

IN THE MATTER OF * **BEFORE THE**
JESSICA D. RICHARD * **MARYLAND STATE**
(a.k.a. Jessica Stonesifer) * **BOARD OF PHARMACY**
Respondent *
Registration Number: T02083 * **Case Number: PT-13-035/13-235**

* * * * *

**ORDER FOR SUMMARY SUSPENSION OF REGISTRATION
TO PRACTICE AS A PHARMACY TECHNICIAN**

The Maryland State Board of Pharmacy (the “Board”) hereby **SUMMARILY SUSPENDS** the registration OF **JESSICA D. RICHARD (a.k.a. Jessica Stonesifer)** (the “Respondent”) (D.O.B. 5/27/1980), Registration Number T02083, to practice as a pharmacy technician in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c)(2) (2009 Repl. Vol. & 2012 Supp.) and Md. Regs. Code (“COMAR”) 10.34.01.12 (2000), concluding that the Respondent’s actions constitute a threat to public health, safety or welfare which imperatively requires the immediate suspension of her registration.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:¹

¹ The statements regarding the Respondent’s conduct are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

Background

1. At all times relevant hereto, the Respondent was registered to practice as a pharmacy technician in the State of Maryland. The Respondent was initially registered to practice as a pharmacy technician in Maryland on August 14, 2008, under Registration Number T02083. The Respondent's registration is current through May 31, 2014.

2. The Respondent is registered with the Board under the name Jessica D. Stonesifer, which appears to be her maiden name; however, she also uses the name Jessica D. Richard, which appears to be her married name.

3. The Respondent resides in Littlestown, Pennsylvania, which is located approximately 15 miles north of Westminster, Maryland.

4. At all times relevant hereto, the Respondent was employed as a pharmacy technician at a Hospital located in Westminster ("Hospital A")². The Respondent was employed at Hospital A from on or about May 29, 2007, to on or about June 4, 2013, when Hospital A placed her on administrative leave pending an investigation into allegations that she had forged prescriptions.

Ongoing Law Enforcement Investigations in Maryland and Pennsylvania

5. On or about March 19, 2013, a Deputy of the Carroll County Sherriff's Office ("Deputy S") received a call from a physician ("Physician C") affiliated with Hospital A, who also maintains a private practice in Westminster.

² To ensure confidentiality, the names of individuals and healthcare facilities involved in this case are not disclosed in this document. The Respondent may obtain the identity of the referenced names in this document by contacting the administrative prosecutor.

6. Physician C called Deputy S to report suspected forged prescriptions. The previous day, he had received a call from a nearby pharmacy located in Littlestown, Pennsylvania ("Pharmacy A") that was attempting to verify the authenticity of three Percocet³ prescriptions. The prescriptions were ostensibly signed by Physician C and bore what appeared to be Physician C's DEA number. However, the pharmacy sought verification because it was not familiar with the patient. Physician C confirmed to Pharmacy A that he had not written the prescriptions, and the pharmacy refused to fill the prescriptions. The next day, Physician C contacted Deputy S to report the forgeries.

7. While Physician C's signature was obviously dissimilar to his true signature, the DEA number shown on the false prescriptions was in fact Physician C's correct DEA number. Furthermore, the prescriptions were not photocopies on counterfeit paper, but were instead original prescriptions from a genuine prescription pad, which belonged to Hospital A, where Physician C held privileges.

8. The three forged prescriptions, all for Percocet, were written for the Respondent's Husband.

9. Because the alleged forgeries occurred in Littlestown, Pennsylvania, where Pharmacy A was located, Deputy S contacted an officer of the Littlestown Police Department, Officer L, and requested investigative assistance.

10. Based on Deputy S's information, Officer L began an investigation. He was able to obtain a driver's license photo of the Respondent's husband from a Pennsylvania state database. He then travelled to Pharmacy A where he was able to

³ Percocet, a brand name for acetaminophen and oxycodone, is a Schedule II CDS indicated for the treatment of moderate to severe pain.

review video surveillance tape. Officer L was able to clearly identify the Respondent's husband on video and observed him present the forged prescriptions at the counter.

11. On or about May 19, 2013, Officer L interviewed the Respondent's husband. According to the Incident Report, during the interview, the Respondent's husband stated that

his soon to be ex-wife, [the Respondent], who works at [Hospital A], told him that [Physician C] filled the prescription out for her to give to him without having a check-up. [The Respondent's husband] thought it was a valid prescription, but he found out later [the Respondent] had been filling them out.

12. On or about May 22, 2013, Officer L's investigation culminated in the arrest of the Respondent's husband and the issuance of felony charges for prescription fraud in Pennsylvania.

13. On or about May 21, 2013, Officer L apprised Deputy S of the Respondent's husband's statements inculcating the Respondent for the forgeries, whereupon Deputy S initiated further investigation of the Respondent's activities in Maryland.

14. Deputy S contacted Hospital A and confirmed that the Respondent's position there as a pharmacy technician grants her access to prescription pads and to the DEA numbers of affiliated Physicians. He also learned that no physician at Hospital A has ever prescribed the Respondent's husband Percocet.

15. On or about June 11, 2013, based on his investigative findings, Deputy S, charged the Respondent with "Theft Less Than \$100.00" in the District Court of Maryland for Carroll County, under case number 2S00059411. A trial is scheduled for August 28, 2013.

Board Complaint

16. On or about May 28, 2013, the Board received a complaint (the "Complaint") regarding the Respondent. The Complainant alleged that the Respondent had stolen prescription pads from her place of employment, Hospital A, and was involved in forging prescriptions for Percocet using false signatures for three area physicians ("Physician K", "Physician U", and "Physician C").

17. Based on the Complaint, the Board began an investigation.

Board Investigation

18. In furtherance of the investigation, the Board Investigator conducted site visits to Hospital A and surrounding area pharmacies, liaised with Maryland and Pennsylvania law enforcement agencies, communicated with Physicians C, U, and K, and obtained relevant documents.

19. The Board Investigator visited several Pharmacies and requested logs of prescriptions written by Physicians C, U, and K. She was able to identify approximately fifteen (15) prescriptions she suspected of being forgeries. The prescriptions originated from Hospital A prescription pads and prescribed CDS for four individuals including the Respondent herself and the Respondent's husband.

20. The Board Investigator then faxed copies of the prescriptions to Physician C, U, and K and requested verification of their authenticity. All were verified to be forgeries.

21. The Board Investigator then examined the serial numbers of the forged prescriptions. Each prescription pad contains approximately fifty individual prescriptions. Each of the fifty individual prescriptions bears a six-digit serial number, and the numbers

are sequential such that each pad comprises a range of fifty serial numbers. Thus, by examining whether a particular prescription's serial number is within a particular pad's fifty number range, one can determine whether the prescription originated from that particular pad.

22. A review of the serial numbers of the forged prescriptions shows that they originated from at least two separate stolen pads:

“Pad 1” : Serial numbers 271501 – 271550, signed out by the Respondent on or about December 12, 2012; and

“Pad 2” : Serial numbers 275151 – 275200, signed out by the Respondent on or about February 6, 2013

23. The forgeries bear the following serial numbers, shown according to the supposed prescriber:

Physician C: 271534, 271535, 271544, 271545, 271549, 275151, 275158, 275170, 275181

Physician K: 271517, 271520, 271521, 271523, 275169

Physician U: 275156

24. The Board Investigator also visited Hospital A and learned about the hospital's procedures for storing and accessing prescription pads. According to her investigative report, the prescription pads were kept in a centralized location at the inpatient hospital pharmacy. If pads were needed in any unit of the hospital, certain pharmacy staff, often a pharmacy technician, would retrieve them and document their activity in a sign-out sheet called the “Prescription Pad Log,” which recorded the number of pads, the serial number range for each, the name of the technician accessing the pads, the unit to which the pads were being sent, and the date.

25. When the pads reached their destination within Hospital A, they were placed into an Accudose machine (every unit of Hospital A had such a machine, except the Coumadin Clinic and the Wound Care Unit). Upon delivery, the Accudose machine electronically created another log (the "Accudose Delivery Log"), which recorded the number of pads delivered, the date, etc.

26. If no pads are diverted or lost between their initial retrieval and final delivery, the number of pads recorded in the Prescription Pad Log should match the number of pads recorded in the Accudose Delivery Log. (For those units without the Accudose machines, no delivery log is created at all, so no comparison is possible.)

27. A review of the two logs, however, reveals that on December 12, 2012, the Respondent signed out three pads, including Pad 1, but only two were delivered and recorded in the Accudose Delivery Log. The Respondent on this occasion stole Pad 1 and subsequently forged Physicians C's and K's signatures to make fraudulent prescriptions.

28. Moreover, on or about February 6, 2013, the Prescription Pad Log indicated that the Respondent signed out Pad 2. Because the signed out pad was destined for the Wound Care Unit, there was no record of whether the pad was actually delivered. The Respondent on this occasion stole Pad 2 and subsequently forged Physician U's signature to make fraudulent prescriptions.

CONCLUSIONS OF LAW

Based on the foregoing investigative findings, the Board concludes as a matter of law that the Respondent's diversion and subsequent forgery of CDS prescriptions constitute a threat to the public health, safety or welfare, which imperatively requires the

immediate suspension of her registration to practice as a pharmacy technician, pursuant to Md. Code Ann., State Gov't § 10-226(c)(2) (2009 Repl. Vol. & 2012 Supp.) and COMAR 10.34.01.12.

ORDER

It is this 11th day of July, 2013, by a majority of the Board considering this matter:

ORDERED that pursuant to the authority vested by Md. Code Ann., State Gov't §10-226(c)(2) (2009 Repl. Vol. & 2012 Supp.), the Respondent's registration to practice as a pharmacy technician in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that upon the Board's timely receipt of a written request for a post-deprivation hearing, a non-evidentiary Show Cause Hearing will be scheduled within a reasonable time of said request, at which the Respondent will be provided an opportunity to be heard as to why the Board should not continue the summary suspension of her registration; and it is further

ORDERED that a request for a post-deprivation show cause hearing must be made in writing **WITHIN THIRTY (30) DAYS** of service of this Order. The written request should be made to:

LaVerne G. Naesea
Executive Director
Maryland State Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

with copies mailed to:

Christopher Anderson, Staff Attorney
Administrative Prosecutor

Health Occupations Prosecution and Litigation Division
Office of the Attorney General
300 West Preston Street
Suite 201
Baltimore, Maryland 21201

and

Linda Bethman, Assistant Attorney General
Board Counsel
Office of the Attorney General
300 West Preston Street, Suite 302
Baltimore, Maryland 21201;

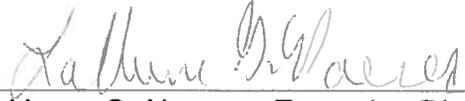
and it is further

ORDERED that if the Respondent fails to make a timely request for a post-deprivation show cause hearing in writing, the Respondent's registration will remain suspended; and it is further

ORDERED that at the conclusion of the post-deprivation show cause hearing before the Board, the Respondent, if dissatisfied with the result of the hearing, may make a written request for an evidentiary hearing, at which time the Board shall schedule an evidentiary hearing and conduct such hearing in accordance with the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-201 *et seq.* (2009 Repl. Vol. & 2012 Supp.); and it is further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board her original Maryland pharmacy technician registration T02083, and any wallet card or wall certificate; and it is further

ORDERED that this is an Order of the Board, and as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't, § 10-611 *et seq.* (2009 Repl. Vol. & 2012 Supp.).

A handwritten signature in cursive script, reading "LaVerne G. Naesea".

LaVerne G. Naesea, Executive Director
Maryland State Board of Pharmacy