

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE
BOARD OF REGISTRATION IN PHARMACY

April 2, 2021

Webex Information

The regular session is open to the public by video or phone.

For video access click on the following link:

[://statema.webex.com/statema/onstage/g.php?MTID=](https://statema.webex.com/statema/onstage/g.php?MTID=)

To access the meeting by phone:

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 185 268 2469

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	I	CALL TO ORDER		J. Lanza
	II	APPROVAL OF AGENDA		
8:05	III	APPROVAL OF BOARD MINUTES <ul style="list-style-type: none">Draft of March 19, 2021 Regular Session Minutes		

8:10	IV	REPORTS <ul style="list-style-type: none"> • Applications approved pursuant to Licensure Policy 13-01 • Monthly report from probation • Board Delegated Review pursuant to Licensure Policy 14-02 • Above Action Levels approved by Staff Action 16-04 • PSUD Report-Policy 17-03 																													
8:15	V	APPLICATIONS <ul style="list-style-type: none"> • Edward M. Kennedy Community Health Center – New Community Pharmacy • Worcester Pharmacy- New Community Pharmacy 																													
8:45	VI	FLEX <ul style="list-style-type: none"> • Pharmacy issues related to Covid-19 and the state of emergency • NABP Taskforce Discussion 																													
9:15	VII	REGULATIONS <ul style="list-style-type: none"> • 247 CMR 18.00: Non-Sterile Compounding 																													
9:30	VIII	FILE REVIEW <table border="1"> <tr> <td>1</td> <td>PHA-2021-0003</td> <td>Stop & Shop #43, DS2982</td> </tr> <tr> <td>2</td> <td>SA-INV-17374</td> <td>Leigh Signorello, PH24063</td> </tr> <tr> <td>3</td> <td>PHA-2020-0088</td> <td>Walgreens #4535, DS2817</td> </tr> <tr> <td>4</td> <td>PHA-2020-0083</td> <td>CVS #26, DS2912</td> </tr> <tr> <td>5</td> <td>PHA-2021-0001</td> <td>CVS #1184, DS2123</td> </tr> <tr> <td>6</td> <td>PHA-2020-0078</td> <td>Walgreens #3151, DS2470</td> </tr> <tr> <td>7</td> <td>SA-INV-17201</td> <td>Ethos Compounding Pharmacy, DS90337</td> </tr> <tr> <td>8</td> <td>PHA-2020-0082</td> <td>Pharmacy Corporation of America, DS3599</td> </tr> <tr> <td>9</td> <td>PHA-2020-0079</td> <td>Pelham Community Pharmacy, PH89647</td> </tr> </table>	1	PHA-2021-0003	Stop & Shop #43, DS2982	2	SA-INV-17374	Leigh Signorello, PH24063	3	PHA-2020-0088	Walgreens #4535, DS2817	4	PHA-2020-0083	CVS #26, DS2912	5	PHA-2021-0001	CVS #1184, DS2123	6	PHA-2020-0078	Walgreens #3151, DS2470	7	SA-INV-17201	Ethos Compounding Pharmacy, DS90337	8	PHA-2020-0082	Pharmacy Corporation of America, DS3599	9	PHA-2020-0079	Pelham Community Pharmacy, PH89647		
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8	PHA-2020-0082	Pharmacy Corporation of America, DS3599																													
9	PHA-2020-0079	Pelham Community Pharmacy, PH89647																													
10:00	IX	EXECUTIVE SESSION The Board will meet in Executive Session as authorized pursuant to M.G.L. c. 30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. Specifically, to evaluate the Good Moral Character as required for registration for a pending applicant.		CLOSED SESSION																											
10:15	X	M.G.L. c. 112, § 65C SESSION		CLOSED SESSION																											

10:45	XI	ADJOURNMENT		
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**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY**

MINUTES OF THE GENERAL SESSION

Via Remote WebEx Meeting

April 2, 2021

Board Members Present

Julie Lanza, CPhT, President
Sebastian Hamilton, Pharm D, MBA, RPh President-Elect
Dr. Richard Lopez, MD
Andrew Stein, Pharm D
Susan Cornacchio, JD, RN (leaves meeting 10:27 AM)
Timothy Fensky, RPh
Jennifer Chin, RPh
Caryn Belisle, RPh, MBA
Leah Giambarresi, Pharm D, RPh (Leaves meeting 10:27 AM)
Carly Jean-Francois, RN, NP Secretary
Katie Thornell, RPh, MBA
Dawn Perry, JD

Board Members Not Present

Board Staff Present

David Sencabaugh, RPh, Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance
Michelle Chan, RPh Quality Assurance Pharmacist
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Richard Harris, Program Analyst
Joanna Chow, Office Support Specialist
Joanne Trifone, RPh, Director of Investigation
Cheryl Lathum, PharmD RPh, Investigator
Christina Mogni, RPh Investigator
Gregory Melton, PharmD, JD, Investigator

TOPIC I. Attendance by roll call:

CALL TO ORDER 8:01 AM

A quorum of the Board was present, established by roll call. President J. Lanza chaired the meeting and she explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: J. Lanza, yes; Dr. Lopez, yes; S. Hamilton, yes; S. Cornacchio, yes; T. Fensky, yes; C. Belisle, yes; A. Stein; K. Thornell, yes; J. Chin, yes, D. Perry, yes; C. Jean-Francois, yes, L. Giambarresi, yes.

Topic II.

Approval of Agenda

TIME 8:03 AM

Agenda 4/2/21

DISCUSSION:

Change to Agenda:

No changes

ACTION:

Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by those present to approve the agenda with no noted changes by roll call vote.

Topic III

Approval of Board Minutes

TIME: 8:04 AM

Minutes

1. Draft 3/19/21

Change: no noted changes

Action:

Motion by L. Giambarresi seconded S. Hamilton and voted unanimously to approve the regular session minutes of 3/19/21 with no noted change by roll call vote.

TOPIC IV

Applications

1. Edward M. Kennedy Community Health Center New Community Pharmacy TIME: 8:08 AM

REPRESENTED BY: Kim Seigler, MOR; Matt Moen, Director of Pharmacy Operations (IPS); Mike Tocco, President (IPS)

RECUSAL: J. CHIN

DISCUSSION: Edward M. Kennedy Community Health Center has operated a pharmacy under a clinic license for several years and is looking to convert their license to a retail pharmacy to dispense scripts written by providers outside their institutions. Kim Seigler is currently the Director of Pharmacy there for 15 years. She has completed the self-inspection and reviewed the new MOR advisory. The hours of operation mimic the hours for the clinic. Phone access will be available beyond their pharmacy hours.

ACTION: Motion by L. GIAMBARRESI seconded by A. STEIN, voted unanimously by those present to approve the application pending a successful inspection, final approval from HCQ for use of space in the clinic and transfer of inventory to satisfaction of DCP and BOP.

2. Worcester Pharmacy

New Community Pharmacy

TIME: 8:50 AM

REPRESENTED BY: Rutvij R. Patel, MOR; Paul Garbarini, Attorney

RECUSAL: None

DISCUSSION: Worcester Pharmacy is applying as a community pharmacy. They are located in a strip mall. Plans for security are in place. Alarms and cameras will be set up to monitor the OTC isle, controlled substances and the 5 doors inside. MOR Patel has been a researcher for the past 7 years and a pharmacist for 2 years. This will be MOR Patel's first time as manager. All pharmacists will sign up for PMP once registered. Voicemails are connected to an email for the MOR to review and respond to during closed hours. They will be offering delivery service. Worcester Pharmacy answered all the Board's questions to their satisfaction.

ACTION: Motion by L. GIAMBARRESI, seconded by J. CHIN, voted by the majority of those present to approve the application pending a successful inspection. T. FENSKY voted against this action.

TOPIC V

Reports

Applications approved pursuant to Licensure Policy 13-01

Time: 8:05 AM

Discussion: R. HARRIS noted Change of Managers applications and one (1) Renovation applications and four (4) Pharmacy closures approved pursuant to Licensure Policy 13-01.

So noted.

TOPIC V

REPORTS

Monthly Report from Probation

Time: 8:05 AM

Discussion: R. HARRIS provided the March 1, 2021 – March 29, 2021 Board of Pharmacy Statistics Report for the Probation monitor, which noted that one (1) licensee satisfactorily completed probation monitoring and there are currently twenty (20) licensees on probation.

So noted.

TOPIC V

REPORTS

Monthly Report from BDR pursuant to Policy 14-02

Time: 8:06 AM

Discussion: D. SENCABAUGH noted that there were one (1) Board Delegated Review case heard on March 4, 2021 and three (3) heard on March 18, 2021. Three (3) staff assignments were CE self-disclosures which were closed with discipline not warranted and remediation complete. One (1) complaint was for an unknown loss of controlled substance which was offered a Consent Agreement for stayed probation. The Board Delegated Review session was attended by Julie Lanza as the Board President, W. FRISCH Director of Pharmacy Compliance, H. ENGMAN as Board Counsel, and Executive Director D. SENCABAUGH.

So noted.

TOPIC V

REPORTS

Above Action Levels Approved by Staff Action 16-04

Time: 8:06 AM

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Draft Minutes General Session: 4/2/21

BOP Approved: 4/16/21

Discussion: W. FRISCH noted that there was one (1) above action level report that has been remediated and closed since the last Board meeting pursuant to Licensure Policy 16-04.

So noted.

TOPIC V

REPORTS

PSUD Report by Staff Action 17-03

Time: 8:07 AM

Discussion: E. TAGLIERI noted that there were twelve (12) active participants and no pending applications. There is one admission in process.

So noted.

TOPIC VI

Flex

1. Pharmacy Issues Related to Covid-19 and State of Emergency

Time: 9:00 AM

PRESENTED BY: D. SENCABAUGH

A memo was released last week regarding COVID-19 vaccination of residents of Long-Term Care facilities after the federal program terminates. Patient specific prescriptions are required for new admissions and the pharmacy may either go to the site to vaccinate or send a vial, but only if all the doses in the vial can be used for specific patients.

So noted.

2. NABP Task Force Discussion

Time: 9:02 AM

PRESENTED BY: E. TAGLIERI, T. FENSKY

NABP is looking for Board members to volunteer for committees and task forces to make recommendations for use on a national level. The meetings will begin in the fall, but it has not yet been determined whether they will be virtual or in-person. The deadline for applications is June 4.

So noted.

TOPIC VII

Regulations

247 CMR 18.00: Non-Sterile Compounding

Time: 8:27 AM

Presented by W. FRISCH, M. CHAN

Discussion: After the Board reviewed this regulation on March 19, Board staff made an edit removing the daily requirement to review and document pressure differential continuous monitoring device

reports if the pharmacy has a continuous monitoring device. There was much discussion about whether the daily requirement should remain since this would not only be consistent with what will be required in the revised USP <797> but also a check to verify that the system has not failed.

Action: Motion by A. STEIN, seconded by C. BELISLE, and voted unanimously by roll call by all those present to leave the edit as written.

Various other language edits have been made to be consistent with the draft of *247 CMR 17.00 Sterile Compounding* that the Board staff is currently working on and will bring forward in the near future.

Unless they are already defined in USP, definitions will be included in *247 CMR 2.00 Definitions* including one for complex non-sterile compounding.

Action: Motion by C. BELISLE, seconded by S. HAMILTON, and voted unanimously by roll call by all those present to advance the document for the administrative review process and public hearing.

Topic VIII

File Review

Case #1

PHA-2021-0003

Stop & Shop #43, DS2982

Time: 09:07 AM

RECUSAL: K. THORNELL recused and was not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- RLCS on 12/22/2020 for an unknown loss of #100 amphetamine salts 20 mg tablets on 11/14/2020 but reported as 11/15/2020. The internal investigation included interviewing employees, a thorough search of the Pharmacy, reconciling inventories, reviewing the perpetual inventory for discrepancies, reviewing CII invoices, and verifying the BOH. Review of security footage was inconclusive and the reason for the loss could not be determined.
- Pharmacist Rodrigues received a CII order on 11/10/2020 which included 2 bottles of 100 amphetamine salts 20mg tablets. On 11/14/2020, he reconciled the perpetual inventory and noted the discrepancy of 100 tablets. The last prescription for the medication had been dispensed on 11/9/2020. Both Pharmacist Rodrigues and MOR Doyle conducted a thorough investigation including contacting the wholesaler to determine if there was a discrepancy in their inventory.
- The pharmacists were educated regarding the proper procedures for reporting losses and for receiving CII medications. MOR Doyle suggested to Pharmacist Rodrigues that CIIs be double counted when received at the Pharmacy and logged into the perpetual inventory to ensure the count entered into the perpetual inventory is the correct quantity of drug going into the CII cabinet. The Pharmacy staff attested to review of Stop & Shop controlled substance handling policies.

ACTION: Motion by S. HAMILTON, seconded by T. FENSKY, and voted unanimously by those present, to refer the matter (PHA-2021-0003), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #2

SA-INV-17374

Leigh Signorello, PH24063

Time: 09:12 AM

RECUSAL: NONE

DISCUSSION: C. LATHUM presented and summarized the investigative report that pertained to these matters.

- In March 2020, the OPP received notification from the National Association of Boards of Pharmacy (NABP) Clearinghouse that pharmacist Signorello was disciplined in another jurisdiction.
- Pharmacist Signorello failed to complete continuing education requirements in Rhode Island for the renewal period of July 1, 2017 to June 30, 2018.
- In 2019, the Rhode Island Board of Pharmacy reprimanded Signorello’s pharmacist license and required an additional (10) live continuing education credits and twenty (20) non-live continuing education credits in addition to the fifteen (15) required continuing education credits.
- Pharmacist Signorello stated that she read Board Policy 2020-10: Pharmacist CE requirements and will complete her Massachusetts 2020 continuing education requirements by June 30, 2021.
- She stated that she does not intend to renew her Massachusetts or Rhode Island Pharmacist license.

ACTION: Motion by S. HAMILTON, seconded by L. GIAMBARRESI, and voted unanimously by those present, except for K. THORNELL who abstained, to CLOSE the matter (SA-INV-17374), No Discipline Warranted, Remediation Complete.

Case #3

PHA-2020-0088

Walgreens #4535, DS2837

Time: 09:14 AM

RECUSAL: NONE

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to these matters.

- WAG #4535 reported a “Other Known Loss” of 115 methylphenidate 20mg tablets which occurred 11/02/2020. MOR discovered loss when filling a routine prescription. MOR and asset protection investigated but were unable to determine a reason for the loss. MOR believed a bottle was unintentionally thrown in the trash during an overnight reconciliation, but all evidence was inconclusive. Overnight pharmacists mentioned in an internal report that they routinely found logging errors during the overnight shift reconciliation. Asset protection indicated in the same internal report that diversion was not suspected.
- MOR Nguyen indicated that she “implemented and discussed several procedures with the pharmacy staff. When the overnight pharmacist is doing the weekly perpetual inventory, they are to note down the time they finish counting a drug on the printed log so that video can be reviewed if needed. When logging prescriptions or receipts, every pharmacist will search for drugs on the electronic perpetual inventory log by NDC and not drug name to ensure that everything is logged correctly.”
- MOR Nguyen also indicated that she had discussions with every pharmacist to make sure that they put away any control stock bottle from the safe immediately upon completion of filling a prescription. Pharmacists will also use a specified green bin for controlled prescriptions from the safe to keep organized on the bench. In addition, asset protection indicated that a number of steps including increased monitoring were taken on a corporate level to mitigate recurrence of similar incidents.

ACTION: Motion by L. GIAMBARRESI, seconded by T. FENSKY, and voted unanimously by those present, to REFER the matter (PHA-2020-0088), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #4

PHA-2020-0083

CVS #26, DS2912

Time: 09:17 AM

RECUSAL: S. CORNACCHIO and L. GIAMBARRESI recused and were not present for the discussion or vote in this matter.

DISCUSSION: G. MELTON presented and summarized the investigative report that pertained to these matters.

- CVS #26 reported an unknown loss of 85 oxycodone-acetaminophen 5-325mg tablets discovered on 09-30-2020. CVS #26 theorized the loss was due to a dispensing error but were unable to confirm the theory. CVS #26 explained that patients who received oxycodone-acetaminophen 5-325mg were contacted to confirm accuracy of their prescriptions, but all denied receiving an overfill. The pharmacist who completed the last transaction prior to the discovery of the error indicated that he intended to dispense an intact manufacturer stock bottle to the patient but may have dispensed another opened stock bottle.
- MOR reviewed policy and procedures with “all staff pharmacists who work at this location” to mitigate recurrence of a similar incident.

ACTION: Motion by S. HAMILTON, seconded by T. FENSKY, and voted unanimously by those present, to REFER the matter (PHA-2020-0083), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #5

PHA-2021-0001

CVS #1184, DS2123

Time: 09:19 AM

RECUSAL: S. CORNACCHIO and L. GIAMBARRESI recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- Untimely RLCS on 12/7/2020 for an unknown loss of #100 amphetamine salts 20 mg tablets on 09/24/2020. MOR Krigest stated she discovered the loss upon completing a state count, but the perpetual inventory showed the discrepancy was identified on 9/23/2020 by Pharmacist Miller. MOR Krigest reconciled the inventory on 9/24/2020. MOR Krigest reviewed security footage for all dispensing, perpetual inventory reconciliations, and receipt of CII's from the previous reconciliation on 09/14/2020 through 09/24/2020. The trash on site from 09/21/2020 to 09/24/2020 was searched. All patients who had been dispensed the medication since the last reconciliation were contacted to confirm an over-dispensing had not occurred. The reason for the loss was not determined.
- MOR Krigest spoke to all Pharmacy staff to ensure a back count of all bottles is conducted and not just on the open bottles. A copy was provided of CVS SOP ROPP-059970 “Filling/Dispensing Prescriptions - Stores with Two Step Verification Workflow” that was signed by Pharmacy staff confirming review.

- The Pharmacy has 2 prior controlled substance losses.

ACTION: Motion by S. HAMILTON, seconded by C. JEAN-FRANCOIS, and voted unanimously by those present, to REFER the matter (PHA-2021-0001), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #6

PHA-2020-0078

Walgreens #3151, DS2470

Time: 09:23 AM

RECUSAL: NONE

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- RLCS reported on 10/5/2020 for an unknown loss of #84 oxycodone 10mg tablets on 9/25/2020. Pharmacist Ngo performed the CII counts overnight 9/26-9/27 and noted the discrepancy. Overnight 9/27-9/28, he reviewed vendor invoices, the CII dispensing history, and movement reports as well as checked the ready bins for prescriptions to resolve discrepancies. When he could not, Pharmacist Ngo reported the discrepancy to MOR Montville on 9/28/2020.
- MOR Montville reviewed all recordkeeping and confirmed all data was accurate as entered into the computer. A thorough search of the Pharmacy was conducted. After review of security footage of the safe, MOR Montville determined the loss probably occurred on 9/25/2020, as Pharmacist Ikonomi was observed on video removing 2 bottles of oxycodone 10 mg tablets from the safe to fill a prescription for 90 tablets which would have left a remaining balance of 1584 tablets. Pharmacist Ikonomi was not observed returning the stock bottle with the remaining 84 tablets to the safe. There was no security footage of the bench. The trash could not be searched as it was removed from the Pharmacy on 9/25/2020.
- On 9/30/2020, MOR Montville discussed with Asset Protection possibly moving the security cameras to capture visibility of the filling process. CII storage and handling were reviewed including CIIs removed from the safe are to immediately be triple counted and given to the pharmacist to verify after which the bottle is immediately returned to the safe. Empty bottles are not discarded until the pharmacist checks them. Prescriptions must be logged in the perpetual inventory immediately.
- On 1/25/2021, a second RLCS was reported on an unknown loss of #93 morphine sulfate ER 15mg tablets on 1/12/2021 discovered on 1/18/2021 during the reconciliation of the perpetual inventory. The same investigative process was followed but the cause could not be determined. On 2/24/2021, MOR Montville reported the missing CII was found and documentation of withdrawal of the DEA 106 was sent on 2/25/2021.

ACTION: Motion by C. BELISLE, seconded by T. FENSKY, and voted unanimously by those present, to REFER the matter (PHA-2020-0078), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #7

SA-INV-17201

Ethos Compounding Pharmacy, DS90337

Time: 09:37 AM

RECUSAL: A. STEIN and T. FENSKY recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- Inspectional deficiencies cited during a 795 inspection on 12/3/2020 for compounding HDs in a powder hood which was not under negative pressure in the main pharmacy where non-HDs are compounded; procedures not implemented to prevent cross-contamination; HDs not stored, prepared, or handled appropriately by staff to protect the healthcare worker; and a negative pressure PEC received but was not installed. A follow-up site visit was conducted on 12/8/2020 confirming installation of the PEC on 12/7/2020 with certification.
- MOR Chan acknowledged compounding both HD and non-HD in the main pharmacy but stated HD were stored in the BSC located in the renovated 800 room. In January 2020, plans to purchase new equipment including a negative pressure Purair PEC and an additional electronic scale were delayed. MOR Chan contended that operationally there had been changes in plans and ownership; lack of necessary equipment; and pressure controlling safety requirements for staff and patients during the ongoing pandemic along with new requirements for 800. MOR Chan indicated due to the pharmacy being sold and COVID-19, there were work arounds to attempt to contain the HD from the non-HD compounding. Ethos is currently compounding in the 800 HD compounding room according to 800 regulations.
- Ethos engaged a consultant to work to revise SOPs and provide additional 800 training for the staff. MOR Chan has continued to work with the new ownership team and will meet monthly with the quality assurance and regulatory team. MOR Chan reviewed the current 795 and 800 chapters as well as BORP policies on HDs with the staff. MOR Chan completed an additional 2 CEs on 800 handling and compounding.

ACTION: Motion by C. JEAN-FRANCOIS, seconded by J. CHIN, and voted unanimously by those present, to CLOSE the matter (SA-INV-17201), No Discipline Warranted, Remediation Complete.

Case #8

PHA-2020-0082

Pharmacy Corporation of America,DS3599

Time: 09:28 AM

RECUSAL: NONE

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- RLCS for an unknown loss of 59 methylphenidate 5 mg tablets discovered on 10/31/2020 during the reconciliation of the perpetual inventory. It was presumed the drug was inadvertently discarded in the trash but could not be confirmed since the trash had been emptied since the prior reconciliation on 10/24/2020.
- An extensive internal investigation was performed including review of all controlled substance records, math calculations of perpetual inventory entries, and a thorough search of the Pharmacy. The LTCFs that received 4 prescriptions dispensed between 10/24/2020 and 10/31/2020 were contacted and quantities dispensed were verified. All LTCFs that received lorazepam 0.5mg that look like methylphenidate 5mg were also contacted to ensure orders were filled with the correct medication and quantity. Review of security footage was inconclusive, and diversion was not suspected.

- Segregated workstations were created for the packaging CII medications and CIII-CV medications. Only the Pharmacist is permitted to enter the locked CII cabinet to retrieve/return CIIs and to count the quantity needed for packaging. If a CPhT is not available during peak times, a second pharmacist will be assigned to work in the Control Room. All CII prescriptions must be immediately logged into the perpetual inventory and the quantity on hand must be verified either when filled or prior to releasing any delivery package to the courier. All bottles presumed to be empty will be retained until after the weekly reconciliation of the perpetual inventory. All staff permitted to work in the Control Room were re-trained on policies and procedures.

ACTION: Motion by S. HAMILTON, seconded by T. FENSKY, and voted unanimously by those present, to REFER the matter (PHA-2020-0082), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Case #9

PHA-2020-0079

Pelham Community Pharmacy, DS89647

Time: 09:32 AM

RECUSAL: L. GIAMBARRESI and A. STEIN recused and were not present for the discussion or vote in this matter.

DISCUSSION: C. MOGNI presented and summarized the investigative report that pertained to these matters.

- During a retail inspection (ISP-14701) conducted on 11/16/2020, it was discovered that CPhT Walker and 2 PTTs, Debora Mendez and PTT Rogers had been working without a license.
- MOR Drew had interpreted 247 CMR 8.03 for PTT licensure to mean they had up to 500 hours to obtain the PTT license for new employees. The failure to maintain compliance was attributed to the stress and increased workload from the ongoing pandemic. MOR Drew acknowledged it was her responsibility to comply with all regulations.
- Ms. Mendez had started working on 03/06/2020, was terminated on 11/18/2020, and had worked 1,065.53 hours in total. On 11/17/2020, a PTT license application was submitted for PTT Rogers (issued 12/11/2020). On 11/18/2020, a PTT license application was submitted for CPhT Walker (issued 12/18/2020) and his PT license was issued on 12/21/2020.
- The hiring policy was amended to ensure that all employees are licensed with the BORP prior to starting. Measures to monitor PTT hours with parameters for obtaining licensure were implemented.

ACTION: Motion by C. BELISLE, seconded by J. CHIN, and voted unanimously by those present, to REFER the matter (PHA-2020-0079), to the office of the prosecution for the issuance of an order to show cause and to authorize resolution of the matter by a consent agreement for REPRIMAND.

Julie Reads Executive Session Language

Time: 9:40 AM

Topic VII:

Executive Session Call to Order:

Time: 9:42 AM

By: J. Lanza

ACTION: Motion by, L. Giambarresi, seconded by J. Chin, all voted affirmatively by those present to enter executive session.

Roll call attendance: J. Lanza, yes; Dr. Lopez, yes; S. Hamilton, yes; S. Cornacchio, yes; T. Fensky, yes; C. Belisle, yes; A. Stein; K. Thornell, yes; J. Chin, yes, D. Perry, yes; C. Jean-Francois, yes, L. Giambarresi, yes.

Topic VIII: 65C Sessions MGL c. 112 section 65C Time: 10:08 AM

DISCUSSION: None

ACTION: President J. Lanza request a motion to enter 65C.

At 10:08 AM S. Hamilton, seconded by J. Chin and voted unanimously by all those present to enter 65C by roll call vote.

S. Cornacchio leaves meeting at 10:27 AM
L. Giambarresi leaves meeting at 10:27 AM

Topic VIII ADJOURNMENT OF MEETING TIME: 10:42 AM

ACTION: Motion by T. Fensky seconded by A. Stein and voted unanimously by those present, to adjourn from General Session by roll call vote.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 4/2/21 General Session
2. Draft Minutes of the 3/19/21 Meeting
3. Report on Applications approved pursuant to Licensure Policy 13-01
4. Report on probation
5. Report on Board Delegated Complaint Review to licensure policy 14-02
6. Report on Above Action Levels approved by Staff Action 16-04
7. Report on PSUD 17-03
8. Application: Edward M Kennedy Community Health Center-New Community Pharmacy
9. Application: Worcester Pharmacy-New Community Pharmacy

10. PHA-2021-0003 Stop & Shop #43, DS2982.
11. SA-INV-17374 Leigh Signorello, PH24063
12. PHA-2020-0088 Walgreens #4535, DS2817
13. PHA-2020-0083 CVS #26, DS2912
14. PHA-2021-0001 CVS #1184, DS2123
15. PHA-2020-0078 Walgreens #3151, DS2470
16. SA-INV-17201 Ethos Compounding Pharmacy, DS90337
17. PHA-2020-0082 Pharmacy Corporation of America, DS3599
18. PHA-2020-0079 Pelham Community Pharmacy, PH89647

Respectfully Submitted,
Carly Jean-Francois, NP, Secretary