



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

Kevin M. Morgan, Board President • Deena Speights-Napata, Executive Director

VIA REGULAR & CERTIFIED MAIL RETURN RECEIPT REQUESTED
ARTICLE #7001 2510 0002 2070 0494

October 16, 2018

CVS Pharmacy #4079
5603 Baltimore National Pike
Catonsville, MD 21228
Attn: Christopher Avon, R.Ph.

Re: Permit No. P05477
Case No. 18-076
Notice of Deficiencies, Recommended Civil Monetary Penalty, and
Opportunity for Hearing

Dear Pharmacist Avon:

On October 25, 2017, the Maryland Board of Pharmacy (the "Board") conducted an annual inspection of CVS Pharmacy #4079 (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 on a registration that expired on July 31, 2017. The Board's records indicate that the pharmacy technician reinstated her registration on October 27, 2017.

I. FINDINGS AND CONCLUSION

The Board adopts as findings the above deficiencies as stated in the Board's inspection report, dated October 25, 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, 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 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 and in the Inspection Report dated October 25, 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 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 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, 18-076, 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 October 25, 2017 inspection, and shall be a public document and order under the Maryland Public Information Act, Md. Code Ann., General Provisions Art. § 4-101, et seq., and reportable in accordance with State and federal laws.

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

cc: Linda Bethman, AAG, Board Counsel
John Long, CVS/Caremark Corporation

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 Gavvani, Board President, Dcena Speights-Napata, Executive Director

Exhibit A

COMMUNITY PHARMACY INSPECTION FORM

Maryland Pharmacy Permit Number : P05477
 Corporate Pharmacy Name : CVS PHARMACY # 4079
 Pharmacy Name-Doing Business as (d/b/a) or Trade Name :
 Street Address : 5603 BALTIMORE NATIONAL PIKE , BALTIMORE, MD, 21228
 Business Telephone Number : 410-744-1422
 Business Fax Number : 410-719-6183
 Inspection Date : 10/25/2017
 Arrival Time : 12:30
 Departure Time : 15:04:43
 Type of Inspection : Annual
 Previous Date : 11/17/2016
 Name of Inspector : 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: 7am - 10pm Tuesday: 7am - 10pm Wednesday: 7am - 10pm Thursday: 7am - 10pm
 Friday: 7am - 10pm Saturday: 9am - 9pm Sunday: 9am - 9pm

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

Maryland Pharmacy Permit Number P05477 Expiration Date 05/31/2018
 CDS Registration Number 474975 Expiration Date 02/29/2020
 DEA Registration Number AR5275210 Expiration Date 12/31/2019

- 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-Scripts: Securo 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

21596: CHRISTOPHER AVON 24391: Matthew Allan Wallace

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date
CHRISTOPHER AVON	21596	Active	12/31/2018	21596	Active	12/31/2018
Matthew Allan Wallace	24391	Active	04/30/2018	24391	Active	04/30/2018
Kelly Christina Moore	24381	Active	06/30/2018	24381	Active	06/30/2018
Ayodeji Akinwande	23920	Active	03/31/2019	23920	Active	03/31/2019

Registered Technicians	Registration #	Status	Exp. Date
Tyshall Burton	T19924	Active	10/31/2018
Kristin Sade Gillard	T19585	Active	10/31/2018
DEYVONNE WILLIAM OAKLEY	T18500	Active	08/31/2018
Isha Harish Nagar	T17747	Active	10/31/2017

Atabong Forwang	T17709	Active	12/31/2017
Ebitumere Ogobri	T16517	Active	04/30/2019
SO YEON PARK	PI00176	Active	03/31/2019
Mihret Debele	T18917	Active	02/28/2018
Tessa Autumn Fury-Czepik	T19092	Active	09/30/2018
Josanne Traup	T19989	Active	04/30/2019
Eiesha LaToya McMorris	T19195	Active	10/31/2018
Sehar Nadeem	T18381	Active	12/31/2017
TAKITA R BARNES	T07700	Inactive	07/31/2017

Unlicensed Personnel (non-registered)	Title	Duties
Morgan Roberts (not on-duty)	Tech-training	Technician
Deyana Neil	Tech-training	Technician

Please be sure that all licenses are posted, signed and current /Please send copy of on-duty pharmacist Kelly Moore CPR certification to Amanda Barefield @ 410-304-4137 by 11/01/2017.
 Christopher Avon (CPR 04/27/2019)
 Technician Takita Barnes was present working in the pharmacy area performing duties such as counting medications, printing medication labels, pulling medications and labeling medications.

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

All policies and procedures are located online.

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 pharmacy manager Christopher Avon.

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)

Metal Gates / Locked Door when pharmacy area is closed and store is open.
 Locked Window / Drawer for Drive-thru.

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

Yes No

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)

Vaccines stored in fridge / 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

Pharmacist and technicians initials are located on labels.

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 drop-off window / Training is done through CE credits and Learner.

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 into blue bags, HIPAA containers into green bags then sent out for proper disposal.

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. 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

The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other

Yes No N/A pharmacies. COMAR 10.34.37.03

No wholesale distribution as per pharmacy manager Christopher Avon.

Comments:

10. CONTROLLED SUBSTANCES

Power of Attorney:

21596: CHRISTOPHER AVON
24391: Matthew Allan Wallace

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: 05/01/2017

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)

Pharmacy uses Capitol Returns 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.

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

The facility serves as a secondary pharmacy. COMAR 10.34.04.02

Yes No N/A

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 pharmacy manager Christopher Avon.

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

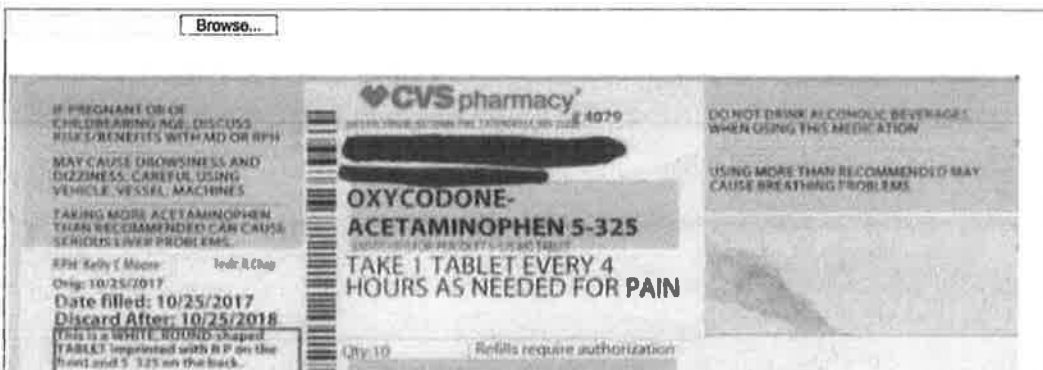
CONTROLLED DANGEROUS SUBSTANCES WORKSHEET				
Pharmacy: CVS PHARMACY # 4079				
Permit#: P05477				
Date: 10/25/2017				
Rx#:	N1602473			
Date Filled:	10/25/2017			
DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
Amphetamine Salts. 30mg tab	00378-4547-01	21	21	Clear
Vyvanse 60mg cap	59417-0106-10	436	436	Clear
Oxycodone 10mg tab	68382-0794-01			Clear

		28	24	
Methylphenidate ER 36mg tab	00591-2717-01	130	130	Clear
Comments: Pharmacy maintains an electronic perpetual inventory /Minor Discrepancy found during narcotic audit on Oxycodone 10mg over by 4 tablets, recommend pharmacy reconcile perpetual inventory.				

SCHEDULE II AUDIT		
Drug:	N/A	
NDC Number:		
Date of last Inspection/Biennial:	11/17/2016	
Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
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:	All invoices reviewed were signed and dated.
CIII:	All invoices reviewed were signed and dated.
CV:	

PRESCRIPTION REVIEW	
CII#:	N1593854 -1583001
Date:	10/04/2017 -09/06/2017
Comments:	Found 7 rx patients address on script doesnt match label, verified pt DOB / Found 4 rx physicians address on script doesnt match label /All prescriptions reviewed were filled within 120 days of issue date.
CIII - CV#:	C1598961-1598391
Date:	10/17/2017 -10/16/2017
Comments:	Found 2 rx patients address on script doesnt match label, verified pt DOB / Found 31 rx physicians address on script doesnt match label /Prescriptions reviewed were filled within 120 days of issue date.



Pharmacist Signature for
Controlled Dangerous
Substances Audit:



INSPECTORS COMMENTS:

Reviewed entire inspection report with pharmacy manager Christopher Avon. All pharmacist at this location are vaccination licensed, reviewed Christopher Avon CPR certification. All policies and procedures are located online. Pharmacy does store to store transfer of medications. No outdates found in OTC area. Minor Discrepancy found during narcotic audit on Oxycodone 10mg over by 4 tablets, recommend pharmacy reconcile perpetual inventory. No expired medications found in pharmacy area. Technician TaKita Barnes was present working in the pharmacy area performing duties such as counting medications, printing medication labels, pulling medications and labeling medications.

Per this Inspection: 1) Please be sure that all licenses are posted, signed and current. 2) Please send copy of on-duty pharmacist Kelly Moore CPR certification to Amanda Barefield @ 410-304-4137 by 11/01/2017.

Inspector
Signature:



Pharmacist
Name (Print):

21596 | 21596: CHRISTOPHER AVON

Date:
10/25/2017

Signature:



Received a
copy of this
inspection
report:



Supporting Documents

P05477 10/25/2017 747 Deyana Neil hiredate training.pdf
P05477 10/25/2017 747 Morgan Roberts hiredate training.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>