COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY BOARD OF REGISTRATION

 IN PHARMACY

In the Matter of )

Walgreens #5756 ) Docket Nos.: PHA-2022-0206 / CAS-2022-1337

DS3252 ) PHA-2 023-0237 / CASE-2023-0625

Expiration: 12/31/2025 )

**CONSENT AGREEMENT FOR REPRIMAND**

The Massachusetts Board of Registration in Pharmacy (“Board”) and Walgreens #5756 (“Pharmacy” or “Licensee”), a pharmacy licensed by the Board, DS3252, 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 Complaints against its Massachusetts pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket Numbers PHA-2022-0206 & PHA-2023-0237 (“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:

PHA-2022-0206

* 1. The pharmacy failed to report a change in Manager of Record (MOR).

PHA-2023-0237

* 1. During a retail compliance inspection on October 20, 2023, Board investigator(s) discovered the Pharmacy failed to submit a Change in Manager (MOR) application to the Board and to comply with requirements for a change in MOR.
1. The Board and Licensee acknowledge and agree that based upon the information described in Paragraph 2 the Board could find the Licensee in violation of 247 CMR 6.03, warranting disciplinary action by the Board under M.G.L. c. 112, §§ 42A & 61 and 247 CMR 10.03(1)(a).
2. 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”).
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 David Sencabaugh, R. Ph.

 Executive Director

 Board of Registration in Pharmacy

\_\_\_\_\_\_March 26, 2004\_\_\_\_\_\_

Effective Date

Fully Signed Agreement Sent to Licensee on \_\_\_\_\_\_3/26/24\_\_\_\_\_\_by Certified Mail No.\_\_\_\_\_\_\_7022 2410 0001 6857 7459 \_\_\_\_\_\_\_\_