sent Certified/Regular mail 21-day letter to Kevin Petersen.

TOTAL 0.50 hours x \$24.50/hour = \$12.25

Mail Cost:

\$8.53 – Notice of Suspension (Certified)

\$0.64 – Notice of Suspension (Regular)

\$9.68 – Certified NIAA (First Location – Town center Dr.)

\$1.87 – Regular NIAA (First Location – Town center Dr.)

\$9.68 – Certified NIAA (Second Location – W. Russel Rd.)

\$1.87 – Regular NIAA (Second Location – W. Russel Rd.)

\$9.92 – Certified NIAA (Third Location – Sapphire Vista Avenue)

\$1.87 – Regular NIAA (Third Location – Sapphire Vista Avenue)

\$8.69 – Certified 21-day letter (First Location – Town center Dr.)

\$0.64 – Regular 21-day letter (First Location – Town center Dr.)

\$8.69 – Certified 21-day letter (Second Location – W. Russel Rd.)

\$0.64 – Regular 21-day Letter (Second Location – W. Russel Rd.)

TOTAL MAIL COST: \$62.72

TOTAL COST: \$83.68

Investigation hours

Case No 22-510-S
Investigator Dena McClish

Kevin Petersen

Date	Duties	Hours
12/8/2022	Case initiation, BME contact, PMP reports	1.25
12/12/2022	BME contact	0.25
1/24/2023	follow up	0.5
2/16/2023	case discussion	0.5
6/1/2023	follow up with BME and DEA, PMP check	0.75
6/6/2023	DEA contact	0.25
8/29/2023	Office visit, seize drugs for safekeeping, check BME lic	2.5
10/5/2023	Typed case report	1.5
10/18/2023	case review in south	0.5
		0.75

Total hrs
Wage

8.75
53.85

Total Investigative Cost

471.1875

Total billing

0

Exhibit 4
22-510-CS-S

From: [Brett Kandt](#)
To: [REDACTED]
Cc: [Darlene Nases](#); [Jesette Phaynarikone](#); [Erin Miller](#)
Subject: Nevada State Board of Pharmacy - CASE NO. 22-510-CS-S
Date: Monday, May 20, 2024 7:17:47 AM
Attachments: [Outlook-o3me1zkf](#)
[22-510-CS-S.NIAA.Peterson.pdf](#)
[22-510-CS-S. Notice of Hearing - Petersen.pdf](#)
[22-510-CS-S. Petersen - Memo atty fees and costs.pdf](#)

Kevin Peterson, MD
Certificate of Registration No. CS10594

I am prosecuting this administrative case against you. Attached please find a courtesy copy of the charges and notice of hearing in Case No. 22-510-CS-S. Service of these documents was previously attempted at your address of record with the Nevada State Board of Pharmacy in conformance with Nevada law. See NRS 241.034(1)(b); NRS 622A.300(3); NRS 639.242(2).

The failure to file an Answer and Notice of Defense constitutes an admission to the charges and a waiver of the right to a hearing, and upon a failure to appear at a noticed hearing, the Board may accept the allegations as true. See NRS 622A.320(1); NRS 639.244; NRS 622A.350.

Should you fail to appear at the hearing noticed for May 29, 2024, at 9AM, I will proceed to seek a default judgment against you revoking your Registration No. CS10594. I have also attached a memorandum of attorney's fees and costs that the Board may recover pursuant to NRS 622.400. You may want to consult an attorney. If you have any questions, please respond to this email.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy



NOTICE: 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 establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

22-510-CS-S.PETERSEN020

5L

Exhibit 1
23-297-PT-S

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of February, 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Harrison Clayton, PT
[REDACTED] Summer Grove Ave.
Las Vegas, NV 89117


SHIRLEY HUNTING
BOARD COORDINATOR

Harrison Clayton, PT
[REDACTED] Summer Grove Ave.
Las Vegas, NV 89117

NIAA 23-297-PT-S

9171 9690 0935 0279 2936 12

Certified: \$9.68
Standard: \$1.87



ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF YOUR MAIL AND PACKAGES. [READ MORE > \(...\)](#)

USPS Tracking®

[FAQs >](#)

Tracking Number:

[Remove X](#)**9171969009350279293612**[Copy](#)[Schedule a Redelivery \(https://tools.usps.com/redelivery.htm\)](https://tools.usps.com/redelivery.htm)

Latest Update

We attempted to deliver your item at 10:11 am on February 17, 2024 in LAS VEGAS, NV 89117 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning February 20, 2024. If this item is unclaimed by March 3, 2024 then it will be returned to sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivery Attempt: Action Needed

Notice Left (No Authorized Recipient Available)

LAS VEGAS, NV 89117

February 17, 2024, 10:11 am

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

February 17, 2024, 8:45 am

[See All Tracking History](#)[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)[Text & Email Updates](#)[Schedule Redelivery](#)[USPS Tracking Plus®](#)[Product Information](#)[See Less ^](#)

Feedback

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

23-297-PT-S.CLAYTON003

CERTIFIED MAIL™

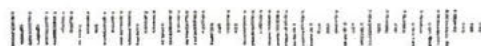
State Board of Pharmacy
Ranch Parkway Suite 206
Las Vegas, Nevada 89521

9171 9690 0935 0279 2936 12

Service Requested

Harrison Clayton, PT
[REDACTED] Summer Grove Ave.
Las Vegas, NV 89117

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD



23-297

N/C
2/17

23-297-PT-S-CLAYTON004

MTXTE

851 42 1

0104/07/24

Exhibit 2
23-297-PT-S



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

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

April 25, 2024

Harris Clayton
[REDACTED] Summer Grove Ave
Las Vegas, NV 89117

Re: Harris Clayton and Case No. 23-297-PT-S

Dear Harris Clayton,

The hearing for case number **23-297-PT-S** has been scheduled for 5/29/2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd
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, 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,

Board Coordination
Nevada State Board of Pharmacy

9171 9690 0935 0314 4861 77

23-297-PT-S.CLAYTON005

ALERT: SEVERE WEATHER IN THE SOUTH, SOUTHEAST, AND MIDWEST MAY IMPACT PACKA...

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9171969009350314486177

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 10:26 am on April 29, 2024 in LAS VEGAS, NV 89117.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual

LAS VEGAS, NV 89117

April 29, 2024, 10:26 am

In Transit to Next Facility

April 28, 2024

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

April 27, 2024, 3:38 pm

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER

April 25, 2024, 11:39 pm

Accepted at USPS Origin Facility

RENO, NV 89521

April 25, 2024, 10:24 pm

Feedback

23-297-PT-S.CLAYTON006

Pre-Shipment, USPS Awaiting Item

April 25, 2024

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Exhibit 3
23-297-PT-S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**HARRISON CLAYTON, PT,
Certificate of Registration No. PT28442,**

Respondent.

CASE NO. 23-297-PT-S

**MEMORANDUM OF
ATTORNEY'S FEES RECOVERABLE
PURSUANT TO NRS 622.400**

TIMESHEET FOR BRETT KANDT –

DATE	TIME
-------------	-------------

1/22/2024	3.50
-----------	------

Confer with staff and review investigative case file; research and draft Notice of Intended Action and Accusation.

2/14/2024	1.00
-----------	------

Confer with staff and finalize and file Notice of Intended Action and Accusation.

5/6/2024	2.75
----------	------

Prepare for hearing; confer with staff and witnesses; finalize proposed exhibits and documentation of fees and costs.

5/20/2024	1.50
-----------	------

Prepare for hearing; notify respondent of pending default hearing and documentation of fees and costs.

5/29/2024	1.00
-----------	------

Hearing in Case 23-297-PT-S.

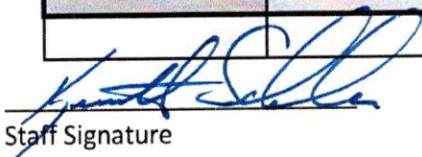
TOTAL 9.75 hours x \$86.50/hour = \$843.37

INVESTIGATION HOURS

CASE NUMBER 23-297-PT-S

STAFF NAME Kenneth Scheuber

	DATE	ACTIVITY	TOTAL HOURS
1	8/1/2023	Date case received and reviewed. Files created. Investigative Report	2.75
2		opened. Contacted Walgreens #11899. Talked to the Store Manager Reyna	
3		Cerrillo. Received a copy of PT Clayton's statement from Holly Prievo.	
4	8/2/2023	Forwarded a copy of PT Clayton's statement to Yehn Long.	1
5	8/5/2023	Sent Holly Prievo a document request	1
6	8/14/2023	Received a copy of the Police Report. Case updated.	1.5
7	11/5/2023	Received a copy of the Nevada Report of Theft or Loss of Controlled	1.5
8		Substances and a copy of the DEA Form 106. Case was updated.	
9	11/9/2023	Made contact with PT Clayton	0.5
10	11/16/2023	Received Asset Protection Manager Jessica Amado's statement . Case was	1.5
11		updated.	
12	12/14/2023	Typed the case complete.	2
13	12/19/2023	Case reviewed in Las Vegas.	0.25
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
		Page 1 - Total Hours	12
		Pay Rate	\$53.85
		Page 1 - Total Investigation Cost	\$646.19


Staff Signature

12-19-2023

Board Coordination Timesheet & Mailing Cost

**Timesheet for Jessette Phaynarikone –
HARRIS CLAYTON - CASE NO. 23-297-PT-S**

DATE	TIME
------	------

4/25/24	0.50
---------	------

Sent Certified/Regular mail 21-day letter to Harris Clayton.

TOTAL 0.50 hours x \$24.50/hour = \$12.25

Mail Cost:

Certified NIAA for Harris Clayton - \$9.68

Regular NIAA for Harris Claryton - \$1.87

Certified 21-day letter to Harris Clayton - \$8.69

Regular 21-day Letter to Harris Clayton - \$0.64

TOTAL MAIL COST: \$20.88

TOTAL COST: \$33.13

Exhibit 4
23-297-PT-S

From: [Brett Kandt](#)
To: [REDACTED]
Cc: [Darlene Nases](#); [Jesette Phaynarikone](#); [Erin Miller](#)
Subject: Nevada State Board of Pharmacy - CASE NO. 23-297-PT-S
Date: Monday, May 20, 2024 7:18:03 AM
Attachments: [Outlook-2qbuvvga](#)
[23-297-PT-S.NIAA.Clayton.pdf](#)
[23-297-PT-S. Notice of Hearing - Clayton.pdf](#)
[23-297-PT-S. Clayton - memo atty fees and costs.pdf](#)

Harrison Clayton, PT
Certificate No. PT28442

I am prosecuting this administrative case against you. Attached please find a courtesy copy of the charges and notice of hearing in Case No. 23-297-PT-S. Service of these documents was previously attempted at your address of record with the Nevada State Board of Pharmacy in conformance with Nevada law. See NRS 241.034(1)(b); NRS 622A.300(3); NRS 639.242(2).

The failure to file an Answer and Notice of Defense constitutes an admission to the charges and a waiver of the right to a hearing, and upon a failure to appear at a noticed hearing, the Board may accept the allegations as true. See NRS 622A.320(1); NRS 639.244; NRS 622A.350.

Should you fail to appear at the hearing noticed for May 29, 2024, at 9AM, I will proceed to seek a default judgment against you revoking your Registration No. PT28442. I have also attached a memorandum of attorney's fees and costs that the Board may recover pursuant to NRS 622.400. You may want to consult an attorney. If you have any questions, please respond to this email.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy



NOTICE: 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 establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

23-297-PT-S.CLAYTON011

5R

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GEORGE JAMES MAIORANO, PT,
Certificate of Registration No. PT18868,**

Respondent.

Case No. 21-207-PT-S

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent George James Maiorano ("Respondent"), by and through counsel, Trevor Waite, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.
2. The Board's 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. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as the parties pursued settlement negotiations.
4. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.
5. Respondent is 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 to Respondent 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 Respondent has failed to comply with the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One the Accusation. The parties agree that the evidence and witness statements concerning Count Two of the Accusation are contradictory in certain respects. Therefore, in the interest of compromise, Count Two of the Accusation shall be dismissed upon approval of this Stipulation by the Board.

8. In his capacity as owner and/or manager of American Wellness Pharmacy, LLC, successor in interest to Precision Specialty Pharmacy Corp. ("American Wellness"), Respondent acknowledges that he has reviewed the provisions of NAC 639.520, understands them, and has adopted and disseminated written policies and procedures ensuring that American Wellness and its officers, directors, managers, owners, employees, and/or independent contractors comply with NAC 639.520 when they enter or exit the prescription department of the pharmacy. Respondent further represents that he has instructed all pharmacy staff and employees that non-pharmacist officers, directors, owners and/or employees of American Wellness Pharmacy, LLC, are not authorized to possess keys to the prescription department of the pharmacy or have access to the safe where the keys are stored. Respondent agrees to provide the Board with copies of such policies and procedures within 30 days after the effective date of this Stipulation.

9. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

- A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).
- B. Respondent shall pay an administrative fine of **Two Thousand and No/100 Dollars (\$2,000.00)**, payable by *cashier's check, certified check, or money order* written to the **"State of Nevada, Office of the Treasurer."** Respondent shall remit payment in full to the

Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

- C. Respondent shall pay the sum of **One Thousand and No/100 Dollars (\$1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check*, *certified check*, or *money order* written to the "Nevada State Board of Pharmacy." Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before June 30, 2024.

10. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 21-207-PT-S. However, Respondent understands and acknowledges that his failure to comply with the terms stated herein 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 by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Senior 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 May 29, 2024, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

12. 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.

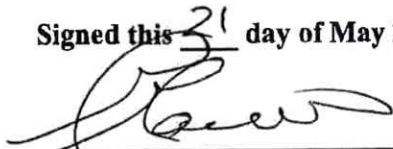
13. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

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

AGREED:

Signed this 31 day of May 2024.



GEORGE JAMES MAIORANO
Certificate of Registration No. PT188689

Signed this 22^d day of May 2024.

NEVADA STATE BOARD OF PHARMACY

By 

GREGORY L. ZUNINO
Senior General Counsel

Approved as to Form and Content:



TREVOR WAITE, ESQ.

Attorney for Respondent George James Maiorano

DECISION AND ORDER

As to George James Maiorano, in Case No. 21-207-PT-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____ day of May 2024.

Helen Park, President
Nevada State Board of Pharmacy

6A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 23-003-DV-S
)	
Petitioner,)	
)	
v.)	
)	
KEIASHA N. JOHNSON, DVM,)	STIPULATED FACTS
Certificate of Registration No. DV00607,)	
)	
Respondent.)	

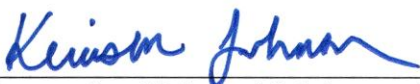
Gustaf Vanderdonck, Esq., Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Dr. Keiasha N. Johnson, Certificate of Registration No. DV00607 (Respondent),


HEREBY STIPULATE AND AGREE THAT:

1. All factual allegations (Paragraphs 1-6) contained in the Statement to the Respondent and Notice of Hearing are true and accurate.

Respondent Dr. Keiasha N. Johnson has fully considered the factual allegations contained in the Notice of Intended Action and Accusation on file in this matter and these Stipulated Facts. She freely and voluntarily agrees to the factual statements set forth herein.

Signed this 29th day of May 2024


Respondent Keiasha N. Johnson, D.V.M.
Certificate of Registration No. DV00607


Gustaf Vanderdonck, Esq.
Assistant General Counsel
Nevada State Board of Pharmacy

SFY24 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: Apr 24

				CURRENT MONTH	PRIOR MONTH(s)	PROJECTIONS THROUGH	TOTAL REVENUE/EXPENSE	
REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	REVENUE/EXPENSE	REVENUE/EXPENSE	6/30/2024	SFY24	DIFFERENCE
Beginning Balance	\$ 6,232,358		\$ 6,232,358	\$ -	\$ -	\$ 6,232,358	\$ 6,232,358	\$ -
Renewal Fees	\$ 1,795,552		\$ 1,795,552	\$ 400	\$ 1,868,160	\$ 14,000	\$ 1,882,560	\$ 87,008
Registration Fees	\$ 1,561,460		\$ 1,561,460	\$ 114,325	\$ 902,860	\$ 544,275	\$ 1,561,460	\$ -
Recovered Costs	\$ 30,000		\$ 30,000	\$ 500	\$ 53,377	\$ 10,000	\$ 63,877	\$ 33,877
CC Processing Fees	\$ 175,000		\$ 175,000	\$ 2,837	\$ 115,970	\$ 56,194	\$ 175,000	\$ -
Change MGR RPh	\$ 22,800		\$ 22,800	\$ 1,150	\$ 9,900	\$ 11,750	\$ 22,800	\$ -
Inspections	\$ 5,000		\$ 5,000	\$ 3,205	\$ 3,686	\$ (1,891)	\$ 5,000	\$ -
Interest Income	\$ 30,000		\$ 30,000	\$ -	\$ 129,481	\$ 20,000	\$ 149,481	\$ 119,481
Late Fees	\$ 15,000		\$ 15,000	\$ 400	\$ 14,891	\$ 1,000	\$ 16,291	\$ 1,291
Total Revenues	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 122,817	\$ 3,098,324	\$ 6,887,686	\$ 10,108,827	\$ 241,657
EXPENSES								
Payroll	\$ 4,142,479		\$ 4,142,479	\$ 303,414	\$ 2,764,014	\$ 1,075,050	\$ 4,142,479	\$ -
Operating	\$ 1,146,199		\$ 1,146,199	\$ 87,998	\$ 813,728	\$ 244,474	\$ 1,146,199	\$ -
Equipment	\$ 25,000		\$ 25,000	\$ 9,500	\$ 14,101	\$ 1,399	\$ 25,000	\$ -
In-State Travel	\$ 110,000		\$ 110,000	\$ 8,303	\$ 60,839	\$ 40,858	\$ 110,000	\$ -
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ 12,482	\$ 52,518	\$ 65,000	\$ -
DAG Cost	\$ 40,000		\$ 40,000	\$ 762	\$ 3,874	\$ 35,364	\$ 40,000	\$ -
Reserve	\$ 4,338,492	\$ -	\$ 4,338,492	\$ -	\$ -		\$ 4,580,149	\$ 241,657
Total Expenses	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 412,565	\$ 3,669,039	\$ 1,447,075	\$ 10,108,827	\$ 241,657
Balance	\$ -	\$ -	\$ -				\$ -	\$ -