

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

)
In the Matter of)
Rite Aid Pharmacy #10189)
License No. DS3113)
Expires December 31, 2017)
_____)

Docket No. PHA-2016-0213
PHA-2017-0002

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Pharmacy ("Board") and Rite Aid Pharmacy #10189 ("Pharmacy"), a pharmacy licensed by the Board, license number DS3113 ("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 two complaints against its License related to the conduct set forth in Paragraph 2, identified as docket numbers PHA-2016-0213 and PHA-2017-0002 (the "Complaints").
2. The Board and the Pharmacy acknowledge and agree to the following facts:

PHA-2016-0213

- a. On or about May 26, 2016, Pharmacy submitted a DEA Form 106 Report of Theft of Loss of Controlled Substances and a Board Report of Loss of Controlled Substances for a loss of 100 tablets of oxycodone 10 mg that occurred on or about April 26, 2016.
- b. As part of the Pharmacy's internal investigation, video surveillance showed the controlled substance safe was left open and unattended on multiple occasions and that technicians were observed removing and returning inventory from the safe.
- c. The source of the loss could not be determined.

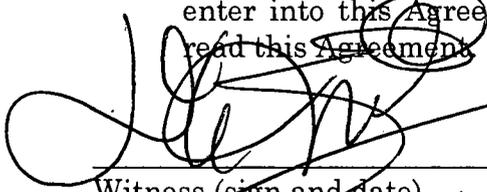
PHA-2017-0002

- d. On or about December 2, 2016, Pharmacy submitted a DEA Form 106 Report of Theft of Loss of Controlled Substances and a Board Report of Loss of Controlled Substances for a loss of 100 tablets of oxycodone 15 mg that occurred on or about September 2, 2016;
 - e. As part of the Pharmacy's internal investigation, video surveillance from around the time of the loss showed that the controlled substance safe was left open and unattended;
 - f. The source of the loss could not be determined.
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)(v).
 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 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 Complaints.
 7. The Pharmacy acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaints 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

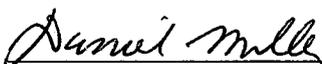
Rite Aid Pharmacy #10189
DS3113
PHA-2016-0213 & PHA-2017-0002

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.

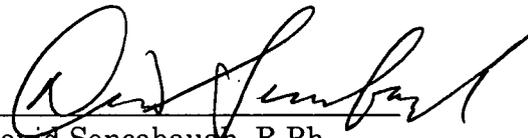


Witness (sign and date)
4/20/17



Rite Aid Pharmacy #10189
(sign and date)

Daniel Miller
(print name)



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

4-25-2017
Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Registrant on 4/20/17 by

Certified Mail No. 7016 1370 0001 4117 2485

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