



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Pharmacy
239 Causeway Street, Suite 500, Boston, MA 02114

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VIA U.S. FIRST CLASS CERTIFIED MAIL, # 7014 0510 0001 0374 8797
RETURN RECEIPT REQUESTED

August 26, 2014

Lisha Curley
4 Jessica Lane
Derry, NH 03038

Re: In the Matter of Lisha Curley, PH24519
Board of Registration in Pharmacy, Docket No. PHA-2014-0038

Dear Ms. Curley:

This letter acknowledges receipt by the Board of Registration in Pharmacy (Board) of two signed, originals of the Consent Agreement for Reprimand (Agreement) between you and the Board in resolution of the above-referenced complaint. The Board has now signed the Agreement, and submits a copy for your records. Please note carefully that the effective date of the Agreement is August 25, 2014, as stated on the signature page of the agreement.

A copy of this letter and the Agreement will remain in complaint files Docket No. PHA-2014-0038. The file will be retained for no less than three (3) years in accordance with state public records laws.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Heather Engman".

Heather Engman, Board Counsel
Board of Registration in Pharmacy

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

In the Matter of)
Lisha Curley)
License Number: PH24519)
Expiration: December 31, 2014)

PHA-2014-0038

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Pharmacy ("Board") and Lisha Curley ("Licensee"), a pharmacist licensed by the Board, license number PH24519, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that the Board opened a Complaint against her Massachusetts pharmacist license related to the conduct set forth in Paragraph 2, identified as Docket Number PHA-2014-0038 ("Complaint").
2. The Board and the Licensee acknowledge and agree to the following facts:
 - a. On or about March 11, 2013, a pharmacy technician processed a refill prescription for Ranitidine 600 ml syrup.
 - b. More than one stock bottle of Ranitidine was necessary to fill the prescription in question.
 - c. The pharmacy technician used one stock bottle of Ranitidine and one stock bottle of Promethazine to fill the prescription. The pharmacy technician did not bar code scan either stock bottle.
 - d. The Ranitidine and Promethazine medications were mixed together.
 - e. Licensee served as the verification pharmacist for this prescription.

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- f. Licensee knew the pharmacy technician did not bar code scan either stock bottle to assure its accuracy and inappropriately failed to bar code scan either stock bottle herself. Additionally, Licensee noticed that the smell of the filled prescription was abnormal, but failed to take any further action to confirm the prescription was filled with the correct medication.
 - g. The pharmacy dispensed the prescription written for Ranitidine 600 ml syrup with a combination of Ranitidine and Promethazine syrups, resulting in a quality related event.
3. The Licensee acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 12, §§ 42A and 61 and under 247 CMR 10.03.
4. The Licensee agrees that the Board shall impose a REPRIMAND on her license 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 acknowledges the receipt of documentation demonstrating the following:
 - a. Licensee completed at least two (2) contact hours of continuing education in the area of medication error prevention; and
 - b. Licensee submitted a Medication Error Report ("MER") to the Institute for Safe Medication Practices ("ISMP"). The MER must be submitted to <https://www.ismp.org/orderforms/reporterrortoISMP.asp> and must address the following:
 - i. Describe the error or preventable adverse drug reaction. What went wrong?
 - ii. Was this an actual medication error (reached the patient with or without ingestion).
 - iii. Patient Outcome.
 - iv. Type of practice site (retail pharmacy, long-term care facility, etc.
 - v. The generic name (INN or official name) of all products involved.

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- vi. The brand name of all products involved.
 - vii. The dosage form, concentration or strength, etc.
 - viii. How was the error discovered/intercepted?
 - ix. Please state your recommendations for error prevention.
6. Licensee and the Board acknowledge and agree that the Board's receipt of documentation described in Paragraph 5 was a precondition to be met before the Board entered into this Agreement.
 7. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.
 8. The Licensee understands that she has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her 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 Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving his right to a formal adjudication of the Complaint.
 9. The Registrant acknowledges that she has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.
 10. The Licensee 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.

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11. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

M. Curley 8/3/14
Witness (sign and date)

Lisha Curley 08/03/2014
Lisha Curley (sign and date)

August 25, 2014
Effective Date of Reprimand Agreement

David Sencabaugh
David Sencabaugh, R. Ph.
Executive Director
Board of Registration in Pharmacy

Fully Signed Agreement Sent to Registrant on August 26, 2014 by
Certified Mail No. 7014 0510 0001 0374 8797

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