



MARYLAND

Department of Health

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

MARYLAND BOARD OF PHARMACY

4201, Patterson Avenue, Baltimore, Maryland 21215-2299

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

February 20, 2018

**BY CERTIFIED & REGULAR MAIL
RETURN RECEIPT REQUESTED
CERTIFIED NUMBER: 7015 1520 0003 1509 7198**

Safeway Pharmacy #4872
6235 Oxon Hill Road
Oxon Hill, Maryland 20745
Attn: Nebiat Gebremariam, R.Ph., Pharmacy Manager

Re: Permit No. P06645
Case No. 18-004
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacy Manager:

On July 6, 2017, the Board of Pharmacy (the "Board") conducted an annual inspection of Safeway Pharmacy #4872 (the "Pharmacy") to ensure compliance with statutes and regulations governing the operation of pharmacies. The Board's inspection determined that the Pharmacy was not in compliance with laws governing the administration of vaccinations. Specifically, the Pharmacy had a pharmacist on duty who was not duly registered with the Board to administer vaccinations. Subsequent information provided to the Board indicates that the pharmacist administered three (3) vaccinations without Board registration. The subject pharmacist registered with the Board on July 20, 2017.

I. FINDINGS AND CONCLUSION

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated July 6, 2017, and attached as Exhibit A.

Based upon the findings above, the Board concludes 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 § 12-508(b)(2) and COMAR 10.34.32.03.

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 above violation at the Pharmacy, the Board hereby recommends the imposition of a **civil monetary penalty of \$1,000.00**. The violations upon which the civil monetary penalty is based are noted above and in the attached 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 in the Report have not reoccurred. 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 Lisa Sanderoff, R.Ph., Pharmacist Investigative Supervisor, Maryland Board of Pharmacy, 4201 Patterson Ave., 5th 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 the Pharmacy's 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 the Pharmacy's 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 or money order to:

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

NOTE: Please include the case number, 18-004, 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 July 6, 2017, 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 Lisa Sanderoff, R.Ph., Pharmacist Investigative Supervisor, at 410-764-3768.

Sincerely,



Deena Speights-Napata
Executive Director

Attachment

cc: Linda Bethman, AAG, Board Counsel



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

Exhibit A

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number : P06645
 Corporate Pharmacy Name : SAFEWAY PHARMACY #4872
 Pharmacy Name-Doing Business as (d/b/a) or Trade Name : SAFEWAY PHARMACY #4872
 Street Address : 6235 OXON HILL RD, Oxon Hill, MD, 20745
 Business Telephone Number : 301-839-0729
 Business Fax Number : 301-567-9072
 Inspection Date : 07/06/2017
 Arrival Time : 12:10
 Departure Time : 14:19:44
 Type of Inspection : Annual
 Previous Date : 10/13/2016
 Name of Inspector : Kerri Weigley

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
 Monday: 9am-9pm Tuesday: 9am-9pm Wednesday: 9am-9pm Thursday: 9am-9pm
 Friday: 9am-9pm Saturday: 9am-7pm Sunday: 10am-4pm

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: P06645 Expiration Date: 05/31/2018
 CDS Registration Number: 482429 Expiration Date: 09/30/2019
 DEA Registration Number: FN5065582 Expiration Date: 10/31/2017

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: Chirag Pancholi stated that this pharmacy verifies electronic prescriptions via contacting the prescriber.

2. PERSONNEL

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

12270 12270: NEBIAT GEBREMARIAM

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date
NEBIAT GEBREMARIAM	12270	Active	02/28/2018	12270	Active	02/28/2018
Chirag Pancholi	24406	Active	03/31/2018			

Registered Technicians	Registration #	Status	Exp. Date
EDWARD O BRADY	T05116	Inactive	05/31/2018
DARREN C YOUNG	T08690	Active	04/30/2018

Unlicensed Personnel (non-registered)	Title	Duties
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No unlicensed personnel as of this inspection.

Comments:

3. PERSONNEL TRAINING

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
 Yes No N/A (1)

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

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
 Yes No N/A

Comments:

Training is through LDC.

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:

Chirag Pancholi stated that this pharmacy does not wholesale distribute as of this inspection.

4. SECURITY COMAR 10.34.05

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)
 Yes No

Comments:

Metal gates, cameras, motion detectors, and locked doors.

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

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)
 Yes No

Comments:

None

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
- Yes No The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)
Temperature
- 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
- 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:
 Pharmacy carries vaccines. Chirag Pancholi's CPR card expires 06/08/2019. Chirag Pancholi stated that he gives vaccines, however on the Board of pharmacy website it does not show him having a vaccination license.

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:
 See attached label. Both pharmacist and technician initials are on label. Expiration dates are written on pharmacy label.

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:
 Medication error procedure is posted at drop off. Medication error training and QA are on the intra net.

8. CONFIDENTIALITY

- 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:

Hipaa documents are shredded.

9. INVENTORY CONTROL PROCEDURES

Yes No N/A The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR 10.34.24.03

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:

Chirag Pancholi stated that this pharmacy does not wholesale distribute as of this inspection.

10. CONTROLLED SUBSTANCES

Power of Attorney:

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:
 Biennial Inventory completed at
 Opening Closing

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:

None

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

N/A

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:

No automated medication system as of this inspection.

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 of this inspection.

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.

12. OUTSOURCING Yes No (if No, go to #13)

- 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
- Yes No The pharmacy maintains records of all recalls. See www.recalls.gov

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET				
Pharmacy: SAFEWAY PHARMACY #4872				
Permit#: P06645				
Date: 07/06/2017				
Rx#:	<input type="text" value="2493714"/>			
Date Filled:	<input type="text" value="07/05/2017"/>			
DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
Adderall Xr 5mg	54092-0381-01	100	100	Clear
Hydromorphone 2mg	00406-3243-01	17	17	Clear
Oxycodone 10mg	68382-0794-01	218	218	Clear
Oxycontin 10mg	59011-0410-10	40	40	Clear
Comments:	Perpetual inventory is kept electronically, no discrepancies found during the CII audit. See attached label from 07/05/2017.			

SCHEDULE II AUDIT		
Drug:	<input type="text" value="N/A"/>	
NDC Number:	<input type="text" value="N/A"/>	
Date of last Inspection/Biennial:	<input type="text" value="10/13/2016"/>	
Amount at last inspection/biennial	<input type="text" value="0.00"/>	(A)
Purchased since inspection/biennial	<input type="text" value="0.00"/>	(B)
Total inventory	<input type="text" value="0"/>	(C) = A + B
Quantity Dispensed	<input type="text" value="0.00"/>	(D)
Expected Inventory	<input type="text" value="0"/>	(E) = C - D

SCHEDULE II AUDIT		
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E) excess or (E-F) shortage

INVOICE REVIEW	
CII:	Invoices were signed and dated.
CIII - CV:	Invoices were signed and dated.

PRESCRIPTION REVIEW	
CII#:	2493500-2493599
Date:	02/08/2017-04/13/2017
Comments:	None
CIII - CV#:	4522300-4522399
Date:	05/15/2017
Comments:	None

Browse...

NSC 6236 OXON HILL ROAD
OXON HILL, MD 20745
Phone: (301) 839-0729
OKONKWO, SYLVESTER MD
6192 OXON HILL RD
OXON HILL, MD 20745

SAFeway #4872
Fill Date: 07/05/2017
RX: 2493714

TAKE ONE TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR 30 DAYS

Discard After: _____ LOT #: _____
Hydrocodone-Acetaminophen 5-325 Mg Tab Mall

Substituted For: Norco 5-325 Mg Tab Acta NDC: 00-406-0123-0
Orig. 07/05/2017 ReFill 0 By: 11/02/2017 Qty: 120 RPh: ASC-NKG

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

CONTAINS ACETAMINOPHEN DO NOT TAKE MORE THAN RECOMMENDED. TOO MUCH MAY CAUSE LIVER DAMAGE. DISCUSS ANY QUESTIONS WITH YOUR DOCTOR.

DO NOT TAKE OTHER MEDICINES THAT HAVE ACETAMINOPHEN (PAIN RELIEVER OR NON-PRESCRIPTION DRUGS) WITHOUT CHECKING WITH YOUR DOCTOR.

DO NOT DRINK ALCOHOLIC BEVERAGES WHILE TAKING THIS MEDICINE.

Pharmacist Signature for
Controlled Dangerous
Substances Audit:

Cheray Panchole

INSPECTOR'S COMMENTS:

Reviewed entire inspection report with floater pharmacist Chirag Pancholi. Spot checked medication shelves, no out dates found in the pharmacy area. Perpetual inventory is kept electronically, no discrepancies found during the CII audit. All documents needed for this inspection were easily retrieved. Training, QA, and policies and procedures are kept on the intra net. Chirag Pancholi stated that he gives vaccines, however on the Board of pharmacy website it does not show him having a vaccination license. Chirag Pancholi stated that this pharmacy does not wholesale distribute, outsource, have any unlicensed personnel, or participate in the repository program.

Inspector
Signature:

Keri Weigert

Pharmacist
Name (Print):

24406 24406: Chirag Pancholi

Date:
07/06/2017

Signature:

Chirag Pancholi

Received a
copy of this
inspection
report:

Chirag Pancholi

Supporting Documents.

410-764-4755 - Fax 410-384-4137 - Toll Free 800-542-4964
MDH 1-877-463-3464 - Maryland Relay Service 1-800-735-2258
Web site: <https://health.maryland.gov/pharmacy/Pages/index.aspx>