



STATE OF MARYLAND

**DHMH**

**Department of Health and Mental Hygiene**

*Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor –  
Van T. Mitchell, Secretary*

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**MARYLAND BOARD OF PHARMACY**

*4201 Patterson Avenue • Baltimore, Maryland 21215-2299*

*Mitra Gavgani, Board President – Deena Speights-Napata, Executive Director*

April 29, 2016

**CERTIFIED & REGULAR MAIL  
RETURN RECEIPT REQUESTED  
CERTIFIED NUMBER: 7014 0510 0001 0446 7635**

Care One Pharmacy  
2277 Reisterstown Road  
Baltimore, Maryland 21217  
Attn: Peter Okojie, R.Ph.

Re: Permit No. P04122  
Notice of Deficiencies, Recommended Civil Monetary Penalty, and  
Opportunity for Hearing

Dear Mr. Okojie:

On January 28, 2016, the Board of Pharmacy (the "Board") conducted an annual inspection of Care One Pharmacy (the "Pharmacy") to ensure compliance of with federal and State laws governing the operation of a pharmacy. The Inspection Report indicated that the Pharmacy was not in compliance with regulatory requirements regarding registration of pharmacy staff. Specifically, a foreign-trained pharmacist was performing delegated pharmacy acts in the Pharmacy without a pharmacist intern or technician registration. The Board's records indicate that the subject individual subsequently obtain a pharmacy technician registration on March 3, 2016. The Board's records also indicate that the Pharmacy had a prior disciplinary action related to pharmacy staffing in January 2011.

## **I. FINDINGS AND CONCLUSION**

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated January 28, 2016, and attached as Exhibit A.

Based upon deficiencies cited at your Pharmacy, the Board finds that the Pharmacy is in violation of the Maryland Pharmacy Act and the regulations adopted thereunder. Specifically, the Board finds the Pharmacy in violation of Health Occ. Art. § 12-403(c)(1) and § 12-6B-01.

## II. RECOMMENDED CIVIL MONETARY PENALTY

Under Maryland Health Occupations Article § 12-410 and COMAR 10.34.11, the Board of Pharmacy has the authority to impose a civil monetary penalty based upon violations of the Maryland Pharmacy Act.

Based upon the deficiencies cited at the Pharmacy, the Board hereby recommends the imposition of a **civil monetary penalty of \$2,500.00**. The deficiencies upon which the civil monetary penalty is based are set forth above in this Notice.

In determining the recommended civil monetary penalty, the Board took into consideration the aggregating and mitigating factors outlined in COMAR 10.34.11.08.

## III. FOLLOW-UP INSPECTION

Please be advised that the Board of Pharmacy may perform a follow-up inspection of the Pharmacy to insure that the deficiencies noted herein have been addressed and corrected. Should the follow-up inspection indicate that the Pharmacy has further deficiencies, the Board may pursue further disciplinary action against the Pharmacy that may result in the imposition of sanctions such as suspension, revocation or additional monetary penalties.

## IV. OPPORTUNITY FOR HEARING

If the Pharmacy disputes the findings, conclusions or the civil monetary penalty, the Pharmacy may request an evidentiary hearing on the Board's decision in this matter. In the event that the Pharmacy requests an evidentiary hearing, the Board shall initiate formal proceedings which will include the opportunity for a full evidentiary hearing. The hearing will be held in accordance with the Administrative Procedure Act, Md. Code Ann. State Gov't § 10-201 *et seq.*, and COMAR 10.34.01. Any request for a hearing must be submitted in writing to Heather McLaughlin, Compliance Coordinator, Maryland Board of Pharmacy, 4201 Patterson Ave., 1<sup>st</sup> Floor, Baltimore, Maryland 21215, **no later than thirty (30) days of the date of this Notice.**

Please be advised that at the hearing you would have the following rights: to be represented by counsel, to subpoena witnesses, to call witnesses on your own behalf, to present evidence, to cross-examine witnesses, to testify, and to present summation and argument. Should the Board find the Pharmacy guilty of the violations cited in the Reports, the Board may suspend or revoke the pharmacy permit, or impose civil penalties, or both. If you request a hearing but fail to appear, the Board may nevertheless hear and determine the matter in your absence.

## V. OPTION TO PAY RECOMMENDED CIVIL MONETARY PENALTY

Alternatively, the Pharmacy may pay the recommended civil monetary penalty **within thirty (30) days** of the date of this Notice, in the form of a certified check or money order made payable to the Maryland Board of Pharmacy.

Please mail the check of money order to:

Maryland Board of Pharmacy  
P.O. Box 2051  
Baltimore, MD 21203-2051

**NOTE: Please include the case number, PI-16-129, on your check or money order to insure proper assignment to your case.**

Upon the Pharmacy's payment of the civil monetary penalty, this Notice will constitute the Board's final action with respect to the inspection report, dated January 28, 2016, and shall be a public document in accordance with the Maryland Public Information Act.

If you have any questions concerning the instructions contained in this letter, please contact Heather McLaughlin, Compliance Coordinator, at 410-764-4152.

Sincerely,



Deena Speights-Napata  
Executive Director

cc: Linda Bethman, Board Counsel



STATE OF MARYLAND

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Maryland Department of Health and Mental Hygiene

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**Maryland Board of Pharmacy**

*4201 Patterson Ave - Baltimore, MD - 21215-2299*

*Mitra Gavvani, President - LaVerne G. Naesea, Executive Director*

PI-16-129

Care One Pharmacy, LLC  
2277 Reisterstown Road  
Baltimore, Maryland 21217  
P04122  
RE: Unlicensed Personnel

February 8, 2016

On January 28, 2016 I inspected Care One Pharmacy, LLC. During the inspection there was a Pharmacy Intern, Mahamoud Aljack on duty working on the computer filling and counting prescriptions. I checked the Board's website and Mr. Aljack was not found. Per Peter Okojie, Pharmacy Manager, Mr. Aljack had already sent his intern application to the Board and had not gotten a response. I requested a receipt of that transaction by 2/8/2015 nonetheless, it was never sent.

Sincerely,

Shanelle Young, Pharmacy Inspector

2/1/16  
pending docs  
(intern)  
cg



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Department of Health and Mental Hygiene  
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**MARYLAND BOARD OF PHARMACY**

4201 Patterson Avenue • Baltimore, Maryland 21215-2299  
Mitra Gaugani, Board President - LaVerne G. Naesea, Executive Director

**COMMUNITY PHARMACY INSPECTION FORM**

Corporate Pharmacy Name Care One Pharmacy, LLC  
Pharmacy Name-Doing Business as (d/b/a) or Trade Name Care One Pharmacy  
Street Address 2277 Reisterstown Road, Baltimore, Maryland 21217  
Business Telephone Number 410-523-7500 Business Fax Number 410-523-7578  
Inspection Date: 1/28/2016 Arrival Time: 9:30am Departure Time: 12pm  
Type of Inspection:  Annual  Follow-up Previous Date: 3/10/2015  
Name of Inspector: Shanelle Young

**1. GENERAL INFORMATION**

Yes  No  The pharmacy hours of operation are prominently displayed if the prescription area is not open the same hours as the establishment.  
Pharmacy Hours M-F: 9am-6pm Sat: 10am-4pm Sun: Closed

Yes  No  All permits, licenses, and registrations are posted conspicuously. HO § 12-311, HO § 12-408(b) and HO § 12-6B-08

Maryland Pharmacy Permit Number P04122 Expiration Date: 5/31/2016  
CDS Registration Number 458954 Expiration Date: 4/30/2016  
DEA Registration Number BC9014616 Expiration Date: 8/31/2016

- Yes  No  The pharmacy performs sterile compounding. (If yes, complete Sterile Compounding Inspection Form) COMAR 10.34.19
- Yes  No  The pharmacy provides services to Comprehensive Care facilities or assisted living facilities. (If yes, complete Comprehensive Inspection Form) COMAR 10.34.23
- Yes  No  The pharmacy fills original prescriptions received via the internet.
- Yes  No  The pharmacy fills original prescriptions via e-prescribing.
- Yes  No  The pharmacist fills mail order prescriptions.

If yes to any of the above, how does the pharmacist verify that a relationship exists between the patient and the prescriber? 21 C.F.R. § 1306.04, HG § 21-220; COMAR 10.19.03.02 and .07

Comments: \_\_\_\_\_  
Per Peter Okojie, Pharmacy Manager, the pharmacist calls to verify original prescriptions sent via e-prescribing if needed.



**3. PERSONNEL TRAINING**

Yes  No  N/A  There are written policies and procedures to specify duties that may be performed by unlicensed personnel under the supervision of a licensed pharmacist. COMAR 10.34.21.03 and 10.34.21.05

Yes  No  N/A  All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform. COMAR 10.34.21.03B(1)

All personnel have received training in: (check all that apply) COMAR 10.34.21.03B(3) and (4)

- Yes  No  N/A  Maintaining records
- Yes  No  N/A  Patient confidentiality
- Yes  No  N/A  Sanitation, hygiene, infection control
- Yes  No  N/A  Biohazard precautions
- Yes  No  N/A  Patient safety and medication errors COMAR 10.34.26.03

Comments: \_\_\_\_\_  
Reviewed training binder.  
\_\_\_\_\_  
\_\_\_\_\_

- Yes  No  The pharmacy wholesale distributes to another pharmacy (COMAR 10.34.37)
- Yes  No  The pharmacy wholesale distributes to a wholesale distributor (COMAR 10.34.37)
- Yes  No  N/A  The wholesale distribution business exceeds 5% of the pharmacy annual sales (COMAR 10.34.37)

Comments: \_\_\_\_\_  
Per Peter Okojie, Pharmacy Manger, the pharmacy does not wholesale distribute.  
\_\_\_\_\_  
\_\_\_\_\_

**4. SECURITY COMAR 10.34.05**

Yes  No  The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

Comments: \_\_\_\_\_  
The pharmacy area closes at the same time as the rest of the establishment.  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2)

Yes  No  The permit holder shall prevent an individual from being in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05.02A (3)

Comments: \_\_\_\_\_  
Ok \_\_\_\_\_

**5. PHYSICAL REQUIREMENTS AND EQUIPMENT**

Yes  No  Pharmacy area is clean and orderly. HO § 12-403(b) (11) (ii)2.

Yes  No  The pharmacy provides a compounding service (non-sterile procedures).

Yes  No  If yes, the pharmacy maintains equipment that enables it to prepare and dispense prescriptions properly within its scope of practice. COMAR 10.34.07.02

Yes  No  The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A

Yes  No  The pharmacy has hot and cold running water.

Yes  No  The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B

Yes  No  The medication refrigerator(s) have a thermometer and the current temperature is between (36-46F) USP. COMAR 10.34.07.01B

Temperature <sup>40F, 41F</sup> \_\_\_\_\_

Yes  No  The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)

Temperature <sup>74F</sup> \_\_\_\_\_

Yes  No  N/A  If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.

Temperature <sup>N/A</sup> \_\_\_\_\_

Yes  No  The pharmacy maintains at all times a current reference library that is appropriate to meet the needs of the practice specialty of that pharmacy and the consumers the pharmacy serves. HO § 12-403(b)(10)

Yes  No  The pharmacy has online resources. HO § 12-403(b)(15)

Comments: \_\_\_\_\_  
None \_\_\_\_\_



**6. PRESCRIPTION LABELING, FILES, AND STORAGE**

Yes  No  Prescription files for each prescription prepared or dispensed are made and kept on file for at least 5 years. HO § 12-403(b)(13)(i)

The following label requirements are met if a drug is dispensed pursuant to a prescription: HO § 12-505

- Yes  No  The name and address of the pharmacy; HG § 21-221(a)(1)
- Yes  No  The serial number of the prescription; HG § 21-221(a)(2)
- Yes  No  The date the prescription was filled; HO § 12-505(b)(1) and HG §21-221(a)(3)
- Yes  No  The name of the prescriber; HG § 21-221(a)(4)
- Yes  No  The name of the patient; HG § 21-221(a)(5)(i)
- Yes  No  The name and strength of the drug or devices; HO § 12-505(c)
- Yes  No  The directions for use; HO § 12-505(b)(2)(ii) and HG §21-221(a)(5)(ii)
- Yes  No  The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii)
- Yes  No  The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2)
- Yes  No  The expiration date is indicated; HO § 12-505(b)(2)

Yes  No  The pharmacist and data-entry technician initials are on prescriptions. COMAR 10.34.08.01

Yes  No  Original prescriptions are dispensed within 120 days after the issue date. HO § 12-503

Comments: \_\_\_\_\_

None.

\_\_\_\_\_

\_\_\_\_\_

**7. QUALITY ASSURANCE – PATIENT SAFETY / MEDICATION ERRORS**

Yes  No  There are written policies that inform patients of the procedure to follow when reporting a suspected medication error to the permit holder, pharmacist, health care facility, or other health care provider. COMAR 10.34.26.02

Yes  No  The pharmacy maintains a minimum of two (2) continuous years of records clearly demonstrating the content of annual educational training provided to each member of the pharmacy staff involved in the medication delivery system regarding the roles and responsibilities of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B

Yes  No  There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03E

Comments: \_\_\_\_\_

None.

\_\_\_\_\_

\_\_\_\_\_

**8. CONFIDENTIALTY**

Yes  No  Confidentiality is maintained in the creation, storage, access disposal and disclosure of patient records. HO § 12-403(b)(13), COMAR 10.34.10.03A and HIPAA Regulations

Yes  No  Any identifiable information contained in a patient's record is not disclosed unless authorized by the patient, or an order of the court, or as authorized pursuant to HG §4-301 through §4-307. COMAR 10.34.10.03B

Comments: \_\_\_\_\_  
Per Pharmacy Manager, the pharmacy requires valid ID to release patient's records.  
\_\_\_\_\_  
\_\_\_\_\_

**9. INVENTORY CONTROL PROCEDURES**

Yes  No  N/A  The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR10.34.24.03

Yes  No  N/A  The pharmacy has a procedure in place for removal of all expired drugs (both prescription and OTC). COMAR 10.34.12.01

Yes  No  N/A  The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

Yes  No  N/A  The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Comments: \_\_\_\_\_  
None.  
\_\_\_\_\_  
\_\_\_\_\_

**10. CONTROLLED SUBSTANCES**

Power of Attorney Peter Okojie

Yes  No  The pharmacy has a record of the most recent required biennial inventory of Schedule II-V controlled substances. COMAR 10.19.03.05B

Inventory date: 12/3/2014

Biennial Inventory completed at  Opening or  Closing (circle one)

Yes  No  The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03

Yes  No  Records are kept of all receipts of controlled substances entered into the pharmacy inventory (including DEA Form 222 or CSOS orders). COMAR 10.19.03.05

Yes  No  There are written policies and records for return of CII, CIII-V.

Yes  No  Hard copy or electronic prescription files are maintained chronologically for 5 years.

Yes  No  Schedule II controlled substances are dispersed throughout the stock of non-controlled substances or stored in such a manner as to obstruct theft or diversion. COMAR 10.19.03.12B (2)

Yes  No  All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)

Yes  No  The permit holder or pharmacist designee(s) has written policies and procedures for investigating discrepancies and reporting of theft or loss. COMAR 10.19.03.12B (4)

Comments: \_\_\_\_\_  
Reviewed controlled returns to Guaranteed Returns & Cardinal Health.  
\_\_\_\_\_  
\_\_\_\_\_

11. AUTOMATED MEDICATION SYSTEMS Yes  No  (if No, go to #12)

Yes  No  N/A  The facility uses an automated device(s) as defined in COMAR 10.34.28.02.

Policies and procedures exist for (check all that apply): COMAR 10.34.28.04A

- Yes  No  N/A  Operation of the system
- Yes  No  N/A  Training of personnel using the system
- Yes  No  N/A  Operations during system downtime
- Yes  No  N/A  Control of access to the device
- Yes  No  N/A  Accounting for medication added and removed from the system.

Yes  No  N/A  Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06

Adequate records are maintained for at least two years addressing the following (check all that apply).  
COMAR 10.34.28.11

- Yes  No  N/A  Maintenance records.
- Yes  No  N/A  System failure reports.
- Yes  No  N/A  Accuracy audits.
- Yes  No  N/A  Quality Assurance Reports.
- Yes  No  N/A  Reports on system access and changes in access.
- Yes  No  N/A  Training records.

Yes  No  N/A  Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, dosage forms, or drug entities, and minimize the potential for misidentification of medications, dosages, and dosage forms accessed from the automated medication system. COMAR 10.34.28.04B

Yes  No  N/A  The pharmacy has records, documents, or other evidence of a quality assurance program regarding the automated medication system in accordance with the requirements of COMAR 10.34.28

Comments: \_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

**12. OUTSOURCING**

Yes  No  (if No, go to #13)

Yes  No  N/A

The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02

Yes  No  N/A

The facility serves as a primary pharmacy outsourcer to other pharmacies. COMAR 10.34.04.02

Yes  No  N/A

The facility serves as a secondary pharmacy. COMAR 10.34.04.02

Yes  No  N/A

The permit holder employs an outside agency/business entity for the provision of any pharmacy services, inclusive of staffing, remote order entry, and management.

If yes: Name of agency, state of incorporation, service contracted, and State of Maryland License/Permit Number: COMAR 10.34.04.06E

**Comments:**

N/A

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Yes  No  N/A

The permit holder has written policies and procedures to specify the duties that may be performed by outside personnel. COMAR 10.34.21.03B(3)

If the pharmacy outsources a prescription order:

Yes  No  N/A

The original prescription order is filed as a prescription order at the primary pharmacy. COMAR 10.34.04.06D

Yes  No  N/A

Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06

Yes  No  N/A

Documentation is maintained, including the names and locations of the pharmacies, names of pharmacists, and a record of the preparations made. COMAR 10.34.04.03 and .05

The pharmacist from the primary pharmacy documents the following in a readily retrievable and identifiable manner: COMAR 10.34.04.06 (Check all that apply)

Yes  No  N/A

That the prescription order was prepared by a secondary pharmacy.

Yes  No  N/A

The name of the secondary pharmacy.

Yes  No  N/A

The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.

Yes  No  N/A

The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.

Yes  No  N/A

The date on which the prescription order was transmitted to the secondary pharmacy.

Yes  No  N/A

The date on which the medication was sent to the primary pharmacy.

Yes  No  N/A

The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F

Yes  No  N/A

The primary pharmacy maintains, in a readily retrievable and identifiable manner, a record of preparations received from the secondary pharmacy. COMAR 10.34.04.06G

The permit holder at the secondary pharmacy maintains documentation in a readily retrievable and identifiable manner, which includes: COMAR 10.34.04.07 (Check all that apply)

- Yes  No  N/A  That the prescription order was transmitted from another pharmacy.
- Yes  No  N/A  The name and information identifying the specific location of the primary pharmacy.
- Yes  No  N/A  The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
- Yes  No  N/A  The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.
- Yes  No  N/A  The name of the pharmacist at the secondary pharmacy who prepared the prescription order.
- Yes  No  N/A  The date on which the prescription order was received at the secondary pharmacy.
- Yes  No  N/A  The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.

**13. Recommended Best Practices**

- Yes  No  A perpetual inventory is maintained for Schedule II controlled substances.
- Yes  No  There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records.
- Yes  No  The pharmacy has written policies and procedures for the safe handling of drug recalls. See [www.recalls.gov](http://www.recalls.gov)
- Yes  No  The pharmacy maintains records of all recalls. See \_\_\_\_\_

**INSPECTOR'S COMMENTS:**

Reviewed inspection form with Peter Okojie, Pharmacy Manger. There were no major discrepancies found during check of CII perpetual inventory. There were no outdated or mis-labeled items pulled during check of pharmacy's inventory. Reviewed policies and procedures found in a binder and training logs. There was 1 unlicensed intern Mahamoud Aljack, on duty filling and counting that was not found on the BOP website. Per Mr. Aljack, he has sent his application in to the Board 3 approximately months ago. Per Peter Okojie, Pharmacy Manger, the pharmacy does not outsource, wholesale distribute, repackage for another pharmacy, fill prescriptions via the internet or serve as a repository or drop off site. Actions suggested per this inspection: 1) Send required paperwork regarding status of the intern, Mahamoud Aljack to the Board attention Shanelle Young by 2/4/2016.

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Inspector Signature Shanelle Young

Pharmacist Name ((Print): Peter Okojie Date: 1/28/2016

Signature: [Signature] [Signature]

Received a copy of this inspection report: \_\_\_\_\_  
Date and Pharmacist Signature

# CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: Care One Pharmacy  
 Permit#: P04122  
 Date: 1/28/2016  
 Pharmacist Signature: *Kenneth K. K...*

Rx#: N364630  
 Date Filled: 1/28/2016

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY
Endocet 10/325mg	60951-0712-70	214	214
Hydromorphone 4mg	00054-0264-25	168	168
Hydromorphone 8mg	42858-0303-01	101	101
Hydrocodone/IBU 7.5/200mg	53746-0145-01	75	75

COMMENTS:  
No major discrepancies.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SCHEDULE II AUDIT

Drug N/A  
 Date of last Inspection/Biennial N/A

Amount at last inspection/biennial	_____	(A)
Purchased since inspection/biennial	_____	(B)
Total inventory	0	(C) = A + B
Quantity dispensed	_____	(D)
Expected inventory	0	(E) = C - D
Quantity on Hand	_____	(F)
Discrepancy	_____	(G) = (F-E) or (E-F)

Excess Shortage

### INVOICE REVIEW

CII:  
CSOS form used, all completely filled out. CII invoices are signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_

CIII - CV:  
Controlled invoices are signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRESCRIPTION REVIEW**

**CII # N363984-N363558**

**DATE 1/12-1/16/2016**

**COMMENTS:**

Rx N363558, prescriber's address on hard copy does not match pharmacy's label.

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**CHH - CV # 363401-363499**

**DATE 1/11-1/11/2016**

**COMMENTS:**

None

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**CARE ONE PHARMACY**  
2277 REISTERSTOWN RD      BC9014816  
BALTIMORE, MD      21217  
(410) 523-7500      Fax: (410) 523-7578

**Rx# 001-N364630N**      1-28-16 Dr. MAHLER  
**SHEILA COLEMAN**      Dr.Ph. (410) 821-7775  
VERMONT AGENCY OF  
BALTIMORE, MD

**TAKE ONE TABLET BY MOUTH EVERY 4 TO  
6 HOURS AS NEEDED FOR PAIN**

**OXYCODONE 30MG TAB      #35**

**NDC# 00406-8530-01      MALLINCKRODT SPENCER**  
Discard After: 1/27/17      Orig: 1-28-16  
Refills: 0      RPh: MA      Tech: SM

www.carepharmacies.com

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER  
OF THIS DRUG TO ANY OTHER PERSON THAN THE  
PATIENT FOR WHOM IT WAS PRESCRIBED