**COMMONWEALTH OF MASSACHUSETTS**

**SUFFOLK COUNTY BOARD OF REGISTRATION**

**IN PHARMACY**

 **)**

**In the Matter of )**

**CVS Pharmacy #1875 ) Docket No. PHA-2018-0067**

**Registration No. DS3348 )**

**Expires December 31, 2019 )**

 **)**

**CONSENT AGREEMENT FOR REPRIMAND**

The Massachusetts Board of Registration in Pharmacy (“Board”) and CVS #1875 Pharmacy (“Pharmacy”), a pharmacy registered by the Board, registration number DS3348 (“Registration”), 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 that the Board opened a complaint against its Registration related to the conduct set forth in Paragraph 2, identified as docket number PHA-2018-0067 (the “Complaint”).
2. The Board and the Pharmacy acknowledge and agree that:
	1. On or about July 18, 2018, the Pharmacy submitted to the Office of Public Protection (“OPP”) a final Report of Loss of Controlled Substances reporting a suspected loss of #168 oxycodone 5mg tablets discovered on June 8, 2018.
	2. As a result of the pharmacy’s investigation, it determined the oxycodone 5mg tablets fell into the trash.
	3. On or about July 20, 2018, the Pharmacy submitted an initial notification of a suspected loss of #50 tramadol 50mg, #5 APAP/Codeine 300-30mg tablets and #20 tramadol/APAP 37.5-325mg discovered on or about July 11, 2018, as the result of employee pilferage.
	4. Pharmacy failed to submit a final Report of Loss of Controlled Substances within 21 days of July 20, 2018, in violation of Board Policy 16-02.
3. The Pharmacy acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§42A and 61 and under 247 CMR 10.03(1)(a) and (v).
4. The Pharmacy agrees that the Board shall impose a REPRIMAND on its Registration based on the facts admitted 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, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 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 it has used 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, M.G.L. c. 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 he/she is authorized to enter into this Agreement on behalf of the Pharmacy, and that he/she has read this Agreement.

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 Witness (sign and date) CVS Pharmacy #1875

 (sign and date)

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(print name)

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 David Sencabaugh, R.Ph.

 Executive Director

 Board of Registration in Pharmacy

\_\_3/25/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Reprimand Agreement

**Fully Signed Agreement Sent to Registrant** **on \_\_\_3/25/2019\_\_\_\_\_\_\_\_\_\_\_\_by**

**Certified Mail No. \_7017 2620 0000 0142 0754\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**