



# MARYLAND

## Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis Schrader, Secretary

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### **MARYLAND BOARD OF PHARMACY**

4201, Patterson Avenue, Baltimore, Maryland 21215-2299

Mitra Gaygani, Board President • Deena Speights-Napata, Executive Director

**VIA REGULAR & CERTIFIED MAIL, RETURN RECEIPT REQUESTED**  
**ARTICLE #7016 0750 0001 0747 6546**

August 15, 2017

Professional Care Pharmacy  
806 Reisterstown Road, Unit 3  
Pikesville, MD 21208  
Attn: Richard Erb, Jr., R.Ph.

Re: Permit No. PW0466  
Case No. PI-17-258  
Notice of Deficiencies, Recommended Civil Monetary Penalty, and  
Opportunity for Hearing

Dear Pharmacy Manager:

On March 3, 2017, the Maryland Board of Pharmacy (the "Board") conducted an annual inspection of Professional Care Pharmacy (the "Pharmacy") for compliance with statutes and regulations governing the operation of a pharmacy. The Board's inspection indicated that the Pharmacy was not compliant with laws relating to pharmacy technician registration. Specifically, the Board inspector observed a pharmacy technician who was not duly registered with the Board performing delegated pharmacy acts in the prescription area. The Board's records indicate that the pharmacy technician subsequently registered with the Board on March 10, 2017.

### **I. FINDINGS AND CONCLUSION**

The Board adopts as findings the deficiencies as stated in the Board's inspection report, dated March 3, 2017, and attached hereto as Exhibit A.

Based upon deficiencies 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 \$1,000.00**. The deficiencies upon which the civil monetary penalty is based are set forth above and in Exhibit A.

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 Vanessa Thomas Gray, Compliance Investigator, 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 the Pharmacy would have the following rights: to be represented by counsel, to subpoena witnesses, to call witnesses on its 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 the Pharmacy requests a hearing but fails to appear, the Board may nevertheless hear and determine the matter in its 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-17-258, 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 March 3, 2017 inspection, 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 Vanessa Thomas Gray, Compliance Investigator, at 410/764-2493.

Sincerely,



Deena Speights-Napata  
Executive Director

Attachment

cc: Linda Bethman, AAG, Board Counsel

# Exhibit

A

3/7/2017 es  
memo pending  
4/20/2017  
Case pending



STATE OF MARYLAND

Department of Health and Mental Hygiene  
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor -  
Dennis R. Schrader

## DHMH

MARYLAND BOARD OF PHARMACY  
4201 Patterson Avenue • Baltimore, Maryland 21215-2299  
Mirra Gavani, Board President - Deena Speights-Napata, Executive Director

### COMMUNITY PHARMACY INSPECTION FORM

Corporate Pharmacy Name \_\_\_\_\_  
Pharmacy Name-Doing Business as (d/b/a) or Trade Name Professional Care Pharmacy  
Street Address 806 Reisterstown Road, Unit 3, Pikesville, MD, 21208  
Business Telephone Number 410-484-4801 Business Fax Number 410-484-4803  
Inspection Date: 03/03/2017 Arrival Time: 09:20am Departure Time: 12:50pm  
Type of Inspection:  Annual  Follow-up Previous Date: 03/31/2016  
Name of Inspector: Amanda Barefield

#### 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: 11am - 3pm 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 PW0466 Expiration Date: 05/31/2018  
CDS Registration Number 482670 Expiration Date: 10/31/2019  
DEA Registration Number FP4804010 Expiration Date: 03/31/2020

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: \_\_\_\_\_  
Pharmacy provides blister pack services for assisted living and group homes (See attached).  
E-scripts: Secure site/ patient profile & history/ physician can be contacted if questionable

**2. PERSONNEL**

Name of Pharmacist/Manager who is charged with ensuring compliance with all applicable laws

Richard Erb Jr.	10190	09/30/2018
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Pharmacist Employees	License #	Exp Date
Harold Cooper	05860	09/30/2017
Crystal Ashford (CPR 09/2018)	18646	05/31/2017

Registered Technicians	Registration #	Exp Date
Aleksey Barshay	T09599	01/31/2019
Olga Dereza	T11706	02/28/2018
Kia Nichols	T13998	01/31/2018
Victoria Forsyth	T13936	11/30/2017

Unlicensed Personnel (non-registered)	Title	Duties
Sergey Klymenko	Driver	Deliveries
Arkady Barskay	Driver	Deliveries
Anton Golovorchenko	Driver	Deliveries
Milana Mulgan	Owner	Administrative/ Office/ Staffing
Halyna Zinevich (on-duty)	Technician	Blister packing medications
Kateryna Iatsiuk (on-duty)	Technician	Statements / Billing / Insurance claims
Zinaida Boleac (on-duty)	Technician	Statements/ billing/ Insurance claims
Iryna Klymenko (on-duty)	Technician	Statements/ billing / Insurance claims

**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 unlicensed personnel policy and procedure / Reviewed documented training for owner and delivery drivers

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:**

No wholesale distribution as per pharmacy manager Richard Erb Jr.

**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:**

Locked doors when pharmacy closed and rest of building is open  
Note front door of building is locked until someone from building electronically unlocks front door

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: \_\_\_\_\_

Cameras / Motion detectors

### 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>36F</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>72F</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 N/A (no medications stored in freezer)

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: \_\_\_\_\_

Vaccines stored in fridge / Note as per pharmacy manager Richard Erb, pharmacist at this location don't administer vaccines, pharmacy would send medication to facility as per prescription and nurse/physician at facility would administer to patient.

**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:**

Pharmacist initials located on label / Technicians names are located in computer if performed data entry

**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:**

Written policies were submitted to assisted living/ groups homes of the procedure to follow when reporting a suspected medication error / Reviewed QA program / Pharmacy documents errors through PAAS pharmacy incident report / Reviewed med-training in pharmacy binder



**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:**

All HIPAA trash is separated and sent out with Shred-it for proper disposal

**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:**

No wholesale distribution as per pharmacy manager Richard Erb Jr.

**10. CONTROLLED SUBSTANCES**

**Power of Attorney** Millana Mulgan / Harold Cooper / Richard Erb

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: 09/01/2016

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: \_\_\_\_\_

Pharmacy uses Guaranteed returns for reverse distributor

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**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 <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Operation of the system                                      |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Training of personnel using the system                       |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Operations during system downtime                            |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Control of access to the device                              |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | 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

N/A

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

- |                              |                             |   |   |
|------------------------------|-----------------------------|---|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Maintenance records.                            |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | System failure reports.                         |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Accuracy audits.                                |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Quality Assurance Reports.                      |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | Reports on system access and changes in access. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | 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: \_\_\_\_\_

No automated devices at this location

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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:

No outsourcing as per pharmacy manager Richard Erb Jr.

- 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 [www.recalls.gov](http://www.recalls.gov)

**INSPECTOR'S COMMENTS:**

Reviewed entire inspection report with pharmacy manager Richard Erb. Verified pharmacy staff on boards website. Note this is a closed door pharmacy that provides blister pack services for assisted living/ group homes (See attached). Note only pharmacist Crystal Ashford is vaccination licensed at this location, reviewed CPR certification. Reviewed policies and procedures located in pharmacy binder. Reviewed med-training documentation, recommend to update content. Note Professional Care pharmacy stores un-used medication carts at Healthrite Pharmacy. Note pharmacy had 3 nationally certified technicians present and observed in pharmacy performing billing functions and insurance claims (Kateryna Iatsiuk, Zinaida Boleac and Iryna Klymenko). Pharmacy had 1 nationally certified technician (Haylna Zinevich) present and observed blister packing medications in pharmacy. No discrepancies found during narcotic audit. Found 2 expired medications in pharmacy area (See attached).

Per this inspection: 1) Please be sure to check all areas of pharmacy when checking for outdates.

Inspector Signature Amanda Barefield

Pharmacist Name ((Print): Richard Erb Jr. Date: 03/03/2017

Signature: Richard Erb Jr

Received a copy of this inspection report: 3/3/17 Richard Erb Jr  
Date and Pharmacist Signature

## CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

**Pharmacy:** Professional Care Pharmacy  
**Permit#:** PW0486  
**Date:** 03/03/2017  
**Pharmacist Signature:** Richard E. Ellig, R.Ph.

**Rx#:** 306027  
**Date Filled:** 03/02/2017

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY
Oxycodone 5mg tab	42858-0001-01	1179	1179
Fentanyl 50mcg/hr patch	60505-7001-02	38	38
Oxycodone 10mg tab	42858-0002-01	351	351
Hydromorphone 2mg tab	00406-3243-01	221	221

**COMMENTS:**

No discrepancies found during narcotic audit / Pharmacy maintains a perpetual book  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:**

All invoices reviewed were signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_

**CIII - CV:**

All invoices reviewed were signed and dated.  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRESCRIPTION REVIEW**

**CII # 305263-304070**

**DATE 03/01-02/22/17**

**COMMENTS:**

All prescriptions reviewed were filled within 120 days of issue date.

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**CIII - CV # 306216-305256**

**DATE 03/03-02/28/17**

**COMMENTS:**


All prescriptions reviewed were filled within 120 days of issue date.

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**MORPHINE SUL TAB 100MG ER**      HELP: 03/02/17  
Dr. DON  
Brand: MS CONTIN      Qty:30 of 90  
TAKE ONE TABLET BY MOUTH EVERY EIGHT  
HOURS FOR PAIN

      R# DP2795  
MORPHINE SUL TAB 100MG ER      Rx# 306027

Rx #306027      ABG/100  
Professional Care Pharmacy      NDC-42858080401  
000 Reisterstown Road, Unit 3, Pikesville, MD 21208      RHODES PHA (410)464-4601  
CA      Discard After:03/01/18

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO

Taking More Of This Medication Than Recommended May Cause

Do Not Drink Alcoholic Beverages While Taking This Medicine.

Swallow Whole. Do Not Chew Or Crush.

May Cause Drowsiness And Dizziness. Alcohol May Make This Worse. Use Care When Operating A Vehicle, Vessel, Or Dangerous Machines.