May 11, 2010

Mr. Mehran Behnamfard
SinuRx Pharmacy
306 Reisterstown Road
Pikesville, MD 21208

Re: Permit No. P04471
Notice of Deficiencies, Imposition of Civil Monetary Penalty, and
Opportunity for Hearing

Dear Mr. Behnamfard:

On April 22, 2009, an annual inspection was conducted by the Board of
Pharmacy (the “Board”) to determine if SinuRx Pharmacy (the “Pharmacy”) was
in compliance with federal and state laws regarding the operation of a pharmacy.
The Inspection Report indicated that the Pharmacy was not in substantial
compliance with regulatory requirements regarding controlled drug inventory and
removal of expired drugs. A follow-up inspection was conducted on May 13,
2009, which indicated that the Pharmacy still lacked sufficient recordkeeping of
its controlled drug inventory. On February 23, 2010, the Board conducted an
inspection, which noted that there were approximately 50 outdated drugs in the
Pharmacy, incorrect recording of DEA numbers, and insufficient recordkeeping of
controlled drug invoices.

I. FINDINGS AND CONCLUSION

The Board adopts the findings of deficiencies as set forth in the Pharmacy
Inspection Reports dated April 22, 2009, May 13, 2009, and February 23, 2010,
and attached as Exhibits A, B, and C.

Based upon deficiencies cited at your Pharmacy, the Board finds that the
Pharmacy is in violation of the Maryland Pharmacy Act and the regulations
adopted thereunder. Specifically, the Board finds the Pharmacy in violation of
Health Occ. Art. § 12-403(b)(1) and (12), Health Gen. Art. § 21-216, COMAR 10.34.12.01, and 21 CFR §§ 1304.21 and 1305.17.

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 imposes a civil monetary penalty of $2,500.00. The deficiencies upon which the civil monetary penalty is based are enclosed with this letter on Pharmacy Inspection Reports dated April 22, 2009, May 13, 2009, and February 23, 2010.

In determining whether to impose a civil monetary penalty, the Board took into consideration the following factors:

1. The extent to which the permit holder derived any financial benefit from the unprofessional or improper conduct;
2. The willfulness of the unprofessional or improper conduct;
3. The extent of actual or potential public harm caused by the unprofessional or improper conduct;
4. The permit holder’s history or previous violations;
5. The existence of mitigating factors.

The civil monetary penalty is due within thirty (30) days of the date of this Notice, in the form of a certified check of money order made payable to the Maryland Board of Pharmacy.

III. FOLLOW-UP INSPECTION

Please be advised that the Board has directed that a follow-up inspection be performed of the Pharmacy no later than August 15, 2010, to insure that the deficiencies noted the Report have been addressed and corrected. Should the follow-up inspection indicate that the Pharmacy has not come into substantial compliance, 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 any of 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 issue formal charges and a letter of procedure. 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 Kimberly France, Pharmacist Compliance Officer, Maryland Board of Pharmacy, 4201 Patterson Ave., 1st Floor, Baltimore, Maryland 21215, no later than thirty (30) days of the date of this Notice.

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

Upon the Pharmacy’s payment of the civil monetary penalty, this Notice will constitute the Board’s final action with respect to the Inspection Reports dated April 22, 2009, May 13, 2009, and February 23, 2010, 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 Kimberly France, Pharmacist Compliance Officer, at 410-764-5908.

Sincerely,

LaVerne G. Naesea
Executive Director

cc: Chandra Mouli, Deputy Chief
Division of Drug Control

Linda M. Bethman, Assistant Attorney General
Board Counsel

Attachments
1. PERMITS AND LICENSES

Corporate Pharmacy Name: SinRx Pharmacy
Pharmacy Name-Doing Business As (d/b/a) or Trade Name
Street Address: 306 Reisterstown Rd, Pikesville, MD, 21208
Business Telephone Number: 410-486-7468 Business Fax Number
Maryland Pharmacy Permit Number: P011471 Expiration: 12-31-09
CDS Registration Number: M622470 Expiration: 6-30-10
DEA Registration Number: RG9491988 Expiration: 2-29-12
Pharmacy Hours: Mon-Thurs 8am-7pm Fri 8am-1pm Sat Closed Sun 10am-3pm
Inspection Date: 4-22-09 Arrival Time: 10:25am Departure Time: 1:20pm
Type of Inspection: Opening (Annual) Follow-up Previous Date:
Name of Inspector: Jeannelle McKnight CRHT

☐ ☑ The pharmacy department provides service 24 hours a day.
   COMAR 10.34.05.

☑ ☐ The pharmacy hours of operation are prominently displayed.
   COMAR 10.34.05.03B

☐ ☑ All permits, licenses, and registrations are posted conspicuously.
   HO §12-311, HO §12-408(b) and HO §12-6B-08

☐ ☑ The pharmacy performs sterile compounding. (If yes, complete Sterile
   Compounding Inspection Form) COMAR 10.34.19

☐ ☑ The pharmacy provides services to Long Term Care facilities or assisted living facilities.
   (If yes, complete Long Term Care Inspection Form)
   COMAR 10.34.23

☐ ☑ The pharmacy fills original prescriptions received via the internet.
   If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber.

HG §21-220; COMAR 10.19.03.02 and .07
2. PERSONNEL (COMAR 10.34.03.05)

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

Pharmacist Employees

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
<th>Exp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mehran Behnamfar</td>
<td>#16096</td>
<td>6-30-20</td>
</tr>
</tbody>
</table>

(attach list if necessary)

Registered Technicians

<table>
<thead>
<tr>
<th>Registration #</th>
<th>Exp. Date</th>
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</thead>
</table>

(attach list if necessary)

Support Personnel

<table>
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<tr>
<th>Title</th>
<th>Duties</th>
</tr>
</thead>
</table>

(attach list if necessary)

3. PERSONNEL TRAINING

Yes No

☐☐ There are policies and procedures to specify duties that may be performed by ancillary personnel under the supervision of a licensed pharmacist, COMAR 10.34.21.03A and C

☐☐ All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform, COMAR-10.34.21.03D

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

Yes No

☐☐ Maintaining records

☐☐ Patient confidentiality

☐☐ Sanitation, hygiene, infection control

☐☐ Biohazard precautions

☐☐ Patient safety and medication errors COMAR 10.34.26.03
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)

The entire store is open during some hours.

☐ ☐ The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A(2)

☐ ☐ Entry access is restricted to pharmacists only. COMAR 10.34.05.02A(3)

5. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes No
☐ ☐ Pharmacy area is clean, neat, and organized. HO §12-403(b)(11)(ii)2.

☐ ☐ 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

☐ ☐ The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A

☐ ☐ The pharmacy has hot and cold running water.

☐ ☐ The medication refrigerator(s) contain non-prescription items. COMAR 10.34.07.01B Medication Only

Corrected C/13/09

☐ ☐ The medication refrigerator(s) have a thermometer. COMAR 10.34.07.01B

☐ ☐ The current temperature of the medication refrigerator(s) is between (36°F-46°F). USP

☐ ☐ The current temperature of the pharmacy department is between [59 to 86 degrees F]. COMAR 10.34.05.02A(1)(a)

☐ ☐ The pharmacy maintains a library of current reference sources consistent with its scope of practice that is accessible to all appropriate personnel. COMAR 10.34.07.03

☐ ☐ The pharmacy has online resources. HO §12-403(b)(15)

☐ ☐ The pharmacy possesses the current edition of The Maryland Pharmacy Laws and Regulations. HO §12-403(b)(10)(ii)

6. PRESCRIPTION LABELING, FILES, AND STORAGE

Yes No
☐ ☐ Hard copy prescription files are maintained chronologically for 5 years. HO §12-403(b)(13)

The following label requirements are met if a drug is dispensed pursuant to a prescription. HO §12-505
The name and address of the pharmacy; HG §21-221(a)(1)
The serial number of the prescription; HG §21-221(a)(2)
The date the prescription was filled; HO §12-505(b)(1) and HG §21-221(a)(3)
The name of the prescriber; HG §21-221(a)(4)
The name of the patient; HG §21-221(a)(3)(i)
The name and strength of the drug or device; HO §12-505(e)
The directions for use; HO §12-505(b)(2)(ii) and HG §21-221(a)(5)(ii)
The required cautionary statements or auxiliary labels; HG §21-221(a)(5)(iii)
The name of generic manufacturer; and HO §12-504(d)(2) and §12-505(c)(2)
The expiration date is indicated; HO §12-505(b)(2)

The pharmacist and technician initials are on prescriptions. COMAR 10.34.08.01 No Technicians
Original prescriptions are dispensed within 120 days after the issue date. HO §12-503

7. QUALITY ASSURANCE – PATIENT SAFETY / MEDICATION ERRORS

There are written procedures 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

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 role and responsibility of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B

8. CONFIDENTIALITY

Confidentiality is maintained in the creating, storing, accessing, disposal and disclosure of patient records. HO §12-403(b)(13), COMAR 10.34.10.03A and HIPAA Regulations

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

9. INVENTORY CONTROL PROCEDURES

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

☐ ☑ The pharmacy has written policies and procedures for the safe handling of drug recalls.
See www.recalls.gov

☐ ☑ The pharmacy maintains records of all recalls. See www.recalls.gov

☐ ☑ The pharmacy has a procedure in place for removal of all expired drugs; (both prescription and OTC) COMAR 10.34.12.01

10. CONTROLLED SUBSTANCES

Yes No

☐ ☑ A perpetual inventory is maintained for Schedule II controlled substances. (recommended) Unavailable

☐ ☐ The pharmacy has a copy of the most recent required biennial inventory of Schedule II-V controlled substances. COMAR 10.19.03.05B

   Inventory date:

☐ ☑ Inventory completed at Opening or Closing of business date:

☐ ☑ The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03

☐ ☑ 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

☐ ☑ The prescription label for controlled drugs include the following warning: "CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed", in 6-point type or the Pharmacy utilizes an auxiliary label that contains this warning. COMAR 10.19.03.08D(1)

☐ ☑ 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)

☐ ☑ All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D(1)

☐ ☑ 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)

11. AUTOMATED MEDICATION SYSTEMS

Yes ☐ No ☑ (if No, go to #12)

☐ ☑ 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 10.34.28.05

   Yes No

   ☐ ☑ Control of access to the device.

   ☐ ☑ Accounting for medication added and removed from the system.
Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safeguards. COMAR 10.34.28.06

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

Yes No
☐ □ Maintenance records.
☐ □ System failure reports.
☐ □ Accuracy audits.
☐ □ Quality Assurance Reports.
☐ □ Reports on system access and changes in access.
☐ □ Training records.

Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, forms, and 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

☐ □ 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

12. OUTSOURCING  Yes ☐ No ☑ (If No, go to #13)

Yes No
☐ □ The facility outsources the preparation or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02

☐ □ The facility serves as a primary pharmacy outsource to other pharmacies. COMAR 10.34.04.02

☐ □ The facility serves as a secondary pharmacy. COMAR 10.34.04.02

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

☐ □ 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 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

☐ ☐ 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:

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

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

☐ ☐ Yes No
☐ ☐ ☐ ☐ The prescription order was prepared by a secondary pharmacy.
☐ ☐ ☐ ☐ The name of the secondary pharmacy.
☐ ☐ ☐ ☐ The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.
☐ ☐ ☐ ☐ The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.
☐ ☐ ☐ ☐ The date on which the prescription was transmitted to the secondary pharmacy.
☐ ☐ ☐ ☐ The date on which the medication was sent to the primary pharmacy.

☐ ☐ ☐ ☐ Yes No
☐ ☐ ☐ ☐ ☐ The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F

☐ ☐ ☐ ☐ ☐ 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 (check all that apply): COMAR 10.34.04.07

☐ ☐ ☐ ☐ ☐ ☐ Yes No
☐ ☐ ☐ ☐ ☐ ☐ ☐ Records of the prescription orders transmitted from another pharmacy.
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ The name and information identifying the specific location of the primary pharmacy.
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
CONTROLLED DANGEROUS SUBSTANCES
WORKSHEET

Perpetual Scheduled II Audit
Rx #

<table>
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<tr>
<th>Drug</th>
<th>Actual Count</th>
<th>Perpetual Inventory</th>
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<tbody>
<tr>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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</tbody>
</table>

Comments:
__________________________________________________________________________
__________________________________________________________________________

Biennial Schedule II Audit

<table>
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<tr>
<th>Drug</th>
<th>Inventory</th>
<th>Purchases</th>
<th>Total Available</th>
<th>Dispensed</th>
<th>Expected Inventory</th>
<th>Actual Inventory</th>
<th>Discrepancy</th>
</tr>
</thead>
</table>

Inspection Comments

Schedule II Invoice Review
Please sign and date all invoices as they are received and attach CSOS order to the invoice as well.

Schedule III - V Invoice Review
Please sign and date all invoices as they are received into the pharmacy.

Schedule II Prescription Review #22318 - #23367
Please be sure to use the correct DEA number for the prescribing physician. Frequently using DEA # AJ4147357 on CII prescriptions.

Schedule III - V Prescription Review #21400 - #21499
Please be sure to use the correct DEA number for the prescribing physician.
Yes/No

☐ ☐ The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.

☐ ☐ The name of the pharmacist at the secondary pharmacy who prepared the prescription order.

☐ ☐ The date on which the prescription order was received at the secondary pharmacy.

☐ ☐ The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.

Inspectors Comments:

9) Please fax a copy of written policy and procedure for handling of drug recalls to my office. Attn: Jeannelle McKnight CPT 410-358-9512.

10) Please place a thermometer in the medication refrigerator. No temperature was able to be taken.

11) Expired Drugs: Cefdinor 500mg 5m1 2-26-09, Citalopram 20mg 1-09, Effexor XR 37.5mg 10-08, Metoazoide 3-08, Sertraline 50mg 6-08, Metoprolol 50mg 3-09, Diclofenac 100mg 11-08, Metformin 500mg No exp date, Coreg CR 30mg No exp date, Misbranded drug bottles pulled from shelf total of 18 bottles. No drug name, lot number, expiration dates on the bottles.

12) Please conduct a biennial inventory of CDS. Fax: Attn: Jeannelle McKnight CPT 410-358-9512

I will do a re-inspection of the pharmacy in 31 days.

SINU W PHARMACY

PHARMACY

296 BEESTON TOWN ROAD • BOWIE, MD 20716

SINU W PHARMACY

EPIC

No: 02500

(410) 486-7486

Dr. Brown, Ralph

410-601-8301

RITALIN-LA 20MG CAP (NOVARTIS) #180

TAKE 1 CAPSULE TWICE DAILY

REFILLS: MB

Exp Date: Apr 2010

Date Filled: 04/22/09

Inspector Signature: Jeannelle McKnight CPT

Pharmacist Name: Mehran Behnamian Date: 4-22-09

Signature: __________________________________________

FINAL 02/27/09

410-764-4755 • Fax 410-358-9512 • Toll Free 800-542-4964

DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Please conduct the CDS Audit during the next Annual Inspection to this facility.

EC, 9/10/09

CDS

Audit 9

Jannette can't remember.

Reviewer initials: EC

Date: 9/28/09
COMMUNITY PHARMACY INSPECTION FORM

1. PERMITS AND LICENSES

Corporate Pharmacy Name: Sinai Rx Pharmacy
Pharmacy Name-Doing Business As (d/b/a) or Trade Name:
Street Address: 206 Heisterstown Rd, Pikesville, MD 21208
Business Telephone Number: 410-846-7168
Business Fax Number:
Maryland Pharmacy Permit Number: 088471
Expiry: 12-31-09
CDS Registration Number: 1062976
Expiry: 6-30-10
DEA Registration Number: B89964188
Expiry: 2-29-12
Pharmacy Hours: Mon-Thurs 8:30am-7:30pm, Fri 8:30am-4:00pm, Sat, Closed, Sun 10am-3pm
Inspection Date: 5-13-09
Arrival Time: 1:05pm
Departure Time: 2:50pm
Type of Inspection: Opening Annual Follow-up
Previous Date: 4-22-09
Name of Inspector: Jeannelle McKnight CPhT

Yes No
☐ ☑ The pharmacy department provides service 24 hours a day.
COMAR 10.34.05.
☐ ☑ The pharmacy hours of operation are prominently displayed.
COMAR 10.34.05.03B
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HO §12-311, HO §12-408(b) and HO §12-6B-08
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(If yes, complete Long Term Care Inspection Form) COMAR 10.34.23
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If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber.

HG §21-220; COMAR 10.19.03.02 and .07

410-764-4755 • Fax 410-358-9512 • Toll Free 800-542-4964
DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.mdbop.org
2. PERSONNEL (COMAR 10.34.03.05)

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

Mehran Behnamfar

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<thead>
<tr>
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<th>License #</th>
<th>Exp. Date</th>
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<td>Mehran Behnamfar</td>
<td>#160-276</td>
<td>6-30-20</td>
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(attach list if necessary)

Registered Technicians

Registration #

Exp. Date

(attach list if necessary)

Support Personnel

Title

Duties

(attach list if necessary)

3. PERSONNEL TRAINING

Yes No

☐ ☐ There are policies and procedures to specify duties that may be performed by ancillary personnel under the supervision of a licensed pharmacist, COMAR 10.34.21.03A and C

☐ ☐ All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform, COMAR 10.34.21.03D

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

Yes No

☐ ☐ Maintaining records

☐ ☐ Patient confidentiality

☐ ☐ Sanitation, hygiene, infection control

☐ ☐ Biohazard precautions

☐ ☐ Patient safety and medication errors COMAR 10.34.26.03
Yes No
☐ ☐ There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03E

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)

☐ ☐ The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A(2)

☐ ☐ Entry access is restricted to pharmacists only. COMAR 10.34.05.02A(3)

5. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes No
☐ ☐ Pharmacy area is clean, neat, and organized. HO §12-403(b)(11)(ii)2.

☐ ☐ 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

☐ ☐ The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A

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☐ ☐ The current temperature of the pharmacy department is between [59 to 86 degrees F]. COMAR 10.34.05.02A(1)(a)

☐ ☐ The pharmacy maintains a library of current reference sources consistent with its scope of practice that is accessible to all appropriate personnel. COMAR 10.34.07.03

☐ ☐ The pharmacy has online resources. HO §12-403(b)(15)

☐ ☐ The pharmacy possesses the current edition of The Maryland Pharmacy Laws and Regulations. HO §12-403(b)(10)(ii)

6. PRESCRIPTION LABELING, FILES, AND STORAGE

Yes No
☐ ☐ Hard copy prescription files are maintained chronologically for 5 years. HO §12-403(b)(13)

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)

☐☐ The serial number of the prescription; HG §21-221(a)(2)

☐☐ The date the prescription was filled; HO §12-505(b)(1) and HG §21-221(a)(3)

☐☐ The name of the prescriber; HG §21-221(a)(4)

☐☐ The name of the patient; HG §21-221(a)(5)(i)

☐☐ The name and strength of the drug or devices; HO §12-505(c)

☐☐ The directions for use; HO §12-505(b)(2)(ii) and HG §21-221(a)(5)(ii)

☐☐ The required cautionary statements or auxiliary labels; HG §21-221(a)(5)(iii)

☐☐ The name of generic manufacturer; and HO §12-504(d)(2) and §12-505(c)(2)

☐☐ The expiration date is indicated; HO §12-505(b)(2)

Yes No

☐☐ The pharmacist and technician initials are on prescriptions. COMAR 10.34.08.01

☐☐ Original prescriptions are dispensed within 120 days after the issue date. HO §12-503

7. QUALITY ASSURANCE – PATIENT SAFETY / MEDICATION ERRORS

Yes No

☐☐ There are written procedures 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

☐☐ 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 role and responsibility of pharmacy staff in preventing medication errors. COMAR 10.34.26.03B

8. CONFIDENTIALITY

Yes No

☐☐ Confidentiality is maintained in the creating, storing, accessing, disposal and disclosure of patient records. HO §12-403(b)(13), COMAR 10.34.10.03A and HIPAA Regulations

☐☐ 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

9. INVENTORY CONTROL PROCEDURES

Yes No

☐☐ The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR10.34.24.03

410-764-4755 • Fax 410-358-9512 • Toll Free 800-542-4964
DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.mdbop.org
Yes No
☐ ☐ The pharmacy has written policies and procedures for the safe handling of drug recalls. See www.recalls.gov
☐ ☐ The pharmacy maintains records of all recalls. See www.recalls.gov
☒ ☐ The pharmacy has a procedure in place for removal of all expired drugs; (both prescription and OTC) COMAR 10.34.12.01

10. CONTROLLED SUBSTANCES

Yes No
☐ ☐ A perpetual inventory is maintained for Schedule II controlled substances. (recommended)
☒ ☐ The pharmacy has a copy of the most recent required biennial inventory of Schedule II-V controlled substances, COMAR 10.19.03.05B
  Inventory date: 5-9-09
☐ ☐ Inventory completed at Opening or Closing of business date: 5-9-09
☐ ☐ The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03
☐ ☐ 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
☐ ☐ The prescription label for controlled drugs include the following warning: “CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed “, in 6-point type or the Pharmacy utilizes an auxiliary label that contains this warning. COMAR 10.19.03.08D(1)
☐ ☐ 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)
☐ ☐ All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D(1)
☐ ☐ 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)

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

Yes No
☐ ☐ 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 10.34.28.05
  Yes No
  ☐ ☐ Control of access to the device.
  ☐ ☐ Accounting for medication added and removed from the system.
Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06

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

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

Yes No
- Devices installed after September 1, 2003 operate in a manner to limit simultaneous access to multiple strengths, forms and 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

- 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

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

Yes No
- The facility outsources the preparation or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02
- The facility serves as a primary pharmacy outsource to other pharmacies. COMAR 10.34.04.02
- The facility serves as a secondary pharmacy. COMAR 10.34.04.02
- Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06
- 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 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

☐☐ 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:

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

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

Yes No

☐☐ The prescription order was prepared by a secondary pharmacy.

☐☐ The name of the secondary pharmacy.

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

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

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

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

Yes No

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

☐☐ 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 (check all that apply): COMAR 10.34.04.07

Yes No

☐☐ Records of the prescription orders transmitted from another pharmacy.

☐☐ The name and information identifying the specific location of the primary pharmacy.

☐☐ The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
CONTROLLED DANGEROUS SUBSTANCES
WORKSHEET

Perpetual Scheduled II Audit
Rx #

<table>
<thead>
<tr>
<th>Drug</th>
<th>Actual Count</th>
<th>Perpetual Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Biennial Schedule II Audit

<table>
<thead>
<tr>
<th>Drug</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inventory __________________________
Purchases __________________________
Total Available _____________________
Dispensed __________________________
Expected Inventory ___________________
Actual Inventory _____________________
Discrepancy _________________________

Inspection Comments

Schedule II Invoice Review


Schedule III - V Invoice Review


Schedule II Prescription Review # ______ - # ______

Schedule III - V Prescription Review # ______ - # ______
Yes No

☐ ☐ The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.

☐ ☐ The name of the pharmacist at the secondary pharmacy who prepared the prescription order.

☐ ☐ The date on which the prescription order was received at the secondary pharmacy.

☐ ☐ The date on which the prepared product was sent to the primary pharmacy if it was sent back to the primary pharmacy.

Inspectors Comments:

(9) Invoices for CII's and CIII-V are not being signed dated. CII invoices do not have DEA 222 form or CCRS attached.

Inspector Signature: Jeanette McNeight CHT

Pharmacist Name: Mahran Rehan Date: 5-13-09

Signature: [signature]

FINAL 02/27/09
COMMUNITY PHARMACY INSPECTION FORM

Corporate Pharmacy Name: Sinu Rx

Pharmacy Name-Doing Business as (d/b/a) or Trade Name

Street Address: 560 Pikesville Rd., Pikesville, MD 21208

Business Telephone Number: 443-376-4466  Business Fax Number

Inspection Date: 2-23-10  Arrival Time: 1:15 pm  Departure Time: 6:40 pm

Type of Inspection: Annual Follow-up  Previous Date:

Name of Inspector: Jeanne McKnight CPhT

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: Mon-Fri: 9am - 9:30pm  Sat. Closed  Sun. 10am - 3pm

☐ ☐ All permits, licenses, and registrations are posted conspicuously.

HO § 12-311, HO § 12-408(b) and HO § 12-6B-08

Maryland Pharmacy Permit Number: 7241471  Expiration Date: 12-31-11

CBS Registration Number: 9624476  Expiration Date: 6-30-16

DEA Registration Number: B59446786  Expiration Date: 2-24-12

☑ ☐ The pharmacy performs sterile compounding. (If yes, complete Sterile Compounding Inspection
Form) COMAR 10.34.19

☐ ☐ The pharmacy provides services to Long Term Care facilities or assisted living facilities.

(If yes, complete Long Term Care Inspection Form) COMAR 10.34.23

Yes No
☐ ☐ The pharmacy fills original prescriptions received via the internet.

☐ ☐ The pharmacy fills original prescriptions via e-prescribing.

☐ ☐ 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, HCG § 21-220; COMAR 10.19.03.02 and .07

Comments:

________________________________________________________________________

________________________________________________________________________
2. PERSONNEL
Name of Pharmacist/Manager who is charged with ensuring compliance with all applicable laws

Mehran Behnam Ford

Pharmacist Employees

Mehran Behnam Ford License # Exp Date
#16278 6-30-16

(Attach list if necessary)

Registered Technicians

No Technicians Registration # Exp Date

(Attached list if necessary)

Unlicensed Personnel (non-registered)

Title Duties

(Attach list if necessary)

3. PERSONNEL TRAINING

No Technicians

Yes No
☐ ☐ 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
☐ ☐ 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
☐ ☐ Maintaining records
☐ ☐ Patient confidentiality
☐ ☐ Sanitation, hygiene, infection control
☐ ☐ Biohazard precautions
☐ ☐ Patient safety and medication errors COMAR 10.34.26.03

Comments:

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)
☒ ☐ 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)

Comments:

5. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes No
☒ ☐ Pharmacy area is clean and orderly. HO § 12-403(b)(11)(ii)2.
☒ ☐ 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
☒ ☐ The pharmacy has hot and cold running water.
☒ ☐ The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B
☒ ☐ The medication refrigerator(s) have a thermometer and the current temperature is between (36-46°F) USP. COMAR 10.34.07.01B

Temperature _35°F_

☒ ☐ The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)

Temperature

If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.

Temperature

☒ ☐ 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)
☒ ☐ The pharmacy has online resources. HO § 12-403(b)(15)

Comments: There should be no food in the medication refrigerator.
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 § 12-405(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)
☑️ The serial number of the prescription; HG § 21-221(a)(2)
☑️ The date the prescription was filled; HO § 12-505(b)(1) and HG §21-221(a)(3)
☑️ The name of the prescriber; HG § 21-221(a)(4)
☑️ The name of the patient; HG § 21-221(a)(5)(i)
☑️ The name and strength of the drug or device; HO § 12-505(c)
☑️ The directions for use; HO § 12-505(b)(2)(i) and HG §21-221(a)(5)(ii)
☑️ The required cautionary statements and auxiliary labels; HG § 21-221(a)(5)(iii)
☑️ The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2)
☑️ 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
☑️ Original prescriptions are dispensed within 120 days after the issue date. HO § 12-503

Comments: ____________________________________________________________
______________________________________________________________________

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
☑️ 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
☑️ There is an ongoing quality assurance program that documents the competency and accuracy of all assigned tasks. COMAR 10.34.21.03B

Comments: The pharmacy has no technicians.
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
☐ 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: __________________________________________
____________________________________________________
____________________________________________________
9. INVENTORY CONTROL PROCEDURES

Yes No
☐ The pharmacy maintains invoices as required by law for accurate control and accountability of all pharmaceuticals. COMAR 10.34.24.03
☐ The pharmacy has a procedure in place for removal of all expired drugs (both prescription and OTC). COMAR 10.34.12.01
Comments: __________________________________________
____________________________________________________
____________________________________________________
10. CONTROLLED SUBSTANCES

Power of Attorney ____________________________________
Mehran Bemanford

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 or Closing (circle one)
☐ The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03
☐ Records are kept of all receipts of controlled substances entered into the pharmacy inventory (including DRA Form 222 or CSOS orders). COMAR 10.19.03.05
☐ There are written policies and records for return of CII, CIII-V.
☐ Hard copy or electronic prescription files are maintained chronologically for 5 years.
☐ 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)
☐ All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)
☐ 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)
11. AUTOMATED MEDICATION SYSTEMS  Yes ☐ No ☑ (If No, go to #12)

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

☐ Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards. COMAR 10.34.28.06

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

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

☐ 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

☐ 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:
12. OUTSOURCING  Yes □ No □ (If No, go to #13)

Yes □ No
□ The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02
□ The facility serves as a primary pharmacy outsourcer to other pharmacies. COMAR 10.34.04.02
□ The facility serves as a secondary pharmacy. COMAR 10.34.04.02
□ 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 10.34.04.06B
Comments:

□ 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:
□ The original prescription order is filed as a prescription order at the primary pharmacy. COMAR 10.34.04.06D
□ Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06
□ 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
□ That the prescription order was prepared by a secondary pharmacy.
□ The name of the secondary pharmacy.
□ The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.
□ The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.
□ The date on which the prescription order was transmitted to the secondary pharmacy.
□ The date on which the medication was sent to the primary pharmacy.

Yes □ No
□ The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F
□ 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
# Controlled Dangerous Substances Worksheet

## Perpetual Schedule II Audit

<table>
<thead>
<tr>
<th>Rx#</th>
<th>Drug</th>
<th>Actual Count</th>
<th>Perpetual Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Biennial Schedule II Audit

- **Drug**: Fentanyl Somag Patch
- **Inventory**: 5
- **Purchases**: 12
- **Total Available**: 12
- **Dispensed**: 
- **Expected Inventory**: 
- **Actual Inventory**: 
- **Discrepancy**: 

### Inspection Comments

- **Schedule II Invoice Review**: 
- **Schedule III - V Invoice Review**: 5K
- **Schedule II Prescription Review**: # 33180 - # 34197
  - See Comments
- **Schedule III - V Prescription Review**: # 34900 - # 34999
  - 5K
<table>
<thead>
<tr>
<th>Drug name/ strength</th>
<th>Quantity</th>
<th>Lot #</th>
<th>Expiration</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guanapril 2 mg</td>
<td>1</td>
<td>HH9748</td>
<td>3-09</td>
<td></td>
</tr>
<tr>
<td>Sinequidol 1 mg</td>
<td>1</td>
<td>HH90281</td>
<td>4-68</td>
<td></td>
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<tr>
<td>Prozac 1 mg</td>
<td>1</td>
<td>3P1231</td>
<td>7-69</td>
<td></td>
</tr>
<tr>
<td>Celecoxib 200 mg</td>
<td>1</td>
<td>76556</td>
<td>8-69</td>
<td></td>
</tr>
<tr>
<td>Ketoprofen 2 mg</td>
<td>1</td>
<td>28063</td>
<td>9-09</td>
<td></td>
</tr>
<tr>
<td>Amlodipine Besanzen 10 mg</td>
<td>1</td>
<td>AE0030</td>
<td>5-09</td>
<td></td>
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<tr>
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<td>5-09</td>
<td></td>
</tr>
<tr>
<td>Levetiracetam 750 mg</td>
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<td></td>
</tr>
<tr>
<td>Folinin 20 mg</td>
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<tr>
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<tr>
<td>Warfarin 5 mg</td>
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<td>2138511</td>
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<tr>
<td>Erythritol 5 mg</td>
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<td>3007749035</td>
<td>8-69</td>
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<tr>
<td>Levetiracetam 5 mg</td>
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<td>2-15</td>
<td>Short dated</td>
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<td>Rep-Prolong 1 mg</td>
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<tr>
<td>Valproic Acid 125 mg</td>
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<td>Primidone 30 mg</td>
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<td></td>
</tr>
<tr>
<td>Drug name/ strength</td>
<td>Quantity</td>
<td>Lot #</td>
<td>Expiration</td>
<td>Comment</td>
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<td>---------------------</td>
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<tr>
<td>Glipizide</td>
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<td>Lovastatin</td>
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<td>Amlodipine 0.5%</td>
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<td>Pred Mild</td>
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<tr>
<td>Sulpiramide 25%</td>
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Inspectors Comments:

1. Please fax written policies that inform patients of the procedures to follow when reporting a suspected medication error. Send Attn: Jeannelle McKnight CRT in the next 7 days. (410) 358-9512.
2. Please fax written policy for return of CEV drugs to my office. Attn: Jeannelle McKnight CRT in the next 7 days.
3. Please remove four items from the medication refrigerator.

Pharmacy was able to get the original signed prescription for Ref #546.

Pharmacy has purchased supplies to do blister packs for either long term care or assisted living. Pharmacist says they are not currently using blister packs.

Dr. Caplan, Steven 410-601-8163

PRESCRIPTION ORDERED VYVANSE 50MG CAP (SHIRE) #30

TAKE 1 CAPSULE IN THE MORNING

Inspector Signature: Jeannelle McKnight CRT

Pharmacist Name: ___________________________ Date: 3-23-16

Signature: ___________________________ Date: __________

DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.mdbop.org
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
☐ That the prescription order was transmitted from another pharmacy.
☐ The name and information identifying the specific location of the primary pharmacy.
☐ The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner.
☐ The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order.
☐ The name of the pharmacist at the secondary pharmacy who prepared the prescription order.
☐ The date on which the prescription order was received at the secondary pharmacy.
☐ 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.
☐ There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records.
☐ The pharmacy has written policies and procedures for the safe handling of drug recalls.
See www.recalls.gov
☐ The pharmacy maintains records of all recalls. See www.recalls.gov

Inspectors Comments:

All CII invoices should be signed, dated, and attached to DEA 222 form.

See attached list for secured drugs.

Removed 2 bottles with no lot number and expiration.

Rx's #33457, #34246 & #34246 #33457, #34246 & #33457 have the
DEA # AJ11-7357. Several prescriptions already have the doctor's
correct DEA listed but it's not used. Rx's #34246 was the doctor's.

Previous Marison-Basso and the DEA #81930-1275 was used but
the correct DEA #81930-1275 was shaded in the front of the prescription.

The signature form the doctor was

Comments continued on next sheet.

Inspector Signature: [Signature]

Pharmacist Name (Print): [Name]

Date: 2/23/10

Signature: [Signature]

FINAL 10/30/09
INSPECTION FORM REVIEWER'S NOTES

Corporate Pharmacy Name: Stine Be

Pharmacy Name-Doing Business As (d/b/a) or Trade Name:

Inspection Date: 2/23/10  Maryland Pharmacy Permit Number: PO 4471

(1) Need to be discussed at Disciplinary Committee meeting at AP.

a) Make copy to Colin Eversley.

Reviewer initials: [Signature]

Date: 3/3/10