



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Larry J. Hogan, Jr. Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Mitra Gavani, Board President – Richard A. Proctor, Acting Executive Director

VIA REGULAR & CERTIFIED MAIL, RETURN RECEIPT REQUESTED
ARTICLE #7013 1090 0000 3937 6025

January 21, 2016

Pasadena Pharmacy
2932 Mountain Road
Pasadena, Maryland 21122
Attn: Leonard N. Patras, R.Ph.

Re: Permit No. P01305, Case #PI-16-048
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacist Patras:

On August 8, 2015, the Maryland Board of Pharmacy (the "Board") conducted an annual inspection of Pasadena Pharmacy (the "Pharmacy") for compliance with statutes and regulations governing the operation of a pharmacy. The Board's inspection indicated that the Pharmacy was not compliant with laws relating to pharmacy technician registration. Specifically, the Board inspector observed a pharmacy technician performing delegated pharmacy acts who was not in a Board-approved technician training program or duly registered with the Board. The Pharmacy subsequently advised the Board that the technician had terminated employment for unrelated personal issues.

I. FINDINGS AND CONCLUSION

The Board adopts as findings the deficiencies as stated in the Board's inspection report, dated August 18, 2015, and attached hereto as Exhibit A.

Based upon deficiencies at your Pharmacy, the Board finds that the Pharmacy is in violation of the Maryland Pharmacy Act and the regulations adopted thereunder. Specifically, the Board finds the Pharmacy in violation of Health Occ. Art. §§ 12-403(c)(1) and 12-6B-01.

410-764-4755 • Fax 410-384-4128 ext. 500 • Toll Free 800-542-4964

DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov/pharmacy

II. RECOMMENDED CIVIL MONETARY PENALTY

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

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

In determining the recommended civil monetary penalty, the Board took into consideration the aggregating and mitigating factors outlined in COMAR 10.34.11.08.

III. FOLLOW-UP INSPECTION

Please be advised that the Board of Pharmacy may perform a follow-up inspection of the Pharmacy to insure that the deficiencies noted herein have been addressed and corrected. Should the follow-up inspection indicate that the Pharmacy has further deficiencies, the Board may pursue further disciplinary action against the Pharmacy that may result in the imposition of sanctions such as suspension, revocation or additional monetary penalties.

IV. OPPORTUNITY FOR HEARING

If the Pharmacy disputes the findings, conclusions or the civil monetary penalty, the Pharmacy may request an evidentiary hearing on the Board's decision in this matter. In the event that the Pharmacy requests an evidentiary hearing, the Board shall initiate formal proceedings which will include the opportunity for a full evidentiary hearing. The hearing will be held in accordance with the Administrative Procedure Act, Md. Code Ann. State Gov't § 10-201 *et seq.*, and COMAR 10.34.01. Any request for a hearing must be submitted in writing to Vanessa Thomas Gray, Compliance Investigator, Maryland Board of Pharmacy, 4201 Patterson Ave., 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 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 you request a hearing but fail to appear, the Board may nevertheless hear and determine

the matter in your 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. 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 8, 2015, and shall be a public document in accordance with the Maryland Public Information Act.

If you have any questions concerning the instructions contained in this letter, please contact Vanessa Thomas Gray, Compliance Investigator, at 410-764-2493.

Sincerely,

A handwritten signature in cursive script that reads "Richard Proctor".

Richard Proctor
Acting Executive Director

cc: Linda Bethman, Board Counsel



STATE OF MARYLAND

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8/24/2015
E.C. F/u Docs Needed.

COMMUNITY PHARMACY INSPECTION FORM

Corporate Pharmacy Name PASADENA PHARMACY
Pharmacy Name-Doing Business as (d/b/a) or Trade Name _____
Street Address 2932 MOUNTAIN ROAD, PASADENA, MD 21122
Business Telephone Number 410-255-6000 Business Fax Number 410-360-2107
Inspection Date: 08/18/2015 Arrival Time: 9:30AM Departure Time: 12:40AM
Type of Inspection: Annual Follow-up Previous Date: 07/23/2014
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 M-F: 9AM-7PM Sat: 9AM-1PM Sun: CLOSED

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

Maryland Pharmacy Permit Number P01305 Expiration Date: 05/31/2016
CDS Registration Number 425552 Expiration Date: 02/29/2016
DEA Registration Number BPO616411 Expiration Date: 03/31/2018

- 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: OKAY/VIA PHONE/PHARMACY FILLS BLISTER CARDS FOR #104 PATIENTS LOCATED IN GROUP HOMES, THE NAME OF THE COMPANY THAT MANAGES THE HOMES IS CHANGING PEOPLES LIVES, THEY ARE CONTRACTED WITH THE STATE OF MD.

3. PERSONNEL TRAINING

Yes No N/A There are written policies and procedures to specify duties that may be performed by unlicensed personnel under the supervision of a licensed pharmacist. COMAR 10.34.21.03 and 10.34.21.05

Yes No N/A All unlicensed personnel who perform tasks in the pharmacy receive documented training for the tasks they perform. COMAR 10.34.21.03B(1)

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

- Yes No N/A Maintaining records
Yes No N/A Patient confidentiality
Yes No N/A Sanitation, hygiene, infection control
Yes No N/A Biohazard precautions
Yes No N/A Patient safety and medication errors COMAR 10.34.26.03

Comments:

SEND MEDICATION ERROR TRAINING ON PHARMACY PERSONNEL TO THE BOP BY 08/25/2015
ATTENTION KERRI WEIGLEY.

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:

PHARMACY MANAGER LEONARD PATRAS STATED THAT THEY DONT WHOLESALE DISTRIBUTE
TO OTHER PHARMACIES OR DISTRIBUTORS.

4. SECURITY COMAR 10.34.05

Yes No The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

Comments:

SAME HOURS

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

Yes No The permit holder shall prevent an individual from being in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05.02A (3)

Comments:

OKAY/PHARMACY ALSO HAS CAMERAS.

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 ^{38F}

Yes No The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)

Temperature ^{74F}

Yes No N/A If the pharmacy stocks medications requiring freezing, the freezer is maintained at temperatures required by the medications stored within it.

Temperature ^{N/A}

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:

GENERAL HOUSEKEEPING IS SUGGESTED/REMOVE ITEMS OFF FLOOR AND DUST SHELVES.

6. PRESCRIPTION LABELING, FILES, AND STORAGE

Yes No Prescription files for each prescription prepared or dispensed are made and kept on file for at least 5 years. HO § 12-403(b)(13)(i)

The following label requirements are met if a drug is dispensed pursuant to a prescription: HO § 12-505

- Yes No The name and address of the pharmacy; HG § 21-221(a)(1)
- Yes No The serial number of the prescription; HG § 21-221(a)(2)
- Yes No The date the prescription was filled; HO § 12-505(b)(1) and HG § 21-221(a)(3)
- Yes No The name of the prescriber; HG § 21-221(a)(4)
- Yes No The name of the patient; HG § 21-221(a)(5)(i)
- Yes No The name and strength of the drug or devices; HO § 12-505(c)
- Yes No The directions for use; HO § 12-505(b)(2)(ii) and HG § 21-221(a)(5)(ii)
- Yes No The required cautionary statements or auxiliary labels; HG § 21-221(a)(5)(iii)
- Yes No The name of generic manufacturer; and HO §§ 12-504(d)(2) and 12-505(c)(2)
- Yes No The expiration date is indicated; HO § 12-505(b)(2)

Yes No The pharmacist and data-entry technician initials are on prescriptions. COMAR 10.34.08.01

Yes No Original prescriptions are dispensed within 120 days after the issue date. HO § 12-503

Comments:

PHARMACIST INITIALS ARE ONLY ON LABEL/ WHEN DOING DATA ENTRY TECHNICIAN'S ARE UNDER THE PHARMACIST LOGIN AND PHARMACIST DOES DOUBLE CHECK.

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 SIGN IS POSTED/UPDATE MEDICATION ERROR TRAINING AND SEND TO THE BOP BY 08/25/2015 ATTENTION KERRI WEIGLEY/FOR QA PHARMACY USES PHARMCAP.

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:

OKAY/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:

OKAY/PHARMACIST LEONARD PATRAS STATED THAT THEY DONT WHOLESALE DISTRIBUTE TO OTHER PHARMACIES OR DISTRIBUTORS.

10. CONTROLLED SUBSTANCES

Power of Attorney LEONARD N. PATRA

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: 05/08/2014

Biennial Inventory completed at Opening or Closing (circle one)

Yes No The inventories and records of Schedule II-V drugs are maintained and readily available. COMAR 10.19.03.05 and 21 CFR 1304.03

Yes No Records are kept of all receipts of controlled substances entered into the pharmacy inventory (including DEA Form 222 or CSOS orders). COMAR 10.19.03.05

Yes No There are written policies and records for return of CII, CIII-V.

Yes No Hard copy or electronic prescription files are maintained chronologically for 5 years.

Yes No Schedule II controlled substances are dispersed throughout the stock of non-controlled substances or stored in such a manner as to obstruct theft or diversion. COMAR 10.19.03.12B (2)

Yes No All controlled substances prescriptions bear the name and address of the prescriber and patient. COMAR 10.19.03.07D (1)

Yes No The permit holder or pharmacist designee(s) has written policies and procedures for investigating discrepancies and reporting of theft or loss. COMAR 10.19.03.12B (4)

Comments:

OKAY/PHARMACY USES PHARMALINK FOR CII-V RETURNS.

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:

N/A

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:

N/A

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 <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | That the prescription order was transmitted from another pharmacy. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | The name and information identifying the specific location of the primary pharmacy. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | The name of the pharmacist who transmitted the prescription to the secondary pharmacy if the transmission occurred in an oral manner. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | The name of the pharmacist at the secondary pharmacy who accepted the transmitted prescription order. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | The name of the pharmacist at the secondary pharmacy who prepared the prescription order. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | The date on which the prescription order was received at the secondary pharmacy. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> | A perpetual inventory is maintained for Schedule II controlled substances. |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | There are documented contingency plans for continuing operations in an emergency and for disaster recovery of required records. |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | The pharmacy has written policies and procedures for the safe handling of drug recalls. See www.recalls.gov |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | The pharmacy maintains records of all recalls. See www.recalls.gov |

INSPECTOR'S COMMENTS:

REVIEWED ENTIRE INSPECTION REPORT WITH PHARMACY MANAGER LEONARD N. PATRAS/PHARMACY FILLS BLISTER CARDS FOR #104 PATIENTS LOCATED IN GROUP HOMES, THE NAME OF THE COMPANY THAT MANAGES THE HOMES IS CHANGING PEOPLES LIVES, THEY ARE CONTRACTED WITH THE STATE OF MD (SEE ATTACHED SUPPLEMENTAL ASSISTED LIVING FORM)/ FOUND #7 OUTDATES IN THE PHARMACY AREA, AND ON LAST YEARS INSPECTIONS THERE WERE OUTDATES AS WELL (SEE ATTACHED LIST FOR THIS YEAR)/FOUND #1 MINOR DISCREPANCY ON MORPHINE SULF. ER 30MG OVER BY #1/DURING THIS INSPECTION THERE WERE BOXES ON THE FLOOR, AND SHELVES WERE DUSTY/JORDAN JOHNSTON IS A TECHNICIAN IN TRAINING, SHE IS WORKING UNDER THE SUPERVISION OF A PHARMACIST, AND IS WAITING TO SEE IF THE COMPANY WILL PAY FOR TRAINING THROUGH TECHNICIAN TRAINER/JORDAN JOHNSTON WAS WORKING DURING THIS INSPECTION: SHE WAS COUNTING PILLS AND ANSWERING PHONES/ACTIONS PER THIS INSPECTION: 1) ADDRESS THE PERPETUAL INVENTORY AND SEND A WRITTEN EXPLANATION OF WHY THE INVENTORY WAS OVER BY #1. 2) GENERAL HOUSEKEEPING IS SUGGESTED: REMOVE BOXES FROM FLOOR, AND DUST SHELVES. 3) CHECK PHARMACY AREA AND OTC AREA FOR OUTDATES. 4) SEND START DATE ON JORDAN JOHNSTON. 5) SEND UPDATED MED ERROR TRAINING ON PHARMACY PERSONNEL. SEND ALL NEEDED DOCUMENTS TO THE BOP BY 08/25/2015 ATTENTION KERRI WEIGLEY,

Inspector Signature Kerri S. Weigley

Pharmacist Name ((Print): LEONARD PATRAS Date: 08/18/2015

Signature: Leonard Patras

Received a copy of this inspection report: Leonard Patras
Date and Pharmacist Signature

FINAL 09/02/2014

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: PASADENA PHARMACY
 Permit#: P01305
 Date: 08/18/2015

Pharmacist Signature: Leonard Patras

Rx# N916048N

DRUGS	ON HAND INVENTORY	PERPETUAL INVENTORY
METHADONE 10MG (67877-0116-01)	1352	1352
MORPHINE SULF. ER 30MG (42858-0802-01)	66	65
OXYCODONE 5MG (42858-0001-01)	320	320
OXYCONTIN 10MG (59011-0410-10)	138	138

COMMENTS: FOUND #1 MINOR DISCREPANCY ON MORPHINE SULF. ER 30MG OVER BY #1. ADDRESS THE PERPETUAL INVENTORY AND SEND A WRITTEN EXPLANATION OF WHY THE INVENTORY WAS OVER BY #1 AND SEND TO THE BOP BY 08/25/2015

PASADENA PHARMACY
HOME OXYGEN & MEDICAL EQUIPMENT
 2932 MOUNTAIN RD. DEA# BP 0616411 PASADENA, MD 21122
 PHONE (410) 255-6000 FAX (410) 360-2107
CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.
RX#N916048N VIDAVER, L., MD
 05/05/15 S
TAKE ONE TABLET EVERY 5 HOURS AS NEEDED FOR PAIN

MAY CAUSE DROWSINESS OR
DIZZINESS

NO ALCOHOL WITH RX

OXYCODONE 30MG Discard After: 05/04/18
 # 150
 NO REFILLS LEFT RHODES
 LP
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

INVOICE REVIEW

CII: MAKE SURE ALL INVOICES ARE SIGNED AND DATED

CIII - CV: OKAY

PRESCRIPTION REVIEW

CII # 07/07/2015-07/08/2015
DATE: 919026-919517

COMMENTS: OKAY

CIII - CV # 920000-921099
DATE: 08/05/2015-08/06/2015

COMMENTS: OKAY