

MARYLAND

Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Robert R. Neall, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

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

VIA REGULAR & CERTIFIED MAIL RETURN RECEIPT REQUESTED
ARTICLE #7014 2870 0000 4732 2285

April 16, 2018

Northern Pharmacy at Overlea
7618 Belair Road
Baltimore, Maryland 21236
Attn: Andrew Kachur, R.Ph., Pharmacy Manager

Re: Permit No. P04147
Case No. 18-107
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacy Manager:

On August 17, 2017, the Maryland Board of Pharmacy (the "Board") conducted an annual inspection of Northern Pharmacy at Overlea (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 storage and labeling of drug inventory. Specifically, the Board inspector noted 2 return-to-stock medications in the Pharmacy's inventory without labels indicating medication name, strength or expiration date. The Board's records indicate that the Pharmacy's prior inspection on October 21, 2016, noted 15 return-to-stock medications that similarly lacked medication labeling.

I. FINDINGS AND CONCLUSION

The Board adopts as findings the deficiencies as stated in the Board's inspection report, dated August 17, 2017, 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,

410-764-4755 • Fax 410-358-6207 • Toll Free 800-542-4964
MDH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.health.maryland.gov/pharmacy

the Board finds the Pharmacy in violation of Health Occ. Art. §§ 12-403(c)(1) and (12), and Health Gen. § 21-218.

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 \$5,000.00**. The deficiencies upon which the civil monetary penalty is based are set forth above in this Notice and in the Inspection Report dated August 17, 2017.

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 ensure 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 Heather McLaughlin, Compliance Monitor, 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 its own behalf, to present evidence, to cross-examine witnesses, to testify, and to present summation and argument. Should the Board find the Pharmacy in violation of the deficiencies cited in the Report, 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 its 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 of money order to:

Wells Fargo Bank
Attn: State of MD - Board of Pharmacy
Lockbox 2051
7175 Columbia Gateway Drive
Columbia, MD 21046

NOTE: Please include the case number, 18-107, 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 August 17, 2017 inspection, and shall be a public document and order in accordance with the Maryland Public Information Act, Md. Code Ann., General Provisions Art. § 4-333.

If you have any questions concerning the instructions contained in this letter, please contact Heather McLaughlin, Compliance Monitor, at 410/764-4152.

Sincerely,



Deena Speights-Napata
Executive Director

cc: Linda Bethman, AAG, Board Counsel

Attachment



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 Gavgani, Board President, Deena Speights-Napata, Executive Director

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number : P04147
 Corporate Pharmacy Name : NORTHERN PHARMACY AT OVERLEA
 Pharmacy Name-Doing Business as (d/b/a) or Trade Name :
 Street Address : 7618 BELAIR ROAD, BALTIMORE, MD, 21236
 Business Telephone Number : 410-661-1655
 Business Fax Number : 410-661-1822
 Inspection Date : 08/17/2017
 Arrival Time : 09:30
 Departure Time : 12:33:38
 Type of Inspection : Annual
 Previous Date : 10/21/2016
 Name of Inspector : Amanda Barefield

1. GENERAL INFORMATION

Yes No The pharmacy hours of operation are prominently displayed if the prescription area is not open the same hours as the establishment

Pharmacy Hours

Monday:	8am - 6pm	Tuesday:	8am - 6pm	Wednesday:	8am - 6pm	Thursday:	8am - 6pm
Friday:	8am - 6pm	Saturday:	Closed	Sunday:	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	P04147	Expiration Date	05/31/2018
CDS Registration Number	459982	Expiration Date	02/28/2019
DEA Registration Number	BN9162948	Expiration Date	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

E-Script: Secure site/ patient profile & history/ physician can be contacted if questionable.

Comments:

2. PERSONNEL

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

19472 | 19472: ANDREW G KACHUR

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date
ANDREW G KACHUR	19472	Active	04/30/2019	19472	Active	04/30/2019
STEPHEN C KLEBROSKI	07202	Active	12/31/2018			

Registered Technicians	Registration #	Status	Exp. Date
KATRINA M JONES	T10222	Active	07/31/2019

Unlicensed Personnel (non-registered)	Title	Duties
Jerome Johnson	Security Guard	Security
Shamar Hodge (on-duty)	Extern	Technician

Andrew Kachur (CPR 10/2018)
 Pharmacy extern Shamar Hodge was present during inspection pulling medications, counting medications, answering phone calls (See attached rotation schedule from Caroline Center).

Comments:

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

Policies and procedures are located in policy binder reviewed during last inspection on 10/21/2016.

Comments:

- 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)

No wholesale distribution as per pharmacist Andrew Kachur.

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)

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

Comments:

- 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)

Cameras / Motion detectors

Comments:

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)

Pharmacy has a Dua fridge- freezer, recommend pharmacy stores Zostavx in separate freezer. Zostavax stored in freezer.

Comments:

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

Please forward a copy of label with required cautionary statements or auxiliary labels to Amanda Barefield @ 410-384-4137 by 08/25/2017.
Note no sticker Federal law prohibits the transfer of medications was available at time of inspection.
Note majority of pharmacy labels print with manufacturer name present, some labels do not. Please be sure the name of the manufacturer prints on label.

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

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

Reporting medication error sign is posted at register / Training is done through Quarterly staff meetings with Northern Pharmacy and CE credits.
Pharmacy has a QA policy.

Comments:

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

All HIPAA trash is separated and the pharmacist drives HIPAA trash to main store (Northern Pharmacy) off of Harford road to dispose with the contracted company.

Comments:

9. INVENTORY CONTROL PROCEDURES

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

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

No wholesale distribution as per pharmacist Andrew Kachur.

Comments:

10. CONTROLLED SUBSTANCES

19472: ANDREW G KACHUR

Power of Attorney: 19472

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: 05/09/2016

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)

Pharmacy uses Return Solutions for reverse distributor.

Comments:

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

No automated medication devices at this location.

Comments:

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

No outsourcing as per Andrew Kachur.

Comments:

Yes No N/A The permit holder has written policies and procedures to specify the duties that may be performed by outside personnel. COMAR 10.34.21.03B(3)

If the pharmacy outsources a prescription order:

Yes No N/A The original prescription order is filed as a prescription order at the primary pharmacy. COMAR 10.34.04.06D

- Yes No N/A Written policies exist for maintenance of documentation regarding transfer of prescription records. COMAR 10.34.04.06
- Yes No N/A Documentation is maintained, including the names and locations of the pharmacies, names of pharmacists, and a record of the preparations made. COMAR 10.34.04.03 and .05

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

- Yes No N/A That the prescription order was prepared by a secondary pharmacy.
- Yes No N/A The name of the secondary pharmacy.
- Yes No N/A The name of the pharmacist who transmitted the prescription order to the secondary pharmacy.
- Yes No N/A The name of the pharmacist at the secondary pharmacy to whom the prescription order was transmitted if the transmission occurred in an oral manner.
- Yes No N/A The date on which the prescription order was transmitted to the secondary pharmacy.
- Yes No N/A The date on which the medication was sent to the primary pharmacy.
- Yes No N/A The primary and secondary pharmacies are both licensed in the State of Maryland, or operated by the federal government. COMAR 10.34.04.06F
- Yes No N/A The primary pharmacy maintains, in a readily retrievable and identifiable manner, a record of preparations received from the secondary pharmacy. COMAR 10.34.04.06G

The permit holder at the secondary pharmacy maintains documentation in a readily retrievable and identifiable manner, which includes: COMAR 10.34.04.07 (Check all that apply)

- Yes No N/A That the prescription order was transmitted from another pharmacy.
- 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: NORTHERN PHARMACY AT OVERLEA				
Permit#: P04147				
Date: 08/17/2017				
Rx#:	<input type="text" value="N7113644"/>			
Date Filled:	<input type="text" value="08/17/2017"/>			
DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
Vyvanse 60mg cap	59417-0106-10	50	N/A	Clear
Oxycodone 15mg tab	65162-0049-10	752	N/A	Clear
Fentanyl 75mcg/hr patch	60505-7008-02	17	N/A	Clear
Hydromorphone 2mg tab	42858-0301-01	76	N/A	Clear
Comments:	Pharmacy doesnt currently maintain a perpetual inventory / Discrepancy found during narcotic audit on Amphetamine Salts 30mg over by 103 tablets, please reconcile & fax findings to Amanda Barefield @ 410-384-4137 by 08/25/2017.			

SCHEDULE II AUDIT

Drug:	Amphetamine Salts, 30mg tab	
NDC Number:	45963-0749-11 / 00555-0974-02	
Date of last Inspection/Biennial:	05/09/2016	
Amount at last inspection/biennial	72.00	(A)
Purchased since inspection/biennial	1300.00	(B)
Total inventory	1372	(C) = A + B
Quantity Dispensed	1350.00	(D)
Expected Inventory	22	(E) = C - D
Quantity on Hand	125.00	(F)
Discrepancy	103	(G) = (F-E) excess or (E-F) shortage

INVOICE REVIEW

Please be sure all invoices are signed and dated.

CII:

Please be sure all invoices are signed and dated.

CIII:

CV:

PRESCRIPTION REVIEW

CII#:

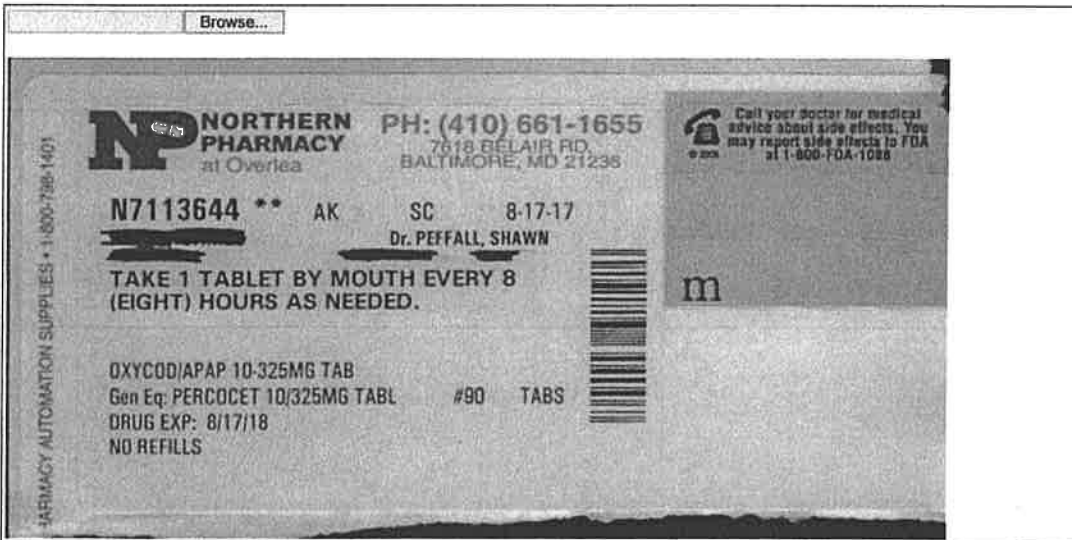
Date:

Comments: Found 5 rx physicians address on script doesnt match label / Found 5 rx patients address on script doesnt match label / Found 3 rx (7111714, 7111659, 711616) wrong dr selected / All prescriptions reviewed were filled within 120 days of issue date.

CIII - CV#:

Date:

Comments: Control CIII - V prescriptions are filed with regular scripts / Found 2 rx patients address on script doesnt match label / Found 1 rx physicians address on script doesnt match label / Found 1 rx (C7113424) with no date on phone in rx.



Pharmacist Signature for Controlled Dangerous Substances Audit:

[Handwritten Signature]

INSPECTORS COMMENTS:

Reviewed entire inspection report with pharmacy manager Andrew Kachur. Pharmacist Andrew Kachur is vaccination licensed, reviewed CPR certification. Reviewed policies and procedures during last inspection on 10/21/2016. Pharmacy does store to store transfer of medications between sister stores. Found 1 outdate in OTC area (childrens Tylenol). Found 2 return to stock medication vials in pharmacy area with no medication identifying information (medication name, strength or expiration date), note this was noted in last inspection. No expired medications found in pharmacy area.

Per this Inspection: 1) Note majority of pharmacy labels print with manufacturer name present, some labels do not. Please be sure the name of the manufacturer prints on label. 2) Please forward a copy of label with required cautionary statements or auxiliary labels to Amanda Barefield @ 410-384-4137 by 08/25/2017. 3) Discrepancy found during narcotic audit on Amphetamine Salts 30mg over by 103 tablets, please reconcile & fax findings to Amanda Barefield @ 410-384-4137 by 08/25/2017. 4) Please be sure that when adding medications to pharmacy stock all medications are label with at least the following: medication name, medication strength and medication expiration date.

Inspector Signature: 

Pharmacist Name (Print):

Date: 08/17/2017

Signature: 

Received a copy of this inspection report: 

- Supporting Documents.
- [P04147_08172017_458_label_with_manufacturer.jpg](#)
 - [P04147_08172017_458_Overlea_biennial_inv.jpg](#)
 - [P04147_08172017_458_Overlea_dispensing_report.pdf](#)
 - [P04147_08172017_458_Overlea_purchasing_report.jpg](#)
 - [P04147_08172017_458_Shamar_Hodge_Extern.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>