COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY BOARD OF REGISTRATION

 IN PHARMACY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the Matter of )

Bouvier Pharmacy ) Docket Number PHA-2023-0078

License Number DS90037 ) (CAS-2023-0396)

Expiration 12.31.24 )

 )

 )

**CONSENT AGREEMENT FOR REPRIMAND**

The Massachusetts Board of Registration in Pharmacy (Board) and Bouvier Pharmacy (Respondent), a Pharmacy licensed by the Board with license number DS90037, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Respondent’s record maintained by the Board:

1. The Respondent acknowledges that the Board opened a Complaint against its Massachusetts license related to the conduct set forth in Paragraph 2 below, identified as Docket Number PHA-2023-0078 (Complaint).
2. The Respondent and the Board agree to resolve this Complaint without making any admissions or findings and without proceeding to a formal adjudicatory hearing.  The Complaint alleges the following:

At all times relevant to the Complaint, the pharmacy was issued a plan of correction (POC) for inspection deficiencies involving an unlicensed staff member performing duties that required a pharmacy technician license, in violation of Title 247 of the Code of Massachusetts Regulations (CMR) Section 8.03(1), and for failing to comply with supervisory ratios, in violation of 247 CMR Section 8.06(3). Consequently, the Board may take disciplinary action pursuant to 247 CMR Section 10.03(1)(a) for violations of one or more Board regulations or policies.

1. The Board and Respondent acknowledge and agree that based upon the information described in Paragraph 2 above, the Board could find the Respondent in violation of 247 CMR Sections 8.03(1) and 8.06(3).
2. The Respondent agrees that the Board shall impose a REPRIMAND on its license based on the facts described in Paragraph 2 above, effective as of the date on which the Board signs this Agreement (Effective Date).
3. The Board agrees that in return for the Respondent’s execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.
4. The Respondent understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, MGL Chapter 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR Section 1.01, *et seq.* The Respondent further understands that by executing this Agreement, it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.
5. The Respondent acknowledges that it has been at all times represented by Counsel or otherwise free to seek and use legal counsel in connection with the Complaint and this Agreement.
6. The Respondent acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts’ Public Records Law, MGL Chapter 4, Section 7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
7. The Respondent understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal, or judicial review.
8. The Respondent certifies that it has read this Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 David Sencabaugh, R. Ph.

 Executive Director

 Board of Registration in Pharmacy

\_\_\_\_\_\_\_\_\_4/17/24\_\_\_\_\_\_\_\_\_

Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Licensee on \_\_\_\_\_\_4/24/2024\_\_\_\_\_\_\_by Certified Mail No.\_\_\_\_\_7020 2450 0001 9471 5214\_\_\_\_\_\_\_