IN THE MATTER OF	*	**BEFORE THE**
FAMILI-CARE PHARMACY	*	**STATE BOARD OF**
Respondent	*	**PHARMACY**
PERMIT NO.: P06331	*	**CASE NO.: PI-18-013**

* * * * * * * * * * * *

FINAL ORDER OF REVOCATION

The Maryland Board of Pharmacy ("the Board") hereby issues this Final Order of Revocation of Famili-Care Pharmacy's (the "Respondent-Pharmacy's") permit pursuant to its authority under the Maryland Pharmacy Act, ("the Act") Md. Code Ann., Health Occ., §§ 12-101 *et seq*. (2014 Repl. Vol. and 2018 Supp.).

Specifically, the Board bases its action on the Respondent-Pharmacy's violation of the following provisions of the Act:

> **§ 12-403. Required standards.**
>
> . . .
>
> (c) *In* general. – Except as otherwise provided in this section, a pharmacy for which a pharmacy permit has been issued under this title:
>
> > (1) Shall be operated in compliance with the law and with the rules and regulations of the Board;
> >
> > (2) Shall be located and equipped so that the pharmacy may be operated without endangering the public health or safety;
> >
> > . . . .
> >
> > (9) May not participate in any activity that is a ground for Board action against a licensed pharmacist under § 12-313 of this title, a registered pharmacy technician under § 12-6B-09 of this title, or a registered pharmacy intern under § 12-6D-11 of this title;

. . . .

(12) Shall store all prescription or nonprescription drugs or devices properly and safely subject to the rules and regulations adopted by the Board[.]

§ 12-409. Suspensions and revocations -- Grounds

(a) *In general.* – Subject to the hearing provisions of § 12-411 of this subtitle, the Board may suspend or revoke any pharmacy permit, if the pharmacy:

(1) Is conducted so as to endanger the public health or safety;

(2) Violates any of the standards specified in § 12-403 of this subtitle; or

(3) Otherwise is not conducted in accordance with the law.

§ 12-313. Denials, reprimands, suspensions, and revocations -- Grounds

. . . .

(b) *In general.* – Subject to the hearing provisions of § 12-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant for a pharmacist's license, reprimand any licensee, place any licensee on probation, or suspend or revoke a license of a pharmacist if the applicant or licensee:

. . . .

(8) Willfully fails to file or record any report that is required by law;

. . . .

(15) Dispenses any drug, device, or diagnostic for which a prescription is required without a written, oral, or electronically transmitted prescription from an authorized prescriber;

. . . .

(21) Is professionally, physically, or mentally incompetent;

. . . .

(25) Violates any rule or regulation adopted by the Board[.]

MD Code, Health - General, § 21-2A-03. Powers and duties of Secretary

. . . .

(c) *Submission of prescription monitoring data* – Except as provided in subsection (d) of this section, each dispenser shall submit prescription monitoring data to the Program by electronic means, in accordance with regulations adopted by the Secretary.

(d) *Alternative forms of submission* – The Secretary, for good cause shown, may authorize a dispenser to submit prescription monitoring data by an alternative form of submission.

The pertinent provisions of Code Md. Regs ("COMAR"), 10.34 *et seq*. provide as follows:

COMAR 10.34.10.01. Patient Safety and Welfare.

A. A pharmacist shall:

(1) Abide by all federal and State laws relating to the practice of pharmacy and the dispensing, distribution, storage, and labeling of drugs and devices, including but not limited to:

(a) United States Code, Title 21,

(b) Health-General Article, Titles 21 and 22, Annotated Code of Maryland,

(c) Health Occupations Article, Title 12, Annotated Code of Maryland,

. . . .

(e) COMAR 10.19.03;

(2) Verify the accuracy of the prescription before dispensing the drug or device if the pharmacist has reason to believe that the prescription contains an error[.]

B. A pharmacist may not:

(1) Engage in conduct which departs from the standard of care ordinarily exercised by a pharmacist;

(2) Practice pharmacy under circumstances or conditions which prevent the proper exercise of professional judgment; or

(3) Engage in unprofessional conduct.

COMAR 10.34.10.04. Competence.

A pharmacy technician, pharmacy intern, or a pharmacist shall:

. . . .

B. Provide a pharmaceutical service only within the scope of the pharmacy technician's, pharmacy intern's, or pharmacist's training and education.

COMAR 10.34.14.04. Required Information and Procedure.

A. At the closing inspection of a licensed pharmacy, the pharmacy permit holder shall provide to the Board, or the Board's agent, information and documentation required by Regulation .05 of this chapter.

B. The pharmacy permit holder shall remove or completely cover indications that the premises was a pharmacy within 30 days after the date the licensed pharmacy ceases to operate as a pharmacy.

. . . .

E. The pharmacy permit holder shall notify the public of the location to which the patients' records have been transferred, by the date the pharmacy ceases to operate.

F. If patient records are not transferred, the pharmacy permit holder shall notify the public of the:

(1) Location of the patient records;

(2) Method by which the patient records shall be maintained; and

(3) Procedure by which patients and other authorized individuals or entities may access the patient records.

G. The pharmacy permit holder shall comply with all federal and State laws and regulations.

H. If the Board's agent performs the closing inspection, the Board's agent shall obtain information and documentation required by Regulation .05 of this chapter.

COMAR 10.34.14.05. Information and Documentation Due at the Closing Inspection.

Information and documentation due at the closing inspection shall include:

. . . .

B. A copy of the inventory required by the Drug Enforcement Administration;

C. The pharmacy permit and Maryland Department of Health controlled dangerous substance registration for cancellation;

D. The names, address, telephone numbers, and Drug Enforcement Administration registration numbers of the persons or business entities to whom any prescription drugs in stock were returned or transferred under Regulation .05 of this chapter and for any prescription files or patient records transferred;

. . . .

G. If any patient records or other documents containing patient information are transferred, the pharmacy permit holder shall provide the Board with a letter, signed under oath by the pharmacy permit holder, stating:

(1) The date, time, place to which and manner in which the records or other documents were transferred;

(2) The names, addresses, and telephone numbers of the persons responsible for transferring the records or other documents;

(3) That the records or other documents were transferred in a manner so as to avoid breaches of patients' confidentiality; and

(4) The identity of the records transferred.

COMAR 10.34.14.07. Disposition of Controlled Dangerous Substances.

The pharmacy permit holder shall comply with the procedures set forth in this chapter in addition to those set forth in COMAR 10.19.03.10C-E governing the disposal of controlled dangerous substances.

COMAR 10.34.20.04. Controlled Dangerous Substances.

Transmission and dispensing of controlled dangerous substances shall be in accordance with applicable State and federal statutes and regulations.

The pertinent provisions of COMAR 10.19.03 provide as follows:

COMAR 10.19.03.07. Prescriptions.

. . . .

C. Purpose of Issue of Prescription (21 CFR §1306.04).

(1) A prescription for a controlled dangerous substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of the individual practitioner's professional practice. The responsibility for the proper prescribing and dispensing of controlled dangerous substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of the Maryland Controlled Dangerous Substances Act Criminal Law Article, §§5-501-5-505, Annotated Code of Maryland, and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled dangerous substances.

COMAR 10.19.03.08. Controlled Substances Listed in Schedule II.

A. Requirement of Prescription-Schedule II (21 CFR §1306.11).

(1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, only pursuant to a written prescription signed by the prescribing individual practitioner, except as provided in §A(4) of this regulation. Except as noted in §A(5)-(7) of this regulation, a prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy by facsimile equipment, if the original written, signed prescription is presented to the pharmacist for review before the actual dispensing of a controlled substance.

COMAR 10.19.03.09. Controlled Substances Listed in Schedules III, IV, and V.

A. Requirement of Prescriptions Listed in Schedules III, IV, and V (21 CFR §1306.21).

(1) A pharmacist may dispense directly a controlled dangerous substance listed in Schedules III, IV, or V, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, or State Law, only pursuant to either a written prescription signed by a prescribing individual

practitioner or a facsimile received by facsimile equipment of a written, signed prescription transmitted by the practitioner or the practitioner's agent to the pharmacy or pursuant to an oral prescription made by a prescribing individual practitioner and immediately reduced to writing by the pharmacist containing all information required in Regulation .07 of this chapter, except the signature of the prescribing individual practitioner.

COMAR 10.19.03.10. Miscellaneous (21 CFR §1307).

C. Distribution upon Discontinuance or Transfer of Business 21 CFR §1307.21.

(1) A registrant desiring to discontinue business activities altogether, who has controlled dangerous substances in the registrant's possession, may have these substances destroyed in accordance with §D of this regulation. A registrant shall return the State certificate of registration to the Division of Drug Control.

(2) A registrant desiring to discontinue business activities altogether, or with respect to controlled dangerous substances (by transferring those business activities to another person), shall submit in person or by registered or certified mail, return receipt requested, to the Secretary of the Maryland Department of Health, Attention: Division of Drug Control, at least 14 days before the date of the proposed transfer (unless the Secretary waives this time limitation in individual instances), the following information:

(a) The name, address, registration number, and authorized business activity of the registrant discontinuing the business (registrant-transferor);

(b) The name, address, registration number, and authorized business activity of the person acquiring the business (registrant-transferee);

(c) Whether the business activities will be continued at the location registered by the person discontinuing business, or moved to another location (if the latter, the address of the new location should be listed);

(d) The date on which the transfer of controlled dangerous substances will occur.

(3) Unless the registrant-transferor is informed by the Secretary, before the date on which the transfer was stated to occur, that the transfer may not occur, the registrant-transferor may distribute (without being registered to distribute) controlled dangerous substances in the registrant-transferor's

possession to the registrant-transferee in accordance with the following procedures:

(a) On the date of transfer of the controlled dangerous substances, a complete inventory of all controlled dangerous substances being transferred shall be taken in accordance with 21 CFR §1304.11. This inventory shall serve as the final inventory of the registrant-transferor and the initial inventory of the registrant-transferee, and a copy of the inventory shall be included in the records of each person. It is not necessary to file a copy of the inventory with the Department unless requested by the Secretary. Transfers of any substances listed in Schedule I or II shall require the use of order forms in accordance with 21 CFR §1305.

(b) On the date of transfer of the controlled dangerous substances, all records required to be kept by the registrant-transferor with reference to the controlled dangerous substances being transferred, under 21 CFR §1304, shall be transferred to the registrant-transferee. Responsibility for the accuracy of records before the date of transfer remains with the transferor, but responsibility for custody and maintenance shall be upon the transferee.

(c) In the case of registrants required to make reports pursuant to 21 CFR §1304, a report marked "Final" shall be prepared and submitted by the registrant-transferor showing the disposition of all the controlled dangerous substances for which a report is required. An additional report is not required from the registrant-transferor, if no further transactions involving controlled dangerous substances are consummated by the registrant-transferor. The initial report of the registrant-transferee shall account for transactions beginning with the day next succeeding the date of discontinuance or transfer of business by the transferor-registrant, and the substances transferred to the registrant-transferee shall be reported as receipts in the registrant-transferee's initial report.

D. Procedure for Disposing of Legally Obtained Controlled Dangerous Substances (21 CFR §1307.21).

(1) Any registrant in possession of legally obtained controlled dangerous substances and desiring or required to dispose of any of these substances may ask the Division of Drug Control of the Maryland Department of Health for authority and instructions to dispose of this substance. This does not eliminate the requirement on registrants under federal regulations to report destruction of controlled dangerous substances.

(2) The request should be made as follows:

(a) If the registrant is required to make reports pursuant to 21 CFR §1304, the registrant shall list the controlled dangerous substance or substances which the registrant desires to dispose of and submit one copy of the request to the Division of Drug Control of the Maryland Department of Health.

(b) If the person is a registrant not required to make reports pursuant to 21 CFR §1304, the person shall list the controlled dangerous substance or substances which the person desires to dispose of on a form required by the Department, and submit a copy of that report to the Division of Drug Control of the Maryland Department of Health.

(3) The Division of Drug Control shall authorize and instruct the registrant to dispose of the controlled dangerous substance in one of the following manners, provided complete records of the disposition are maintained by the registrant:

(a) By transfer to a person registered under the Act and authorized to possess the substance;

(b) By destruction in the presence of an agent of the Division of Drug Control or other authorized person;

(c) By forwarding to the District Office of the Drug Enforcement Administration pursuant to the procedures of that agency;

(d) In a facility registered to administer only, two members of the professional staff (administrator, nurse, pharmacist) may destroy controlled drugs on the premises; a record of the disposal shall be recorded on a form to be supplied by the Division of Drug Control, a copy of which is to be forwarded to the Division within 10 days of destruction;

(e) Aforementioned procedures do not preclude release of medication to discharged patients if so ordered in writing by the attending physician;

(f) Unused controlled dangerous substances dispensed by registered hospital pharmacies for administration to in-patients shall be returned to the pharmacy for appropriate disposition;

(g) By other means that the Secretary may determine to assure that the substance does not become available to unauthorized persons.

(4) If a registrant is required regularly to dispose of controlled dangerous substances, the Special Agent in Charge of the Federal Drug Enforcement Administration may authorize the registrant to dispose of these substances, in accordance with 21 CFR §1307.21(b), without prior approval of the Drug Enforcement Administration in each instance, on the condition that the registrant keep records of these disposals and file periodic reports with the Special Agent in Charge summarizing the disposals made by the registrant. In granting authority, the Special Agent in Charge may place conditions that the Special Agent in Charge deems proper on the disposal of controlled dangerous substances, including the method of disposal and the frequency and detail of reports.

E. Disposal of Controlled Dangerous Substances by the Federal Drug Enforcement Administration (21 CFR §1307.22). Any controlled dangerous substances delivered to the Federal Drug Enforcement Administration under 21 CFR §1307.21, or forfeited pursuant to §511 of the Federal Act (21 U.S.C. 881), may be delivered to any department, bureau, or other agency of the United States or of any state upon proper application addressed to the Administrator of the Drug Enforcement Administration, Department of Justice, Washington, D.C. The application shall show the name, address, and official title of the person or agency to whom the controlled dangerous substances are to be delivered, including the name and quantity of the substances desired and the purpose for which intended. The delivery of these controlled dangerous substances shall be ordered by the Administrator, if, in the Administrator's opinion, there exists a medical or scientific need for it.

FINDINGS OF FACT

The Board makes the following findings of fact:

1. The Respondent-Pharmacy was issued pharmacy permit number P06331 to operate a pharmacy in the State of Maryland on June 19, 2014.[1]

2. The Respondent-Pharmacy's owner is an LLC operated by Louis Onwuanaibe (the "Pharmacist-Owner"). Minnie Ndem (formerly Minnie Onwuanaibe), was at one time listed as a member of the LLC (until September 2016).

[1] The current status of the Respondent-Pharmacy is "Closed."

3. The Respondent-Pharmacy's original name was Randallstown Pharmacy & Money Center, Inc. and it was located at 9901 Liberty Road, Suite B, Randallstown, MD 21133.

4. On or about September 13, 2016, the Board performed a pharmacy relocation inspection and the Respondent-Pharmacy's name was changed to Famili-Care Pharmacy.

5. The Respondent-Pharmacy relocated to 11100 Liberty Road, Suite D, Randallstown, MD 21133.

6. On March 16, 2017, a Board inspector conducted an annual inspection of the Respondent-Pharmacy. During the inspection, the inspector noted the following concerns:

a. Despite the Respondent-Pharmacy's name change and relocation the prior year, there was still pharmacy signage posted in front of the old pharmacy location;

b. Fourteen (14) expired medications were found in the pharmacy area. (The previous inspection on July 10, 2015 had noted two expired medications);

c. A review of the Schedule II[2] prescriptions revealed that 43 out of 50 prescriptions were filled for cash and were primarily written by the same provider, Minnie Ndem, CRNP, F.N. The remaining CII prescriptions were written by

[2] A Schedule II medication "consists of each controlled dangerous substance: (1) listed in [Md. Code Ann., Crim. Law § 5-403]; (2) added to Schedule II by the Department under § 5-202(b) of [Title 5 of the Criminal Law Article]; or (3) designated as a Schedule II controlled dangerous substance by the federal government unless the Department objects under § 5-202(f) of [Title 5 of the Criminal Law Article]." Md. Code Ann., Crim. Law § 5-403(a). Schedule II substances includes opiate substances such as oxycodone and hydrocodone, which are highly addictive. Crim. Law § 5-403(b).

Kareem Bedeir, M.D.; and Kofi Shaw-Taylor, M.D.

d. A review of the prescriptions also revealed that the Pharmacist-Owner had changed the medication strength and quantity of seven non-CDS prescriptions without documenting his rationale;

e. Twenty-one (21) of the thirty-two (32) Schedule III-V[3] prescriptions reviewed by the Board's Inspector had been filled for cash.

7. The Board's investigation revealed that Ms. Ndem pleaded guilty to one count of Conspiracy to Distribute Controlled Dangerous Substances in the Circuit Court for Anne Arundel County, Case No. C-02-CR-17-002870 on February 27, 2018. She was sentenced to 10 years of incarceration with all but 18 months suspended for her role in working at a pill mill where she routinely wrote prescriptions for opioids in high doses and in high pill counts that were not for legitimate medical purposes. She also prescribed CDS to one of her co-defendants in the case. Dr. Shaw-Taylor entered into a plea agreement with a 5-year term of incarceration that included restitution to the Maryland Medicaid Program and the forfeiture of certain seized assets for his role in the same.

8. After the inspection, on September 20, 2017, the Board issued a subpoena to the Prescription Drug Monitoring Program (the "PDMP") given that statutory requirements to report CDS prescriptions to the PDMP went into effect on July 1, 2017. *See* Md. Code Ann., Health-Gen. § 21-2A-04.1.

---

[3] Schedule III - V controlled dangerous substances are set forth in Md. Code Ann., Crim. Law §§ 5- 404 and 5-405 and are highly addictive.

9. The PDMP's manager responded to the Board's subpoena that it had no records for the requested time period.

10. However, a subpoena to the Respondent-Pharmacy for a dispensing report for the period January 1, 2017 - October 16, 2017 revealed that the Respondent-Pharmacy had dispensed 184 CDS prescriptions during that period. Most of the purchases were cash transactions, which should have been a red flag to the Respondent-Pharmacy as possible evidence of drug seeking behavior or suspect activity.

11. From the beginning of the required PDMP reporting period on July 1, 2017, the Respondent-Pharmacy had dispensed 50 CDS prescriptions that should have been reported to the PDMP but were not.

12. On November 7, 2017, the Office of Controlled Substances Administration ("OCSA") inspected the Respondent-Pharmacy, and performed follow-up inspections on November 14 and November 29, 2017.

13. OSCA's report noted that for a 2-month period from September 30, 2016 to December 4, 2016, the Respondent-Pharmacy ordered 4900 tablets of oxycodone 30 mg and then for a 5-month period from May 25, 2017 to October 19, 2017, the Respondent-Pharmacy ordered an additional 9600 tablets of oxycodone 30 mg.

14. OCSA inspectors reviewed 145 CDS prescriptions and found that 129 were paid for in cash. Again, the Respondent-Pharmacy should have been alerted as it is uncommon for such a large number of prescriptions to be paid for in cash. Moreover, paying in cash for CDS is typical behavior for those attempting to pass

fraudulent prescriptions.

15. Inspectors also observed other numerous items that should have been red flags to the dispensing pharmacist upon review of prescriptions, including high dosage strength, high quantity, numerous out-of-state patients, long distance travel to the pharmacy, and "cocktail" prescriptions.[4]

16. The inspectors also found 27 CDS prescriptions written by four prescribers, and which they suspected were fraudulent. The prescribers reviewed copies of the prescriptions and signed affidavits affirming all 27 prescriptions were fraudulent.

17. On or about July 18, 2018, the Pharmacist-Owner informed the Board that the Respondent-Pharmacy would be closing, effective July 31, 2018, advised that the Respondent-Pharmacy's suppliers had been notified and that patient records were to be transferred to another pharmacy.

18. By letter dated July 23, 2018, the Board instructed the Respondent-Pharmacy to schedule a closing inspection within 72 hours of ceasing operations.

19. A Board inspector and an OCSA inspector went to the Respondent-Pharmacy on August 6, 2018, to conduct a closing inspection.

20. The inspectors found that the Respondent-Pharmacy had not transferred any of the patient records to the previously identified pharmacy, and none of the CDS had been transferred to a reverse distributor as required by law.

21. Instead, the CII medications were stored in boxes in the Pharmacist-Owner's vehicle, and the temperature was noted by the inspector as 96° F that day.

---

[4] A "cocktail" prescription refers to a combination of Lorcet or Vicodin, Soma and Xanax.

The inspectors advised the Pharmacist-Owner to bring the CII medications into the pharmacy to a secure and temperature controlled area.

22. The Respondent-Owner could not locate the CDS registration due to be returned to OCSA.

23. The Respondent-Owner provided the inspectors with an inventory report which listed 24 CDS on hand, but since the Respondent-Pharmacy did not have the DEA 222 Forms[5] required for transferring these drugs to its reverse distributor, the inspectors could not compare the documents.

24. The inspectors agreed to reschedule the closing inspection and directed the Respondent-Pharmacy to immediately transfer the patient records by the close of business that day.

25. The Board and the OSCA inspectors returned to the Respondent-Pharmacy on August 30, 2018, for the rescheduled closing inspection.

26. Most notably, the inspectors found that the CDS inventory form provided to them on August 6, 2018 (and dated August 3, 2018), did not match the four DEA 222 forms provided to them on August 30, 2018. The inspectors requested the Respondent-Pharmacy forward all of the inventory forms and proof of shipment of its CDS to its reverse distributor by September 14, 2018. The inspectors also found that the directory sign located outside of the pharmacy still contained a sign for the Respondent-Pharmacy. The inspectors instructed the Respondent-

[5] A DEA 222 form is required for every distribution, purchase, or transfer of a Schedule II CDS, including transfers to reverse distributors upon closure of a pharmacy, as required here.

Pharmacy to ensure the sign would be removed within 30 days.

27. As of October 3, 2018, the Respondent-Pharmacy signage had not been removed, and the Respondent-Pharmacy had not submitted any of the requested documents to the inspectors, leaving them to wonder what happened to the large amounts of CDS noted on the Respondent-Pharmacy's CDS inventory form.

28. At various times during this period, the Respondent-Pharmacy provided two slightly different Inventory Report forms dated August 3, 2018, along with many different DEA 222 worksheets completed in different handwriting.

29. On October 30, 2018, a Board inspector contacted the Respondent-Pharmacy's reverse distributor and requested copies of all CDS documents and reports related to returns from the Respondent-Pharmacy.

30. The various inventory reports and DEA 222 worksheets provided by the Respondent-Pharmacy and the reverse distributor's records were compared by the inspectors, and the following discrepancies were noted:

NDC No.	Drug Name	Quantity on 8/3/18 Pharmacy Inventory Form (CIIs only)	Quantity on various DEA 222 Forms (All CDS)	Quantity on reverse distributor's records	+/-
42858020201	Hydrocodone/ Acetaminophen (Lortab) 7.5/325 mg	340	280	280	-60
65162005010	Oxycodone 20 mg	3	Not listed	0	-3
68382079501	Oxycodone HCL 15 mg	120	Not listed	0	-120
6498017405	Carisoprodol Tabs 350 mg		400	318	+82
33342020115	Tramadol HCL 50 mg		500	382	-118
00185006405	Clonazepam 1 mg		450	818	+368
0185006501	Clonazepam 2 mg		30	20	-10
0603294928	Clonazepam 1 mg		880	500	-380
13107006001	Acetaminophen/ Codeine 300/60		varies[6]	62	+300

31. In addition, there are several discrepancies between the quantities of non-CDS drugs (such as naproxen, sertraline, Metoprolol, fluoxetine, clonidine, etc.)

[6] This particular medication appeared on two different 222 forms. On one, the amount returned is listed as 62, and on another form, the amount returned is listed as 300.

listed on the DEA 222 forms completed by the Respondent-Owner, and the records of drugs actually returned as provided by the reverse distributor.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, the Board concludes that the Respondent violated Health Occ. §§ 12-403(c)(1) and 12-403(c)(12); COMAR 10.19.03.07, 10.19.03.08, 10.19.03.09, 10.19.03.10, 10.34.10.01, 10.34.14.04, 10.34.14.05, 10.34.14.07, 10.34.20.04, 10.34.20.05; and Health - Gen., § 21-2A-03(c)-(d).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 20 day of November 2019, by a majority of the quorum of the Board hereby

ORDERED that the Respondent-Pharmacy's pharmacy permit to operate a pharmacy in the State of Maryland is hereby **REVOKED,** and the Board will not accept from the Respondent-Pharmacy any future applications for licensure, certification, and/or registration; and it is further

ORDERED that the Respondent-Pharmacy shall return to the Board all Maryland pharmacy permits within ten (10) days of the date of this Order; and it is further

ORDERED that the effective date of this Order is the date that it is signed by the Board; and it is further

ORDERED that this document constitutes a formal disciplinary action of the Board, and is a Final Order; as such it is a **PUBLIC RECORD** pursuant to Md. Code

Ann., Gen. Prov. §§ 4-101 *et seq*. (2014 Vol., 2018 Supp.).

11/20/19
Date

Kevin Morgan, Pharm.D.
President
State Board of Pharmacy