

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

January 19, 2018

CERTIFIED MAIL RETURN RECEIPT REQUESTED
ARTICLE #7016 0750 0001 0746 7780

Sams Pharmacy #10-6652
5604 Buckeystown Pike
Frederick, Maryland 21704
Attn: Richa Kaushik, R.Ph., Pharmacy Manager

Re: Permit No. P02656
Case No. PI-18-014
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacy Manager:

On July 19, 2017, the Board of Pharmacy (the "Board") conducted an annual inspection of Sams Pharmacy #10-6652 (the "Pharmacy") to ensure compliance with statutes and regulations governing the operation of pharmacies. The Board's inspection determined that the Pharmacy was not in compliance with laws governing pharmacy technician registration. Specifically, the Pharmacy had a technician on staff performing delegated pharmacy acts with a registration that expired on April 30, 2016. The Board's records indicate that the technician subsequently applied for and was issued a reinstated registration from the Board on July 24, 2017.

I. FINDINGS AND CONCLUSION

The Board adopts the findings of deficiencies as set forth in the Pharmacy Inspection Report dated July 19, 2017, and attached as Exhibit A.

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

II. RECOMMENDED CIVIL MONETARY PENALTY

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

Based upon the above violation at the Pharmacy, the Board hereby recommends the imposition of a **civil monetary penalty of \$1,000.00**. The violations upon which the civil monetary penalty is based are noted above and in Exhibit A.

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

III. FOLLOW-UP INSPECTION

Please be advised that the Board of Pharmacy may perform a follow-up inspection of the Pharmacy to insure that the deficiencies noted in the Report have not reoccurred. Should the follow-up inspection indicate that the Pharmacy has further deficiencies, the Board may pursue further disciplinary action against the Pharmacy that may result in the imposition of sanctions such as suspension, revocation or additional monetary penalties.

IV. OPPORTUNITY FOR HEARING

If the Pharmacy disputes the findings, conclusions or the civil monetary penalty, the Pharmacy may request an evidentiary hearing on the Board's decision in this matter. In the event that the Pharmacy requests an evidentiary hearing, the Board shall initiate formal proceedings which will include the opportunity for a full evidentiary hearing. The hearing will be held in accordance with the Administrative Procedure Act, Md. Code Ann. State Gov't § 10-201 *et seq.*, and COMAR 10.34.01. Any request for a hearing must be submitted in writing to Lisa Sanderoff, R.Ph., 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 the Pharmacy's behalf, to present evidence, to cross-examine witnesses, to testify, and to present summation and argument. Should the Board find the Pharmacy guilty of the violations cited in the Reports, the Board may suspend or revoke the pharmacy permit, or impose civil penalties, or both. If the Pharmacy requests a hearing but fails to appear, the Board may nevertheless hear and determine the matter in the Pharmacy's absence.

V. OPTION TO PAY RECOMMENDED CIVIL MONETARY PENALTY

Alternatively, the Pharmacy may pay the recommended civil monetary penalty **within thirty (30) days** of the date of this Notice, in the form of a certified check or money order made payable to the Maryland Board of Pharmacy.

Please mail the check or money order to:

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

NOTE: Please include the case number, PI-18-014, 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 this case, 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., Investigator Supervisor, at 410-764-3768.

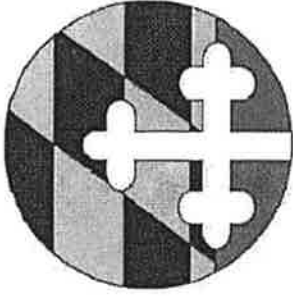
Sincerely,



Deena Speights-Napata
Executive Director

Attachment

cc: Linda Bethman, AAG, Board Counsel



MARYLAND Department of Health

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

8/1
EA
PI-18-014

MARYLAND BOARD OF PHARMACY

4201, Patterson Avenue, Baltimore, Maryland 21215-2299

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

Sams Pharmacy 106652

5604 Buckeystown Pike

Frederick, MD 21704

#P02656

07/31/2017

During the annual inspection conducted on 07/19/2017 there was a lady by the name of Stacey Klug working as a technician. Ms. Klug was registered with Maryland Board of Pharmacy and did not renew her registration as of 4/30/2016. I observed Ms. Klug scanning prescriptions in, manually entering the prescription into the computer system, pulling medications from the stock and filling medications. Ms. Klug did reinstate her registration on 07/24/2017.

Nancy Richard

Nancy Richard

7/31/17

07/31/2017

SAMS PHARMACY 6652 INSPECTION!

7/27/2017
page 1 of 10

Case pending
Ed 8/1/2017



MARYLAND
Department of Health
Larry J. Beigi, Governor - Boyd K. Rothman, Lt. Governor - Dennis R. Schroder, Secretary
MARYLAND BOARD OF PHARMACY
4201 Patuxent Avenue, Beltsville, Maryland 21115-2299
Mona Gargal, Board President, Dawn Spicigato-Napata, Executive Director

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number : P02858
 Corporate Pharmacy Name : SAMS PHARMACY 10 6652
 Pharmacy Name-Doing Business as (d/b/a) or Trade Name :
 Street Address : 5004 BUCKEYSTOWN PIKE, FREDERICK, MD, 21704
 Business Telephone Number : 240 878-7612
 Business Fax Number : 240 878-7818
 Inspection Date : 07/19/2017
 Arrival Time : 09:55
 Departure Time : 13:06:52
 Type of Inspection : Annual
 Previous Date : 09/08/2016
 Name of Inspector : Nancy Richard

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: 9am - 7pm Tuesday: 9am - 7pm Wednesday: 9am - 7pm Thursday: 9am - 7pm
 Friday: 9am - 7pm Saturday: 9am - 6pm 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 P02858 Expiration Date 05/31/2018
 CDS Registration Number 491469 Expiration Date 09/30/2018
 DEA Registration Number BS7861435 Expiration Date 05/31/2018

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: Uses a secure site. Access patient and physician information. Contact physician for any concerns.

2. PERSONNEL

Name of Pharmacist/Manager who is charged with ensuring compliance with all applicable laws
 17173 | 17173: RICHA KAUSHIK

| Pharmacist Employee | License # | Status | Exp. Date | Vaccine Certification # | Status | Exp. Date |
|----------------------|-----------|--------|------------|-------------------------|--------|------------|
| RICHA KAUSHIK | 17173 | Active | 08/31/2017 | 17173 | Active | 08/31/2017 |
| CHAONING GU | 15645 | Active | 11/30/2017 | 15645 | Active | 11/30/2017 |
| KIRAN LAKSHMAN | 20588 | Active | 10/31/2017 | 20588 | Active | 10/31/2017 |
| JOSEPH LLOYD JOHNSON | 11316 | Active | 06/30/2018 | 11316 | Active | 06/30/2018 |

| Registered Technicians | Registration # | Status | Exp. Date |
|------------------------|----------------|--------|-----------|
| | | | |

SAMS PHARMACY 6652 INSPECTION!

| Registered Technicians | Registration # | Status | Exp. Date |
|------------------------|----------------|--------|------------|
| LAMMIB L BALIGHHER | T02933 | Active | 02/28/2018 |
| NOELLE SINGH | T05268 | Active | 01/31/2019 |

| Unlicensed Personnel (non-registered) | Title | Duties |
|---------------------------------------|------------------------|-------------------------------------|
| Ravi Doshi | Technician in training | Technician |
| Stacey King | Technician | Technician Not Registered with MBOP |

CPR card on Richa Kaushik expires 03/2019. CPR card on Chuaning Gu expires 9/2019. CPR card on Kiran Lakshman expires 08/2018. CPR card on Joseph Lloyd Johnson expires 09/2017.

Comments: Stacey King was working during inspection performing technician duties. Entering prescriptions, scanning in

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:

See attached Technician in training document on Ravi Doshi.

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:

Does not wholesale distribute to another pharmacy or to a wholesale distributor per pharmacist Kiran Lakshman.

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:

Has metal gates, window and a door.

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:

Has motion detectors and security 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 98.4F 41F
- Yes No The current temperature of the pharmacy department is between 59 to 86 degrees F. COMAR 10.34.05.02A (1)(a)
Temperature 72F
- 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 -12.8F
- 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:

Very neat and organized. ^
v

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)(a)
- 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 on the label. If technician performs data entry their information is in the computer. ^
v

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:

The reporting medication error sign is posted on the drop off window. Preventing medication error training and QR is done through the WIRE. ^
v

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 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:

Policy and procedures are located on the intranet.

10. CONTROLLED SUBSTANCES

Power of Attorney: Done through corporate.

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: 04/28/2017
 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:

N/A.

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 10.34.28.01A

- 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 received 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 Systems.

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 10.34.04.06B

Comments:
 No Outsourcing.

- 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.

SAMS PHARMACY 6652 INSPECTION!

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: SAMS PHARMACY 10 6652 | | | | |
| Permit#: P02656 | | | | |
| Date: 07/19/2017 | | | | |
| Rx#: | 2210101 | | | |
| Date Filled: | 07/18/2017 | | | |
| DKUG | NDC Number | ON HAND INVENTORY | PERPETUAL INVENTORY | |
| Morphine ER 30mg tab | 00408-8330-01 | 407 | 407 | Clear |
| Oxycodone 20mg tab | 42250-0004-01 | 60 | 60 | Clear |
| Oxymorphone ER 10mg tab | 60118-1232-01 | 120 | 120 | Clear |
| Hydromorphone 4mg tab | 00408-3244-01 | 224 | 224 | Clear |
| No discrepancies. | | | | |
| Comments: | | | | |

| SCHEDULE II AUDIT | | |
|-------------------------------------|------------|-------------|
| Drug: | N/A | |
| NDC Number: | 0 | |
| Date of last Inspection/Biennial: | 09/09/2010 | |
| Amount at last inspection/biennial | 0.00 | (A) |
| Purchased since inspection/biennial | 0.00 | (B) |
| Total inventory | 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) = (E-F) excess or (E-F) shortage |


| INVOICE REVIEW | |
|----------------|---|
| CII: | Invoices reviewed were signed and dated. Uses CSOS has archive 222 form attached. |
| CIII: | Invoices reviewed were all signed and dated. |
| CV: | |

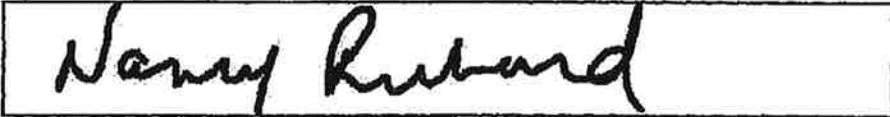

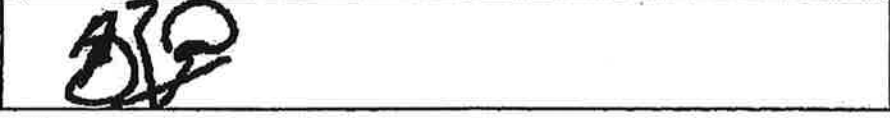
| PRESCRIPTION REVIEW | |
|---------------------|---|
| CII#: | 2219100 - 2219181 |
| Date: | 07/01/2017 - 07/18/2017 |
| Comments: | Prescriptions reviewed were filled within 120 days and has the patient and physician information. |
| CIII - CV#: | 4418388 - 4418650 |
| Date: | 05/03/2017 - 07/18/2017 |
| Comments: | Prescriptions reviewed were filled within 120 days and has the patient and physician information. |

Browse...

| | |
|---|--|
| <p>SAM'S CLUB PHARMACY 5604 BUCKEYSTOWN PIKE FREDERICK, MD 21704 (240) 379-7612 10-6652 CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED RX# 2219181 KLA 07/18/2017</p> | <p>May Cause Drowsiness And Dizziness. Alcohol May Make This Worse. Use Care When Operating A Vehicle, Vessel, Or Dangerous Machinery.</p> <p>Contains Acetaminophen. Do Not Take More Than Recommended. Too Much May Cause Liver Damage. Discuss Any Questions With Your Doctor.</p> <p>Do Not Take Other Medicines That Have Acetaminophen (Prescription Or Nonprescription) Without Checking With Your Doctor.</p> <p>U15 WHITE SCORED OBLONG TABLET (U15)</p> |
| <p>TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN</p> <p>OXYCOD/ACETAMIN 5-325MG TAB AUR Generic For PERCOGET 5-325MG TAB QTY 10 DRUG EXP 07/18/2018 WYMAN, JOANNA Fed. Law Prohibits Refill M-F 9-7, Sat 9-6, L 1:30-2, Sun Closed</p> | |

Pharmacist Signature for Controlled Dangerous Substances Audit:



| | |
|---|--|
| INSPECTOR'S COMMENTS: Reviewed entire inspection report with pharmacist Kiran Lakshman. No out dates found in the OTC or RX area. Everything soon expiring is labeled with the month it will expire. No narcotic discrepancies. | |
| Inspector Signature: |  |
| Pharmacist Name (Print): | 20588 <input type="text"/> 20588: KIRAN LAKSHMAN <input type="text"/> Date: 07/19/2017 |
| Signature: |  |
| Received a copy of this inspection report: |  |
| Supporting Documents: PD2656 07192017 341 Ravi Doshi.pdf | |

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

Details

Demographic Information

Name: STACEY KLUG

Address Information

City: Frederick
State: MD
Zip: 21702

Maryland License/Permit Information

| | | |
|----------------------------|---------------------------|---------------------|
| Number: T12095 | Type: Pharmacy Technician | Status: Non-Renewed |
| Original Issued: 2/25/2013 | Date Renewed: 4/28/2014 | Expires: 4/30/2016 |

Specialty Information

No Speciality Information

Related Documents

REGISTRATION 7/24/2017

Summary

| Name | Address | License Type | License Number | License Status |
|------------------|-------------------------------------|---------------------|----------------|----------------|
| Stacey Lynn Klug | 303 Solwyn Drive Frederick MD 21702 | Pharmacy Technician | T12085 | Active |

History

| Category | History Status | Last Changed By | Last Changed Date | Last Change Made |
|------------------------|-----------------------|-------------------|-------------------|---|
| Alias | Last Name Used | John Bumham | 07/19/2017 | STACEY KLUG |
| DBA | No History Present | | | |
| License Change | Last Transaction | Christopher Ayers | 07/25/2017 | License Reinstatement Approval/Issuance |
| Person Change | Last Transaction | Christopher Ayers | 07/25/2017 | License Reinstatement Approval/Issuance |
| CE Audit | Audit History | | | |
| Checklist | Application Checklist | Christopher Ayers | 07/25/2017 | |
| License Address | Last Address | John Bumham | 07/19/2017 | 2124 CAISSON ROAD Frederick MD 21702 |
| License Bond | No History Present | | | |
| License Subtype | No History Present | | | |
| Renewal | Renewal Checklist | Kelsha Wise | 05/09/2016 | Renewal Manually Removed |
| Prerequisite | No History Present | | | |
| License Status | Previous Status | | 07/25/2017 | Non-Renewed |
| Owner | No History Present | | | |
| Person Address | Last Address | John Bumham | 07/19/2017 | 2124 CAISSON ROAD Frederick MD 21702 |
| Print | License Printed | Anasha Page | 07/28/2017 | Printed |
| E-Mail Merge | No History Present | | | |
| Other Address | No History Present | | | |
| Question/Answer Action | No History Present | | | |
| Related Person Address | No History Present | | | |

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Summary

| Name | Address | License Type | License Number | License Status |
|------------------|-------------------------------------|---------------------|----------------|----------------|
| Stacey Lynn Klug | 303 Belwyn Drive Frederick MD 21702 | Pharmacy Technician | T12095 | Active |

Fees

| Fee Type (Complaint#) | Date Posted | Days Due | Fee Amount | Status | Balance |
|-----------------------|-------------|------------|------------|--------------|---------|
| Application Fee | 02/20/2013 | | \$45.00 | Paid In Full | \$0.00 |
| Renewal Fee | 03/04/2014 | 04/30/2014 | \$45.00 | Paid In Full | \$0.00 |
| Reinstatement Fee | 07/24/2017 | | \$45.00 | Paid In Full | \$0.00 |

Payments

| Receipt Number | Receipt Total | Date Received | Receipt Ref/Id | Balance | Refunded Amount |
|----------------|---------------|---------------|----------------|---------|-----------------|
| 4338 | \$45.00 | 01/16/2013 | | \$0.00 | \$0.00 |
| 20951 | \$45.00 | 04/27/2014 | | \$0.00 | \$0.00 |
| 69917 | \$45.00 | 07/24/2017 | | \$0.00 | \$0.00 |

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