## COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY	BOARD OF REGISTRATION IN PHARMACY
In the Matter of ) Rite Aid Pharmacy #10078 )	Docket No. PHA-2017-0126
License No. DS3471	
Expires December 31, 2017 )	
· )	

## CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Pharmacy ("Board") and Rite Aid Pharmacy #10078 ("Pharmacy"), a pharmacy registered by the Board, registration number DS3471 ("License"), 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 License related to the conduct set forth in Paragraph 2, identified as docket number PHA-2017-0126 ("Complaint").
- 2. The Board and the Pharmacy acknowledge and agree to the following facts:
  - a. On or about December 19, 2016, the Pharmacy submitted to the Office of Public Protection a DEA Form 106 Report of Theft or Loss of Controlled Substances and a Board Report of Loss of Controlled Substances for a loss of 100 tablets of oxycodone 30 mg, a schedule II controlled substance, discovered on or about November 20, 2016.
  - b. As part of the Pharmacy's internal investigation, the source of the loss was determined to be a prescription miscount, but could not be confirmed.
  - c. Pharmacy failed to report the loss of controlled substances to the Board in violation of 247 CMR 6.02(10).
  - d. Pharmacy failed to maintain proper security of all drugs in violation of 247 CMR 9.01(5).

- 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).
- 4. The Pharmacy agrees that the Board shall impose a REPRIMAND on its License based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Consent Agreement for Reprimand ("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 that it has been at all times 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, 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.

Rite Aid Pharmacy #10078 DS3471 PHA-2017-0126 Witness (sign and date) 9 38 17

Rite Aid Pharmacy #10078
(sign and date)

(print name)

David Sencabaugh, R.Ph.

**Executive Director** 

Board of Registration in Pharmacy

 $\frac{10-5-2017}{\text{Effective Date of Agreement}}$ 

Fully Signed Agreement Sent to Registrant on 10517 by Certified Mail No. 7015 3010 0001 7079 7969

Rite Aid Pharmacy #10078 DS3471 PHA-2017-0126