COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY BOARD OF REGISTRATION

IN PHARMACY

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

In the Matter of )

CVS # 704 ) Docket No.: PHA-2023-0131

License DS3605 )

Exp: December 31, 2025 )

)

)

**CONSENT AGREEMENT FOR REPRIMAND**

The Massachusetts Board of Registration in Pharmacy (Board) and CVS 704 (Pharmacy), a pharmacy licensed by the Board, License number DS3605, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Pharmacy’s record maintained by the Board:

1. The Pharmacy acknowledges the Board opened a Complaint against its Massachusetts pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket Number PHA-2023-0131 (“Complaint”).
2. The Pharmacy 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:
   1. On or about May 30, 2023, during an inspection of the pharmacy, an investigator discovered four epinephrine auto injectors stored outside of the licensed area of the pharmacy, and one expired epinephrine auto injector in active inventory.
3. The Board and Licensee acknowledge and agree that based upon the information described in Paragraph 2 the Board could find the Licensee in violation of 247 Code Mass. Regs. §§ 6.02(6)(b), 9.01(10) warranting disciplinary action by the Board under Mass. Gen. Laws ch. 112, §§ 42A, 61 and 247 Code Mass. Regs. § 10.03(1)(a).
4. The Pharmacy agrees that the Board shall impose a REPRIMAND on its license based on the facts described in Paragraph 2, effective as of the date on which the Board signs this Agreement (Effective Date).
5. The Board agrees that in return for the Pharmacy’s execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.
6. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication the Pharmacy 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, Mass. Gen. Laws ch. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 Code Mass. Regs. § 1.01 *et seq.* The Pharmacy further understands that by executing this Agreement the Pharmacy is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.
7. The Pharmacy 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.
8. The Pharmacy 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, Mass. Gen. Laws ch. 4, § 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.
9. The Pharmacy understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.
10. The individual signing this Agreement certifies that they are authorized to enter into this Agreement on behalf of the Pharmacy, and that they have read this Agreement.

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

Date (signature)

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

(print name)

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

David Sencabaugh, R. Ph.

Executive Director

Board of Registration in Pharmacy

\_\_\_\_\_\_\_\_\_04/08/24\_\_\_\_\_\_\_\_\_\_

Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Licensee on \_\_\_\_4/9/24\_\_\_\_\_by Certified Mail

No.\_\_\_\_\_7019 2970 0002 0026 5941 \_\_\_\_\_