COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY BOARD OF REGISTRATION

IN PHARMACY

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In the Matter of )

Walgreens 19240 ) Docket Number PHA-2023-0126

License Number DS90207 ) (CAS-2022-1111)

Expiration 12.31.25 )

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**CONSENT AGREEMENT FOR REPRIMAND**

The Massachusetts Board of Registration in Pharmacy (Board) and Walgreens 19240 (Pharmacy), a pharmacy licensed by the Board with license number DS90207, 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 below, identified as Docket Number PHA-2023-0126 (“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 September 13, 2022, it was determined during a retail compliance inspection that the Pharmacy failed to properly vet the credentials of a Floater Pharmacist who engaged in and oversaw the administration of vaccines at several Walgreens, including the Pharmacy, and who had not completed prerequisite training as required by 105 CMR 700.004(B)(6)(d) and Board Policy 2020-11.
3. The Board and Licensee acknowledge and agree that based upon the information described in Paragraph 2 above, the Board could find the Licensee in violation of Title 247 of the Code of Massachusetts Regulations (CMR) § 9.01 and 105 CMR 700.004(B)(6)(d), warranting disciplinary action by the Board pursuant to Massachusetts General Laws (MGL) Chapter 112, § 42A, 61 and Title 247 CMR § 10.03(1)(a) and (b).
4. The Pharmacy agrees that the Board shall impose a REPRIMAND on its license based on the facts described in Paragraph 2 above, 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, MGL Chapter 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 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, MGL Chapter 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.

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Date (signature)

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(print name)

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David Sencabaugh, R. Ph.

Executive Director

Board of Registration in Pharmacy

\_\_\_\_1/25/24\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Licensee on \_1/25/2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by Certified Mail No.\_7020 2450 0001 9472 0003 and 7020 2450 0001 9471 9946\_\_\_\_\_\_\_\_\_