

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

January 5, 2018

**BY CERTIFIED & REGULAR MAIL
RETURN RECEIPT REQUESTED
CERTIFIED NUMBER: 7015 1520 0003 1509 6931**

Harford Road Pharmacy
9501 Harford Road
Baltimore, Maryland 21234
Attn: Neelkumar Patel

Re: Permit No. P05494
Case No. PI-18-024
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Mr. Patel:

On August 24, 2017, an annual inspection was conducted by the Board of Pharmacy (the "Board") to determine if Harford Road 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 compliance with certain requirements concerning medication inventory. Specifically, the Pharmacy had approximately seventeen (17) expired medications in its inventory. Furthermore, the Pharmacy had not conducted a timely biennial CDS inventory. The Board's records indicate that the Pharmacy had expired medications in its inventory on its last two annual inspections of November 9, 2016 and July 16, 2015. In addition, the Pharmacy had failed to conduct a timely CDS biennial inventory at its July 16, 2015 inspection.

I. FINDINGS AND CONCLUSION

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated August 24, 2017, and attached as Exhibit A.

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(c)(1) and (12) and COMAR 10.34.12.01B and 10.19.03.05B.

II. RECOMMENDED CIVIL MONETARY PENALTY

Under Maryland Health Occupations Article § 12-410 and COMAR 10.34.11, the Board of Pharmacy has the authority to impose a civil monetary penalty based upon violations of the Maryland Pharmacy Act.

Based upon the deficiencies cited at the Pharmacy, the Board hereby recommends the imposition of a **civil monetary penalty of \$1,000.00**. The deficiencies upon which the civil monetary penalty is based are 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.

Please be advised that a pharmacy shall conduct a new inventory of all stocks of controlled dangerous substances on hand at least every two years. The biennial inventory may be taken on any date which is within 2 years of the previous inventory date. COMAR 10.19.03.05B.

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 Investigator 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 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 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, PI-18-024, 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, August 24, 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 Investigator Supervisor, at 410-764-3768.

Sincerely,



Edward Fields, Deputy Director
for
Deena Speights-Napata
Executive Director

cc: Linda Bethman, AAG, Board Counsel
Attachment

Exhibit A



MARYLAND
 Department of Health
 Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

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

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number	:	<input type="text" value="P05494"/>	
Corporate Pharmacy Name	:	<input type="text" value="HARFORD ROAD PHARMACY"/>	
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	<input type="text"/>	
Street Address	:	<input type="text" value="9501 HARFORD RD, BALTIMORE, MD, 21234"/>	
Business Telephone Number	:	<input type="text" value="410-882-4012"/>	
Business Fax Number	:	<input type="text" value="410-882-4015"/>	
Inspection Date	:	<input type="text" value="08/24/2017"/>	
Arrival Time	:	<input type="text" value="09:25"/>	
Departure Time	:	<input type="text" value="12:20:03"/>	
Type of Inspection	:	<input checked="" type="radio"/> Annual	
Previous Date	:	<input type="text" value="11/09/2016"/>	
Name of Inspector	:	<input type="text" value="Amanda Barefield"/>	

I. 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:	<input type="text" value="8am - 7pm"/>	Tuesday:	<input type="text" value="8am - 7pm"/>	Wednesday:
	<input type="text" value="8am - 7pm"/>		<input type="text" value="8am - 7pm"/>	<input type="text" value="8am - 7pm"/>
Friday:	<input type="text" value="8am - 7pm"/>	Saturday:	<input type="text" value="9am - 2pm"/>	Sunday:
			<input type="text" value="Closed"/>	<input type="text" value="Closed"/>

Yes No All permits, licenses, and registrations are posted conspicuously. HO § 12-311, HO § 12-408(b) and HO § 12-6B-08

Maryland Pharmacy Permit Number	<input type="text" value="P05494"/>	Expiration Date	<input type="text" value="05/31/2018"/>
CDS Registration Number	<input type="text" value="472401"/>	Expiration Date	<input type="text" value="01/31/2019"/>
DEA Registration Number	<input type="text" value="FH2549674"/>	Expiration Date	<input type="text" value="10/31/2019"/>

- 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:

2. PERSONNEL

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

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date
NEELKUMAR M PATEL	11340	Active	07/31/2018			
Sheila K Derman	06449	Probation	12/31/2017	06449	Probation	12/31/2017
Robert Benjamin Stiekman	06187	Active	07/31/2019			
MORRIS MAYER	11952	Active	02/28/2018			

Registered Technicians	Registration #	Status	Exp. Date

Registered Technicians	Registration #	Status	Exp. Date	
Molly O'Neill Merson	T19205	Active	11/30/2018	

Unlicensed Personnel (non-registered)	Title	Duties	
N/A	N/A	N/A	

Only vaccination licensed pharmacist at this location is Sheila Derman.
Note this pharmacy occasionally uses drivers from sister pharmacy (Joppa Road Pharmacy) to deliver medications to patients.

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:

Note no unlicensed personnel at this time.
Reviewed all policies and procedures located in policy file of file cabinet.

- Yes No The pharmacy wholesale distributes to another pharmacy (COMAR 10.34.37)
 Yes No The pharmacy wholesale distributes to a wholesale distributor (COMAR 10.34.37)
 Yes No N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales (COMAR 10.34.37)

Comments:

No wholesale distribution as per pharmacist Robert Steikman.

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:

Same hours of operation for pharmacy and OTC area.
Locked front 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:

Cameras / Motion Detectors

5. PHYSICAL REQUIREMENTS AND EQUIPMENT

Yes No Pharmacy area is clean and orderly. HO § 12-403(b) (11) (ii)2.

Yes No The pharmacy provides a compounding service (non-sterile procedures).

Yes No If yes, the pharmacy maintains equipment that enables it to prepare and dispense prescriptions properly within its scope of practice.
COMAR 10.34.07.02

- Yes No The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A
- Yes No The pharmacy has hot and cold running water.
- Yes No The medication refrigerator(s) contain only prescription items. COMAR 10.34.07.01B
- Yes No The medication refrigerator(s) have a thermometer and the current temperature is between (36-46F) USP. COMAR 10.34.07.01B
Temperature
- 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:

No vaccines stored in fridge.

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:

Manufacturer name was missing from pharmacy label, please send copy of updated label with manufacturer name present to Amanda Barefield @ 410-304-4137 by 08/31/2017.
Pharmacist initials located on 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:

Reporting medication error sign is posted at register / Reviewed QA policy / medication incidents are documented using incident report / Training is done through CE credits, pharmcap and ISMP.

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:

All HIPAA trash is separated and shredded.

9. INVENTORY CONTROL PROCEDURES

- 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
Yes No N/A

Comments:

No wholesale distribution as per pharmacist Robert Stiekman.

10. CONTROLLED SUBSTANCES

11952: MORRIS MAYER
11340: NEELKUMAR M PATEL

Power of Attorney: 11340

- 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:

Pharmacy uses EXP pharmaceuticals for reverse distributor.
Pharmacy uses CSOS.
Last available biennial inventory was 07/16/2015 taken at close, please perform and send copy of CII & CIII-V biennial inventory to Amanda Barefield @ 410-384-4137 by 08/31/2017.

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.
Yes No N/A

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.

- Sufficient safeguards are in place to ensure accurate replenishment of the automated medication system. If yes, describe safe guards.
Yes No N/A 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 devices at this time.

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

- Yes No N/A The facility outsources the preparation of medication or performs outsourcing functions for other pharmacies. COMAR 10.34.04.02
- Yes No N/A The facility serves as a primary pharmacy outsourcer to other pharmacies. COMAR 10.34.04.02
- Yes No N/A The facility serves as a secondary pharmacy. COMAR 10.34.04.02
- Yes No N/A The permit holder employs an outside agency/business entity for the provision of any pharmacy services, inclusive of staffing, remote order entry, and management.
If yes: Name of agency, state of incorporation, service contracted, and State of Maryland License/Permit Number: COMAR 10.34.04.06E

Comments:

No outsourcing as per pharmacist Robert Stiekman.

- 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)

- That the prescription order was transmitted from another pharmacy.

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

Yes No N/A

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: HARFORD ROAD PHARMACY

Permit#: P05494

Date: 08/24/2017

Rx#:

Date

Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
Vyvanse 30mg cap	59417-0103-10	70	70	Clear
Amphetamine Salts. 20mg tab	13107-0073-01	43	43	Clear
Oxycodone 15mg tab	65162-0049-10	286	286	Clear
Morphine Sulf. ER 15mg tab	00228-4270-11	78	78	Clear

Comments:

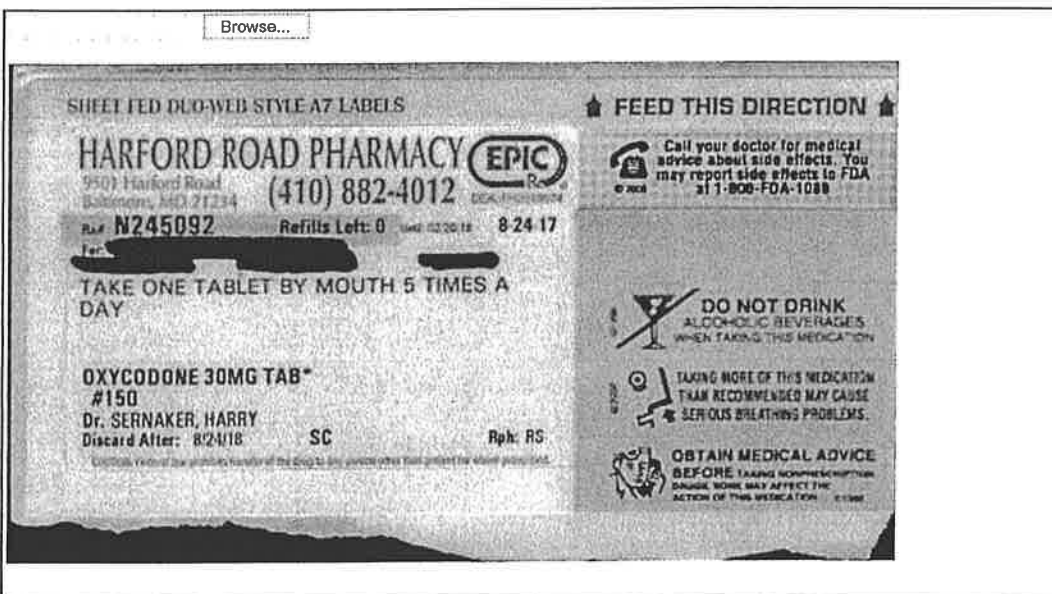
SCHEDULE II AUDIT

Drug:	<input type="text" value="N/A"/>
NDC Number:	<input type="text"/>
Date of last Inspection/Biennial:	<input type="text" value="11/09/2016"/>
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

SCHEDULE II AUDIT		
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E) excess or (E-F) shortage

INVOICE REVIEW	
CII:	Please be sure that all invoices are signed and dated.
CIII - CV:	All invoices reviewed were signed and dated.

PRESCRIPTION REVIEW	
CII#:	N244487 -244086
Date:	07/21/2017 -07/01/2017
Comments:	Found 1 rx physicians address on script doesn't match label /All prescriptions reviewed were filled within 120 days of issue date.
CIII - CV#:	244999 -C244800
Date:	08/18/2017 -08/15/2017
Comments:	Control CIII-V prescriptions are filed with regular script /All prescriptions reviewed were filled within 120 days of issue date.



Pharmacist Signature for Controlled Dangerous Substances Audit:

[Handwritten Signature]

INSPECTOR'S COMMENTS:

Reviewed entire inspection report with pharmacist Robert Steikman. Pharmacist Sheila Derman is vaccination licensed. Pharmacy does store to store transfer of medications. Reviewed all policies and procedures located in policy file of file cabinet, reviewed recall records. No unlicensed personnel or technicians at this time. Note this pharmacy occasionally uses drivers from sister pharmacy (Joppa Road Pharmacy) to deliver medications to patients. No outdates found in OTC area. No discrepancies found during narcotic audit. Found 17 expired medications in pharmacy area (See attached), note 4 expired medications were noted on 11/09/2016 inspection and 6 expired medications noted in 07/16/2015 inspection.

Per this inspection: 1) Manufacturer name was missing from pharmacy label, please send copy of updated label with manufacturer name present to Amanda Barefield @ 410-384-4137 by 08/31/2017. 2) Last available biennial inventory was 07/16/2015 taken at close, please perform and send copy of CII & CIII-V biennial inventory to Amanda Barefield @ 410-384-4137 by 08/31/2017. 3) Please be sure to check all pharmacy areas when checking for outdates.

Inspector
Signature:



Pharmacist
Name (Print):

06187 06187: Robert Benjamin Steikman

Date:
08/24/2017

Signature:



Received a
copy of this
inspection
report:



Supporting Documents.

P05494 08242017 485 Harford Road Pharmacy expiredmeds.pdf

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>

